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CONTENTS

- 1 The 2007 Nora and Edward Ryerson Lecture**
Introduction—*Robert J. Zimmer*
“At the Crossroads of Organ Transplantation and Medical Ethics:
A Century of Innovation at the University of Chicago”—*Mark Siegler*
The Nora and Edward Ryerson Lectures
Previous Ryerson Lecturers
- 7 University Memorial Service**
Address—*Alison L. Boden*
Memorial Roll 2006
- 10 Faculty Appointments and Promotions**
- 12 The University of Chicago Sexual Assault Policy**
- 14 Report of the Panel on Sexual Harassment for 2005–06**
- 15 University Disciplinary Actions: 2005–06**—*Martina Munsters*
- 16 Report of the Student Ombudsperson for 2005–06**—*Victor M. Muñoz-Fraticelli*
- 18 The 488th Convocation**
Address: “1965–2006: Your Commencement and Mine, Reflections on a Past and a
Possible Future”—*Thomas C. Holt*
Summary
- 20 The 489th Convocation**
Address: “Seeking Truths vs. Finding the Truth: Some Archaeological Reflections”
—*Gil J. Stein*
Summary

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The 2007 Nora and Edward Ryerson Lecture

April 24, 2007

Introduction

By President Robert J. Zimmer

It is a great pleasure to welcome all of you here this afternoon for a wonderful tradition at the University of Chicago, the annual Nora and Edward Ryerson Lecture.

We, of course, have many lectures and many lecture series at the University. But this lecture, made possible by a bequest from Trustee Edward L. Ryerson, Jr., is unusual in that the lecturer is selected by a faculty committee, based on nominations from faculty colleagues across the entire university. Being chosen as speaker for this series is quite a remarkable statement. First of all, the faculty of this university is comprised of so many persons doing such remarkable work across a broad spectrum of intellectual pursuits that being singled out inevitably testifies as to the extraordinary importance of the speaker's work. But beyond their broad-based and deep achievements, the faculty of the University of Chicago is a group with unrelenting standards and uncompromising judgment. Thus, the Ryerson lecturer reflects the highest aspirations and standards of this most unusual community of scholars at the University of Chicago.

This year's Ryerson lecturer is Dr. Mark Siegler, the Lindy Bergman Distinguished Service Professor in the Department of Medicine and the Director of the MacLean Center for Clinical Medical Ethics.

Dr. Siegler received his B.A. from Princeton University in 1963 and his M.D. in 1967 from the University of Chicago. He was intern, resident, and Chief Resident in Medicine at the University of Chicago Hospitals, followed by a year of advanced training at the Hammersmith-Royal Postgraduate Hospital in London.

Dr. Siegler pioneered the field of clinical medical ethics. In 1984, with encouragement from then-University President Hanna Holborn Gray and support from the MacLean family, he and his colleagues founded the MacLean Center for Clinical Medical Ethics, the nation's first ethics program devoted primarily to Clinical Medical Ethics. As an example of its early work, in a 1989 paper entitled "Ethics of Liver Transplantation with Living Donors," Dr. Siegler and his colleagues described their plans to perform the first such surgery, laying out all of the potential ethical issues four months before the first such case.

Today, almost twenty-five years later, the MacLean Center, of which Dr. Siegler is the director, remains the leading program in the world for teaching, study, and research in clinical ethics. The center's faculty now numbers twenty-five and is drawn from disciplines and departments throughout the University. The MacLean Center Clinical Fellowship training program in Clinical Ethics started in 1985 and is the largest and most successful ethics fellowship program in the world. More than two hundred fellows have trained at the MacLean Center, of whom thirty-five now direct ethics programs at other universities and hospitals throughout the world.

The clinical ethics model developed at Chicago has been widely embraced. Every medical school teaches courses in medical ethics; every hospital is required to have ethics policies and mechanisms in place to resolve clinical ethical disagreements. Scientific articles about medical ethics now appear regularly, not only in ethics journals but in mainstream clinical and science journals.

Dr. Siegler has held many lectureships and visiting professorships in the United States and abroad and has been the recipient of

more than twenty-five federal and foundation research grants. He has written or co-authored more than 150 journal articles, 50 book chapters, and 5 books. He has received many honors, including the Premio Chirone Prize given by the Italian Medical Association and the University of Bologna—the oldest university medical school in Europe.

He has practiced general medicine for more than thirty years and is one of the few physicians who combines expertise in medical ethics with an active medical practice.

In addition to all this, Mark has been a visible and important member of this university community and is widely respected and admired by so many of us as a colleague, University citizen, and friend.

Dr. Siegler's topic today is "At the Crossroads of Organ Transplantation and Medical Ethics: A Century of Innovation at the University of Chicago."

It is my great pleasure, both as President and personally, to give you the 2007 Ryerson lecturer, Dr. Mark Siegler.

"At the Crossroads of Organ Transplantation and Medical Ethics: A Century of Innovation at the University of Chicago"

By Mark Siegler

I am deeply honored to have been chosen by a faculty committee to present this year's Ryerson Lecture. Perhaps my strongest qualification for this honor is that, beginning with Professor John Hope Franklin's inaugural Ryerson Lecture in 1974 and Professor Subrahmanyan Chandrasekhar's second lecture, I have attended thirty of the thirty-three previous lectures. My being selected shows, if there ever was any doubt, that attendance really does count. Since starting medical school here forty-four years ago, it has been my great privilege to be a student and colleague of many former Ryerson lecturers.

Introduction

Today I will speak on the topic "At the Crossroads of Organ Transplantation and Medical Ethics: A Century of Innovation at the University of Chicago." I have chosen to talk about organ transplantation and medical ethics for the following three reasons:

1. First, beginning a century ago, and continuing to the present time, physicians from the University of Chicago have made foundational contributions to the field of organ transplantation.

2. Second, transplantation illuminates the incredible successes in medicine and surgery during the last century. The first long-term successful kidney transplantation, in 1954, was an extraordinary event. For the first time in human history, a person who was dying from failure of a critical



Figure 1. 126-0035321 SS. *Cosmas and Damian Graft the Leg of a Moor onto the Stump of an Amputee*, Jaume Huguet (1415–92) / Santa Maria of Egara in Terrassa, Barcelona, Spain, Index / The Bridgeman Art Library

organ—such as a kidney, liver, heart, or lung—was saved from death by replacing the failing organ with a healthy one. Since 1954, more than one million organ transplantations have been performed worldwide.

3. Finally, in focusing on organ transplantation, we encounter every important ethical issue in medicine. In poetic

moments, I sometimes use the image of the Rosetta Stone to suggest that organ transplantation can help us understand the complexities of medical ethics, just as the Rosetta Stone helped us to understand and translate the mysteries of hieroglyphics. Essentially, if you understand the ethical issues in transplantation, you understand the major ethical issues in medicine.

A Brief History of Organ Transplantation

The idea of transplanting organs and limbs is not new. Throughout medical history, physicians and patients have sought ways to extend life or to improve the quality of life by transferring an organ or a limb from one person to another.

The painting in figure 1 depicts two third-century physicians, Cosmas and Damian, performing innovative surgery, transplanting a leg obtained from a recently deceased person to a patient whose own leg was removed because of cancer. (You can see the removed leg at the end of the bed.) This extraordinary scene was recorded in many Renaissance paintings. We are not told the outcome of the operation but perhaps it can be surmised from figure 2, a painting by Fra Angelico. This scene, which shows the beheading of Cosmas and Damian, suggests that innovative transplantation surgery is a high-risk enterprise. Folks! Please don't try this at home! Some regard Cosmas and Damian's fate as even worse than a malpractice suit. From the time of Cosmas and Damian in 300 AD, there was very little progress on the transplantation scene for quite a while, actually, about 1,600 years, until the following statement was made: "The problem of organ transplantation in man has been solved."

This remarkably optimistic statement was published in 1905, more than a century ago, by Dr. Alexis Carrel (see figure

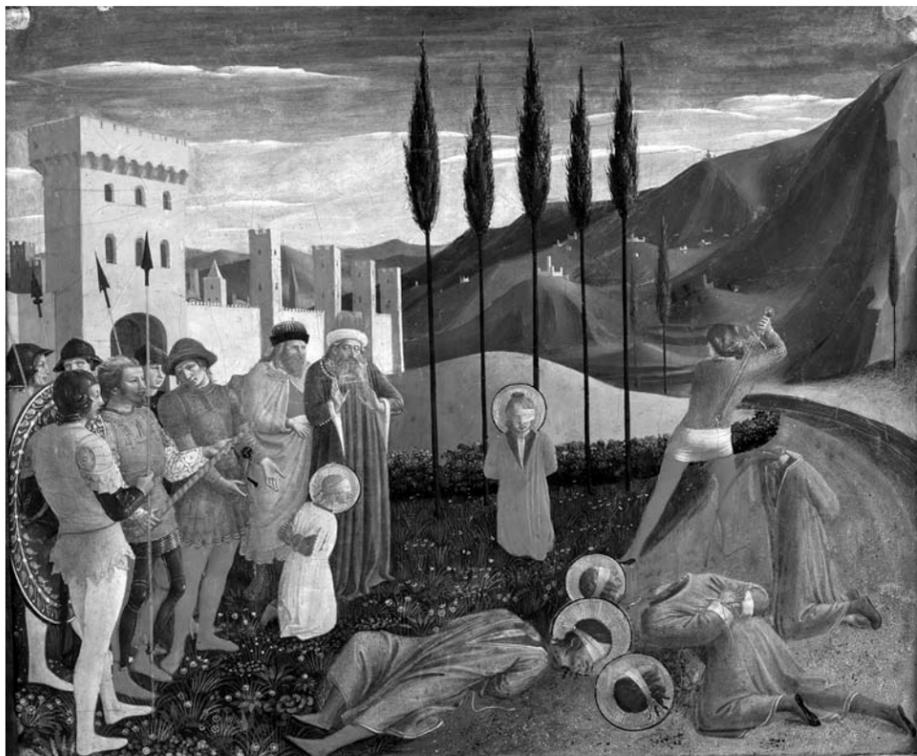


Figure 2. *The Martyrdom of St. Cosmas and St. Damian*, from the predella of the San Marco altarpiece, c. 1440 (tempera on panel), Angelico, Fra (Guido di Pietro) (c. 1387–1455) / Louvre, Paris, France, Giraudon / The Bridgeman Art Library

3), who was then working as an assistant to Professor G. N. Stewart at the Hull Biological Laboratories at the University of Chicago. How can I say it? This statement is so Chicago!

Let me explain what Dr. Carrel meant by his statement and consider whether it was true.

In the twenty-one months from November 1904 to August 1906 that Carrel was at the University of Chicago, his research achievements were astounding. He published thirty-three papers describing research breakthroughs that remain the basis of modern transplantation surgery. His breakthroughs included:

1. the ability to sew blood vessels together,
2. the ability to reattach severed limbs,
3. the technical ability to transplant organs including kidneys and hearts into dogs and cats, and
4. the ability to preserve organs outside of the body by perfusing them.

“The Transplantation of Organs: A Preliminary Communication,” published in the *Journal of the American Medical Association* in July–December 1905, was Carrel’s earliest description of his transplantation work. The article included the prophetic statement: “From a clinical standpoint, the transplantation of organs may become important . . . and may open new fields in therapy and biology.”

For his work at the University of Chicago, Alexis Carrel received the Nobel Prize in medicine in 1912 “in recognition of his work on vascular suture and the transplantation of organs.” Remarkably, Carrel was the only physician or surgeon between 1901, when the Nobel Prize was first awarded, and 1933 to receive the Nobel Prize in medicine for work done in the United States. Aside from Carrel, Nobel Prizes in medicine in the first thirty-four years of the prize went exclusively for scientific work done in Europe. Carrel also was only the second University of Chicago person to win the prize, after A. A. Michel-

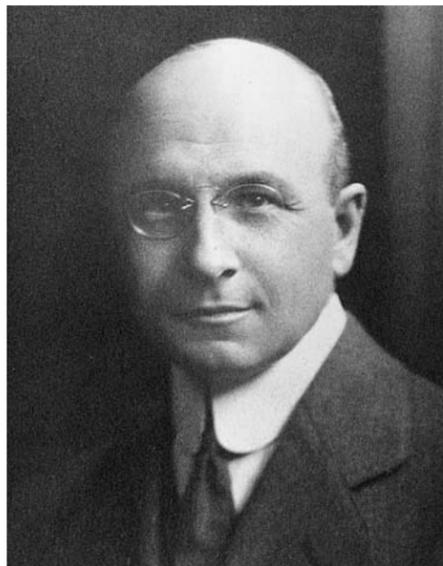


Figure 3. Alexis Carrel

son in physics in 1907.

We can now ask whether Carrel’s statement about solving the problem of organ transplantation was true. It was not. Despite Carrel’s great technical achievements in 1905, scientists did not understand immunology. Most of Carrel’s animals died from immune rejection of the transplanted

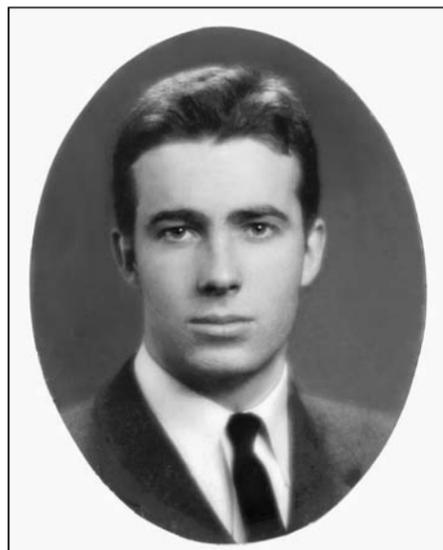


Figure 4. David M. Hume

organs after several weeks or months. In fact, despite Carrel’s optimism, more than forty years passed before a partially successful organ transplantation was done in a human. And when it was done, you guessed it, it was done by a graduate of the University of Chicago medical school, Dr. David Hume, Class of 1943 (see figure 4).

The story of the first transplant goes like this: While working as a surgical resident in Boston in 1947, David Hume was caring for a twenty-nine-year-old woman who was dying from acute renal failure. Hume decided to try to save her life by performing the first human kidney transplant. One evening, he obtained a kidney from an elderly patient who had just died during surgery. He and another resident wheeled the twenty-nine-year-old woman to the treatment room at the end of the hall and, using two gooseneck lamps for light, they attached the donor kidney to the woman’s forearm so it rested outside the skin. They then covered the kidney with a plastic bag and watched as her urine drained into a jar. This primitive transplant lasted only four days, but that was long enough to allow the woman’s own kidneys to recover, and she survived to be discharged. This was the first successful kidney transplant.

In the years following this unusual case, Hume conducted the first series of more traditional kidney transplants and performed nine transplants using cadaver kidneys. Unfortunately, immune-suppression drugs did not become available for another ten years, and the longest survival among Hume’s nine cases was 175 days. For his pioneering work, Hume is regarded today as the “Father of Renal Transplantation.”

My Teachers and Mentors

Carrel and Hume were two in a long line of great clinicians and scholars from the University of Chicago.

The advancement of knowledge and intellectual innovation have been at the core of the University’s mission since its founding. In an 1897 convocation speech, President William Rainey Harper expressed his hope that when the University of Chicago finally opened a medical school, it would be one committed to research and innovation. President Harper stated:

I do not have in mind . . . an institution which shall devote itself merely to the education of a man who shall be an ordinary physician, but rather an institution . . . whose aim it shall be to push forward the boundaries of medical science, one in which honor and distinction will be found for those only who make contributions to the cause of medical science, one from which announcements may be sent from time to time so potent in their meaning as to stir the whole civilized world.

I reflect back on my own medical school experience here and on my great teachers who contributed to the growth of knowledge and made amazing scientific discoveries. Leon O. Jacobson was the first physician to use chemotherapy. Charles B. Huggins won the 1966 Nobel Prize for establishing the relationship between hor-

mones and cancer. Don Steiner discovered proinsulin and revolutionized the fields of diabetes and endocrinology. Eugene Goldwasser, my biochemistry teacher, isolated erythropoietin in 1977, a substance now used to treat anemia in more than three million people each year. And Janet Rowley, my teacher and colleague who presented the Ryerson Lecture in 1988, established the link between cancer and genetics.

I also think of my clinical mentors, who taught me to be a doctor and to care for patients: the incomparable Joe Kirsner, who is in the audience today; Louis Cohen, Joseph M. Baron, Alvin R. Tarlov, Arthur H. Rubenstein, and the late John E. Ulmann and George E. Block.

These brilliant, innovative scientists and clinicians at Chicago have changed medicine and medical practice nationally and internationally. They were my teachers, and they remain my role models.

The Intensive Care Unit and the Development of Clinical Medical Ethics

This was the rich intellectual tradition that I experienced as a medical student and resident; I was honored to be invited to join the faculty in 1972. And then, my very first assignment as a young faculty member changed my career path permanently. My Chairman, Alvin R. Tarlov, asked me to establish and then direct the first medical intensive-care unit in our hospital and one of the first such ICUs in the city. At that time, we didn’t have good ways to monitor patients; we didn’t have effective breathing machines to treat patients; and we didn’t have doctors who specialized in intensive care, as we do now. Instead we had enthusiastic amateurs, physicians like me, who suddenly found ourselves in the ICU facing a range of clinical and ethical issues for which we were neither trained nor prepared.

I remember my residents and students asking me questions about whether we could ever stop a breathing machine after we had started using it, about how truthful we should be when we told families the prognosis of their loved ones, or how we decided who got admitted to our ICU and whether we could move people out if sicker patients came along later. These three issues—end-of-life concerns, truth telling, and rationing of beds—were tough problems for which I could find no answers in medical journals or textbooks. My residents and I started to call this kind of practical, patient-centered work “clinical medical ethics.” That is how the field got started.

At about this time, other worldwide developments in the transplant field made it imperative that we begin to address in a systematic way the clinical ethical issues associated with organ transplantation: Dr. Thomas E. Starzl had performed the first liver transplant in 1963 at the University of Colorado; Dr. Christian N. Barnard had performed the first heart transplant in 1967 in South Africa; and the first brain-death standards were developed in 1969.

We realized that clinical ethics was an important area for doctors, nurses, and patients, and I have spent my entire career working to develop this new field by teaching, training fellows, consulting

for patients and hospital staff, and doing research and writing. In 1984, we started the MacLean Center for Clinical Medical Ethics at the University of Chicago, and this work has been the center's mission for more than twenty years. In fact, the MacLean Center remains the first and leading ethics program in the world that is primarily devoted to research and training in clinical medical ethics. I would like to recognize and thank the center's benefactors and visionary advisers, who are here today, Mary Ann and Barry MacLean.

In our search for answers to the ethical problems we faced in caring for patients, I discovered that many of the intellectual leaders of the new American bioethics movement were on the University of Chicago faculty in the early 1970s. These ethics scholars were willing to teach me and help me learn on the job—a kind of apprentice system.

My main teacher was James M. Gustafson, at that time University Professor in the Divinity School, with whom I met weekly beginning in 1972 to discuss real cases that I had seen in the ICU the previous week that raised troubling ethical questions. Jim introduced me to Father Richard A. McCormick, one of the foremost Catholic moral theologians of the twentieth century, who was at that time at the Jesuit School of Theology in Hyde Park, and to Stephen E. Toulmin, a philosopher who joined the faculty in the Committee on Social Thought in 1973. Several years later, Leon R. Kass, another distinguished bioethicist and recently the Chair of the President's Council on Bioethics, joined the faculty. These mentoring relationships continued for the next ten years. Jim Gustafson also introduced me to Ann Dudley Goldblatt, a brilliant teacher and legal analyst, who has been a valued colleague and friend for more than thirty years.

Clinical Medical Ethics

Clinical ethics aims to improve patient care and health outcomes. It does so by helping patients and families, as well as doctors and nurses, reach good clinical decisions—decisions based on both the medical facts of the situation as well as the patient's personal preferences and values.

I have spent my career as a physician taking care of people. Nothing that I do gives me as much joy and satisfaction as providing good and conscientious care to my patients. I also have spent a great deal of time thinking and writing about the doctor-patient relationship. To my surprise, my paper, "A Proposal for a New Model of the Doctor-Patient Encounter," published in the *Bulletin of the New York Academy of Medicine*, was discovered in 1982 by the President's Commission for the Study of Ethical Problems in Medicine. The commission was then rethinking the doctor-patient relationship in the United States. My paper rejected the extreme versions of physician paternalism and patient autonomy and instead proposed a new model, that of accommodation and "shared decision-making." The President's Commission accepted my view and concluded: "In this report, the commission encourages a relationship between patients and professionals characterized by mutual participation and by shared decision-making."



Figure 5. Teri and Alyssa Smith in 1990

ing." Since then, shared decision-making has become the prevailing model in the United States.

While, of course, I would like to claim priority for proposing this new model, I hesitate to do so because I was scooped, beaten to the punch, you might say, by Plato, about 2,400 years ago. Plato clearly had shared decision-making in mind when he wrote his views about the doctor-patient relationship.

In a remarkable passage in *Laws*, Plato contrasts bad and good doctor-patient relationships. In the bad relationship, according to Plato: "The physician never asks the patient for an account of his complaints. The physician prescribes treatments in the brusque fashion of a dictator, and then rushes off in haste to the next patient." (Sounds like managed care to me.) In contrast, in the good doctor-patient relationship, "The physician treats the patient by going into things thoroughly from the beginning in a scientific way and takes the patient and family into confidence. The physician never treats until he has won the patient's trust and then aims to produce a complete restoration to health." This sounds very much like shared decision-making, stressing the importance of communication, trust, and agreement between patient and doctor.

My discussion of shared decision-making in the doctor-patient relationship is just one example of how clinical ethics contributes to improving patient care and health outcomes. In the past year alone, faculty at the center have published books on a wide range of ethics topics, including Drs. John D. Lantos and William L. Meadow on neonatal bioethics, Dr. Mary Mahowald on bioethics and women, and Dr. Lainie F. Ross on children in medical research.

Faculty members at the MacLean Center have pursued a broad range of research during the past twenty years. Topics have included the doctor-patient relationship, medical decision-making, confidentiality and privacy, informed consent, medical error, health care disparities, clinical research, end-of-life care, palliative care, neonatal and pediatric ethics, surgical ethics, reproductive ethics, ethics and oncology, ethics and genetics, and transplantation ethics. Much of this work is interdisciplinary and relies on the great opportunities at this University to involve faculty from many disciplines, including public policy, law, the social sciences and the humanities. And now, I will turn to



Figure 6. Alyssa Smith in 2006

one of these topics, transplantation ethics, to show how clinical ethics contributes to medical innovation and helps improve patient care.

Organ Transplantation Case Examples

Physician ethicists at the MacLean Center have worked closely with transplant surgeons for more than twenty years to help solve the two central ethical challenges in transplantation surgery: first, how to increase the supply of organs, and second, how to distribute available organs in a fair and equitable way. I will begin by discussing two solutions for increasing the organ supply, one involving livers for children and the second involving kidneys for adults.

Here is the pediatric liver story:

In the 1980s, liver transplantation had become very effective at saving lives. Unfortunately, because there were not enough small pediatric livers, 30 percent of infants and children with congenital liver disease died before they received a transplant. Dr. Christoph E. Broelsch and his University of Chicago team solved this problem by developing and perfecting a new operation that allowed living donors, usually parents of the child, to donate segments of their own liver to their child.

The living-donor liver operation was challenged on ethical grounds because the procedure was new and the risks to living donors were unknown. Would it be safe to remove a portion of a healthy person's liver? What would be the short- and long-term consequences? One commentator asked, "Will this be the first operation with a 200 percent mortality?"

The general issue being raised by Broelsch's critics involved the ethics of surgical innovation. Surgical innovation is not controlled by a regulatory process like that used for new drugs. As one observer put it: "There is no FDA for surgeons." Most surgical innovation is controlled not through formal review mechanisms but through professional and peer oversight. This is how most surgical progress has occurred in the past, for example, appendectomy, coronary bypass, heart valve surgery, minimally invasive laparoscopic surgery, and organ transplantation.

In working with Dr. Broelsch and his team, our group of ethicists developed a new approach to address the ethical problems in innovative surgery. "The Chicago Model" emphasized four key elements:

1. establishing the clinical need for the

innovation;

2. assuring adequate scientific and clinical strength of the team;

3. meticulously protecting human subjects; and

4. announcing the plans for surgery publicly before the first operation was performed.

On the matter of public disclosure, we did something that had never been done before. We published a paper—"Ethics of Liver Transplantation with Living Donors"—in the *New England Journal of Medicine* four months before the first operation was performed. This was done to alert the public and the transplantation community to our plans and to invite responses and criticisms of our approach. "The Chicago Model" for ethical surgical innovation has improved the process of professional self-regulation and has helped advance scientific knowledge while protecting patient rights and patient safety. Our clinical ethics work enabled Dr. Broelsch's program to go forward, initially in Chicago and later worldwide.

Figure 5 shows the first recipient, Alyssa Smith, in 1990, with her mom, Teri, who was her donor. We also see Alyssa in figure 6 at the time of her graduation from high school in May 2006—a healthy and happy teenager.

After Chicago published its excellent results from its series of pediatric living donor transplants, many surgical programs in the United States, Europe, and Asia began to perform the operation. Since 1989, living liver pediatric transplantation has been done successfully in more than thirty countries and has saved the lives of more than ten thousand infants and children. In the United States and Europe, thanks to this new operation developed by Dr. Broelsch, mortality for children born with congenital biliary atresia and needing a liver transplant has decreased from 30 percent in the 1980s to less than 5 percent today.

We also face an inadequate supply of kidneys for adults. Figure 7 shows that in 2006, while there were more than 100,000 people on the transplant waiting list—most of whom required kidneys—fewer than 30,000 transplants were performed in that year. Even with dialysis, many potential recipients suffer and die while awaiting a kidney transplant.

A University of Chicago team headed by Drs. Lainie F. Ross and Richard J. Thistlethwaite, and including Drs. Michelle A. Josephson and David T. Rubin, proposed a new model called "the paired kidney exchange model" to increase the supply of adult kidneys. Figure 8 illustrates their proposal:

Let's say Donor One wants to give a kidney to a relative, Recipient One, but there are biological barriers—like the wrong blood type—that do not allow for such a donation. Let's say a similar problem exists for another pair of relatives, Donor Two and Recipient Two—biologic incompatibility. But what if Donor One were a good donor for Recipient Two and Donor Two were a good donor for Recipient One? You could do a swap, this is what we called a paired exchange of kidneys. Please note that now Donor One and Recipient Two are not related and Donor Two and Recipient One are not related; they don't even know each

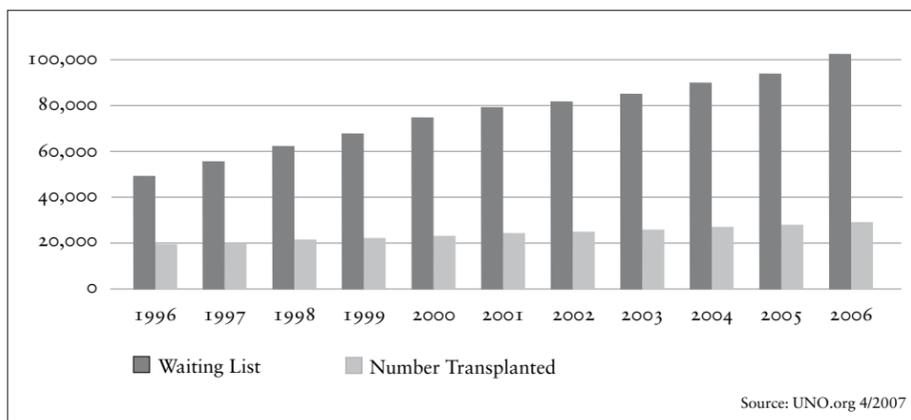


Figure 8. Shortage of Adult Organs in the United States: Waiting List Registrations and Transplants Performed 1996–2006

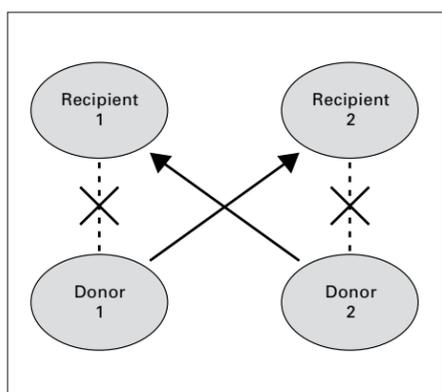


Figure 8. Paired Kidney Exchange Model

other. We predict that paired exchanges like these could greatly increase the supply of kidneys, in part, by opening the possibility of a national or even an international registry of unrelated donors.

Unfortunately, a major ethical obstacle has delayed the implementation of this novel idea. In the United States, only altruistic donations are currently permitted. A 1984 federal law prohibits the exchange of organs for “valuable consideration.” And the question arose: Does paired kidney exchange violate federal law?

Ross and Thistlethwaite considered this issue in their 1997 *New England Journal of Medicine* paper, “Ethics of a Paired-Kidney Exchange Program,” and stated: “In our view, the transplantation law was not designed to prohibit altruistic donations of organs by family members or close friends.”

Despite this 1997 statement, for the past ten years legal and ethical uncertainty has limited the widespread application of paired kidney exchanges. I am delighted to say that this uncertainty is about to be resolved very soon. In March 2007, the U.S. House and Senate unanimously passed legislation, called the Charlie W. Norwood Living Organ Donation Act, which amends the National Organ Transplant Act of 1984 specifically to allow paired exchange to go forward without risk of criminal or civil penalties. The president is expected to sign the Norwood bill when it reaches his desk.

Because the paired exchange program encouraged the use of living donors who were unrelated to each other, many think this proposal opened the door to a broader consideration of using market solutions to address the organ shortage problem. Two of our distinguished colleagues at the University, Professors Gary S. Becker and Richard A. Epstein, have written powerful and controversial papers proposing that the buying and selling of organs be legal-

ized. Dr. Janet Rowley, who is a member of the President’s Council on Bioethics, tells me that various market proposals are currently attracting a lot of discussion in Washington.

I now turn to an example of how to improve the fair distribution of organs.

The United States is divided into sixty-three organ procurement areas, generally representing states or large metropolitan areas. In the past, donated organs were kept within the same area in which they were donated. From one area to another, however, there are often great disparities in the waiting time to receive a liver transplant. Figure 9 illustrates different waiting times by geographic area. Sometimes the areas with the shortest and longest waiting times are adjacent states. The ethical problem is whether the allocation of organs based primarily on geographic area results in the fairest and most effective distribution of scarce livers.

My colleague Dr. David O. Meltzer conducted research for the Institute of Medicine that showed that in transplant areas with larger populations, donated livers were more likely to go to the sickest patients who really needed a liver to survive. By contrast, in less populous transplant areas, livers often went to people who could have waited two or three more years before needing a transplant. Based on this research, Dr. Meltzer and the Institute of Medicine committee recommended sharing livers across geographic regions and allocating livers based on clinical need rather than on either geography or time on the waiting list. The official name for this new recommen-

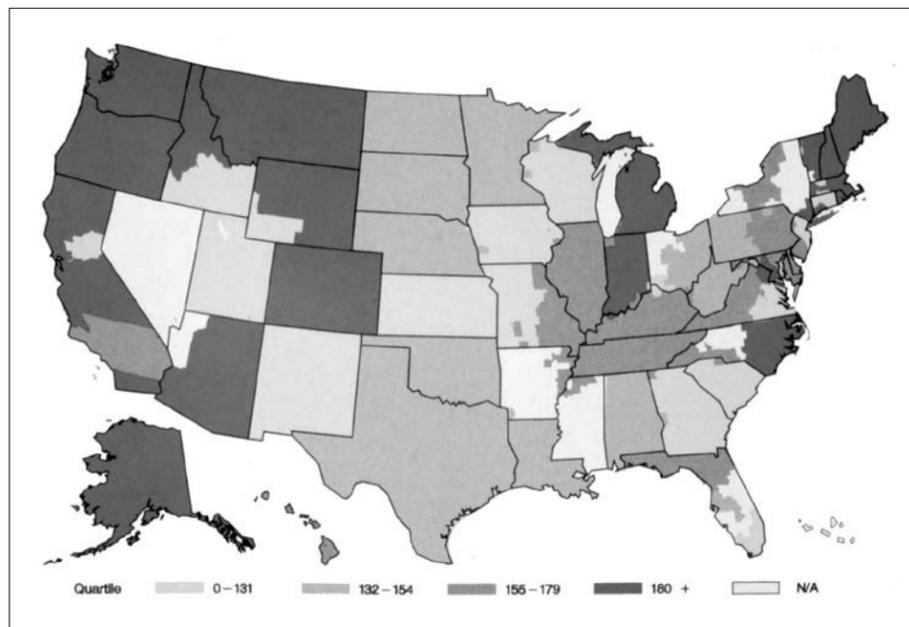


Figure 9. Geographic Distribution of Waiting Times

ation is the MELD system, which stands for “Model for End-Stage Liver Disease.” Several years of data now suggest that the new MELD system is more equitable and more effective than the previous geographic system and is saving an additional 300 to 500 lives per year.

My concluding example at the crossroads of organ transplantation and clinical ethics relates to China and brings us to the present time. This exciting new work could potentially affect a quarter of the world’s population.

Our work with Chinese doctors and health policy leaders offers an unprecedented opportunity to apply the earlier ethics work at the University of Chicago to help China increase its supply of organs for transplantation and to obtain the organs in an ethically acceptable way.

The clinical problem in China is the dire scarcity of organs. China estimates that as many as 1.5 million people currently need an organ, usually a liver transplant. The need is so great because of the high incidence of liver failure from hepatitis B, which is endemic in China.

Currently, China performs only ten thousand transplants a year, which doesn’t come close to meeting their need for 1.5 million organs.

Even with regard to the ten thousand transplants that are done in China each year, there is also a major ethical problem.

Currently, 95 percent of Chinese donor organs come from executed prisoners. This raises such further ethical questions as:

- Are prisoners being executed to get organs?
- Can condemned prisoners really give voluntary informed consent the night before their execution?
- Should organs be sold to non-Chinese visitors (so-called “transplant tourism”)?

The Chinese organ transplantation system is under attack. Nationally, China is accused by the Falun Gong of killing dissidents to use their organs in transplantation. Globally, China is reviled for human rights violations, such as using executed prisoners to obtain organs.

Three key players are working to improve the organ transplantation system in China.

Huang Jiefu, MD, is the Chinese

Vice-Minister of Health, and himself a distinguished liver transplant surgeon. In November 2006, at a national transplantation meeting in Guangzhou, China’s president, Hu Jintao, appointed Dr. Huang to chair a new national transplantation committee charged with substantially changing China’s transplantation policies.

M. Roy Schwarz, MD, is a distinguished physician and medical educator and former dean at the University of Colorado Medical School. Dr. Schwarz chairs the University of Chicago’s Visiting Committee to the Division of the Biological Sciences and the Pritzker School of Medicine. Dr. Schwarz is also the former president of the China Medical Board, a philanthropic foundation in New York. In November 2006, the China Medical Board awarded a grant of \$1 million to the University of Chicago and to China, with Dr. Huang and Dr. Michael B. Millis as the co-principal investigators.

Michael Millis is the Chief of Transplantation at the University of Chicago. In March and April of this year, Dr. Millis has been doing a Henry Kissinger imitation—shuttle diplomacy—and has been in Beijing twice this month. In March, a Chinese delegation spent a week visiting at the University of Chicago.

China hopes to achieve these *clinical* outcomes through this new partnership with the University of Chicago:

1. Improve the training of Chinese transplant surgeons.
2. Decrease the number of approved transplant programs in China.
3. Establish a national registry of organ transplants, which no country currently has.
4. Develop a national system of organ sharing across regions.

China hopes to achieve these *ethical* outcomes through this new University of Chicago partnership:

1. China wants to join the world transplantation community by adhering to global ethics standards and plans to stop using executed prisoners as the source of organs. Two weeks ago, the Supreme Court of China announced that it would review every death sentence in China before the sentence is carried out. Most people believe that this decision is meant to discourage using executed prisoners to obtain organs.
2. China hopes to join most other advanced technological countries by establishing brain death standards.
3. China will use the new brain death standard to greatly increase its supply of cadaveric organs.
4. China will greatly expand its use of living donors.
5. China intends to prohibit the buying and selling of organs and to criminalize transplant tourism.

An extraordinary paper was published this month in *Liver Transplantation*, the leading U.S. journal in the field. “Ethical and Legislative Perspectives on Liver Transplantation in the People’s Republic of China” is authored by Huang Jiefu, the Vice-Minister of Health and the co-principal investigator on the University of Chicago–China grant. In this paper, Dr. Huang announces China’s goals over the next three years for achieving the *clinical* changes and the *ethical* changes I have just described. In fact, two weeks ago, the

first changes were instituted when China decreased the number of approved transplant programs from six hundred to approximately one hundred and established the national transplant registry.

My point in examining the China story at some length is to tell you what the University of Chicago and its clinical ethics group are doing in the world to improve not only transplantation practices but also to contribute to improving global human rights. Those of us working on the Chicago side of the China grant are not naïve. It is not a done deal that the changes promised in China's transplantation policy will happen or that they will happen in the short time frame we would like. But our collaboration with the leaders of Chinese medicine is a milestone. Vice-Minister Huang's paper in *Liver Transplantation* was a public declaration of China's intent, and we at the MacLean Center and at the University are cautiously hopeful that improved clinical and ethical transplantation standards will come from this partnership.

Summary

Today I have described about a century of contributions by University of Chicago physicians and ethicists to the field of organ transplantation.

It has been our privilege at the MacLean Center to work closely with colleagues at the University, and with health professionals nationally and globally, to improve ethical standards in organ transplantation. These improvements have helped to advance transplantation and have contributed to saving lives in this country and throughout the world.

We know that we will see many more innovations in medicine and surgery in the next one hundred years as diseases that today are incurable yield their secrets and become curable. Isn't that the meaning of the University of Chicago motto, *Crescat scientia; vita excolatur*? Professor Paul Shorey, who created this motto in 1910, translated it as follows: "Let knowledge grow from more to more; and so be human life enriched." As a physician/ethicist, I am proud that our group will continue working with basic and translational scientists to assure that we develop and apply new cures quickly and that we do so while adhering to the highest ethical standards of medicine.

Mark Siegler is the Lindy Bergman Distinguished Service Professor in the Departments of Medicine and Surgery, Committees on Clinical Pharmacology & Pharmacogenomics and on Interdisciplinary Studies in the Humanities, and Cancer Research Center; and Director of the MacLean Center for Clinical Medical Ethics.

The Nora and Edward Ryerson Lectures

The Nora and Edward Ryerson Lectures were established by the Trustees of the University in December 1972. They are intended to give a member of the faculty the opportunity each year to lecture to an audience from the entire University on a significant aspect of his or her research or study. The President of the University appoints the lecturer on the recommendation of a faculty committee, which solicits individual nominations from each member of the faculty during the Winter Quarter preceding the academic year for which the appointment is made.

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University Memorial Service Address

By Alison L. Boden

November 5, 2006

This existence of ours is as transient as autumn clouds. To watch the birth and death of beings is like looking at the movements of a dance. A lifetime is a flash of lightning in the sky. Rushing by, like a torrent down a steep mountain.”

These words are attributed to the Buddha and, if that attribution is correct, are almost 2,500 years old. The historical figure who became the Buddha was born in what is now Nepal, and I had the privilege of visiting that country eight weeks ago with eighteen other University faculty, staff, and students. We were on our way to and from Tibet, but we had to travel via Nepal in order to get the special visa required by the Chinese government to enter Tibet. We got that visa in Kathmandu, then flew from there to Lhasa, then spent several weeks driving back to Kathmandu through the wild and gorgeous valleys and mountain passes of Tibet. Tibet is the rooftop of the world. It is high above the tree line . . . peppered with low mountains of slippery, crumbled shale, and high mountains of snow. There is little that is green. A few river valleys have barley fields and anemic trees, but the rest is grey and brown and white.

To return to Nepal by road, one must descend almost ten thousand feet. As you approach the border and lose elevation, the landscape becomes greener and greener. It begins as balm, as a restorative to eyes and senses that have been blanched by the altitude. Then the greenness really dominates, and after so many days of austerity it seems raucous and crass. It's green everywhere—what nerve! Hillsides are terraced and teeming. Bushes and trees are covered in blossoms. Pinks and purples are layered upon the multiple shades of green. And you want to ask, “Have you no sense of propriety?” How dare the vegetable world show itself off with such immodesty, lasciviously flashing the passerby who recently has known only austerity, harshness of land, and vulnerability to the wild forces of all that is natural, that is divine . . . who has been exposed on the rooftop of the world with no place to hide, no place to take shelter . . . who has been naked before the natural and the divine elements that are infinitely more powerful than any human being.

The Buddha described life as “[r]ushing by, like a torrent down a steep mountain.” To arrive at the border of Tibet and Nepal, a mere five thousand feet above sea level, is to arrive in another world. The glacial runoff and the rivers that originate in Tibet pour through the borderland gorges. They have built up steam and speed on their jour-

ney, their rapid descent from the towering Tibetan peaks and plateau. The rivers pour undaunted over and around everything in their paths. They roar, they foam, they irrigate everything nearby and flood everything with life. The ground is damp, the air is damp, the sound of the charging waters creates a din behind everything else you might want to do or say or think about. The rivers continue to lose altitude. They plummet from the peaks, they smash onto rocks and then keep on going. There is nothing that can stop the source of charging energy behind them and the gravity before them that pulls them onward, downward, into Nepal, further down into India, across the arid plains until they dispense into the Indian Ocean. The waters move and move toward their ultimate destination, and nothing can stop them . . . nothing can stop the force of their onward movement. In Nepal, the land of his birth, I understood with new intensity the words of the Buddha, “A lifetime is a flash of lightning in the sky. Rushing by, like a torrent down a steep mountain.”

These *are* our lives, rushing forward with no way to stop them. This isn't bad news, it's the way the natural world, and the human beings that are part of it, works. We make many choices about our lives—about the quality of our lives—but not about the passage of time. As we gather today to remember those who have passed away, we cannot help but remember the deaths that they died. But we do them and ourselves an added service if we remember, too, the lives that they lived and so reflect on the lives that we are *living*. I suggest this while also remembering the words of a comedian who noted that all of the profound and predictive things ever said about death were uttered by those who are *living*. These pearls of wisdom may come from the deepest faith that what is in one's religion or conscience or imagination is true, and yet the speaker's convictions about death are actually untested. I appreciate Plato's tacit admission of his own ignorance when he wrote in his *Apology*, “To fear death . . . is no other than to think oneself wise when one is not, to think one knows what one does not know. No one knows whether death may not be the greatest blessings for a [person], yet [people] fear it as if they knew that it is the greatest of evils. And surely it is the most blameworthy ignorance to believe that one knows what one does not know.” Humbly, I would temper Plato's words—or perhaps complement them—by adding that it is not ignorance but instinct that makes us fear what we do not know, what we cannot avoid, and what we can never get a report

about from those who have gone before (“that undiscovered country from whose bourne no traveler returns”). Just as natural is the sense of loss we may feel in realizing that death will deprive us of many experiences, especially the experiences of growing and aging with those we love most. Perhaps the one you remember today was deprived by an early death of many experiences you had expected him or her to have. As Plato says, we often fear death in ignorance. As many religions teach, death may begin a time of bliss or peace or spiritual advancement. But it spells the end of all that we've yet known and cherished, and for that we do fear it.

Fearing death is natural, but allowing the fear of death to make us afraid to live is tragic. Our hope instead should be to let the fact of death make us more alive, more vital, every single day. Knowing that our time is not unlimited, we may understand more clearly how precious are the days and weeks that we wish away until a *really* important or special time arrives. We write off the months of winter until we can get to spring. We write off the years until we graduate or retire and start to *really* live. Our challenge is to live as vividly as possible now, as cognizant as we can be of shifting autumn clouds, lightning flashes, birth and death around us, rushing torrents, the austere and the lush, the purple and the grey. To live like this means not to leave the dead behind us but to accept and welcome their memory into our lives, painful though that may be at the start. We remember them; we remember them as they truly were and are, not as we would have liked them to be. We let go of them by letting them come back to our memory whenever it happens. We ease our grief by accepting their memory most vividly, most truthfully, sometimes in bright purples and other times in grey. We may even come to find, as Antoine de Saint-Éxupéry once wrote, “He who has gone, so we but cherish his memory, abides with us, more potent, nay, more *present* than the living man.” We may lose the physical presence of the ones we love, but their spiritual presence will only grow in strength if we dare to welcome memories . . . to not shrink from our grief but to meet it head-on . . . to let them live in us even if it hurts.

It is easy to live with the happiness that comes with loving others, but it is not easy to live with the hurt that comes with losing them. And when the hurt becomes too great, there is the temptation to let calluses grow over all that is tender and painful. But let's not do it. How compromised will

be the quality of all our living if we do. The challenge, rather, is to make our loss a catalyst for our greater engagement with the world, not for our departure from it. Elie Wiesel has written, “The opposite of love is not hate, it's indifference. The opposite of art is not ugliness, it's indifference. The opposite of faith is not heresy, it's indifference. The opposite of life is not death, it's indifference.” We do not honor our dead by becoming indifferent to the life around us, simply because to care has become so painful. We honor our dead by becoming more fully alive *to* and *with* the life that is around us, accepting the rushing torrent that is our own life, remembering that if it starts in the grey glacial iciness of the highest elevations it *will* run inexorably down to the lush green and purple terraces of flowers in bloom and paddies that nourish. We owe our beloved dead not the indifference of retreat but the passion of fullest engagement with the life we are living.

And we also honor our dead simply by remembering them. We read their names. We summon their presence among us. I have traveled to parts of Central America where it is a long-standing custom to call out the name of a dead person three times, and after each naming all in attendance yell out: “Presente!” “He is present!” “She is present—she is here!” After years in which so many died, and often so young, in civil wars, there were too many opportunities to call out names and yell: “Presente!” “He is with us still.” “She can never *really* be taken away from us.” On one visit I made to Nicaragua in 1989, while the Contra War was still blazing, an American rabbi in our group spontaneously added the name of his son, recently killed in a car accident, to those being remembered. He yelled out his son's name three times. And we responded after each, “Presente!” and we knew that his spirit was present among us indeed.

It is good to come together and to proclaim the names of those who have died. In our own humble way, we summon their presence among us. And it is good to come together to remind ourselves how we want and need to live, even—or especially—in spite of our losses. “This existence of ours is as transient as autumn clouds. To watch the birth and death of beings is like looking at the movements of a dance. A lifetime is a flash of lightning in the sky. Rushing by, like a torrent down a steep mountain.”

Alison L. Boden is Dean of Rockefeller Memorial Chapel and Senior Lecturer in the Divinity School and the College.

Memorial Roll 2006

The following list contains the names of those whose deaths have been recorded with Rockefeller Memorial Chapel between September 15, 2005, and September 15, 2006. Please direct any comments regarding the names listed here to Lorraine Brochu, Rockefeller Memorial Chapel, 773-702-7059.

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Lawrence A. Pottenger
Ronald Singer
Iris Marion Young

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William B. Cannon
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Cheryl Green
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Claudia L. Rex
Tony E. Stevenson
Queen Ward
Courtney Webb
Kathleen Zar

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Frank Anderson III
Mary Avant
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Sammie H. Bragg
Robert Brown
Robert Cheney
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Claire Irene Conly
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Laverne Decker
Ann Doll
Maureen Dungey
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Marjorie Elswick
Suzette Friedland
Linnie Gaden
Michael Gewerth
Birdie K. Gold
Otto Hansen
Claude Harding
Ardelle Jacobsen
Mildred Johnson
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Dorothy Lamprecht

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Nancy Mollin Michael
Herbert E. Mitchell
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Willie Moody
Grazina Musteikis
Katie Nash
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Verneal L. Owens
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Paul E. Petrie
Joseph Pusateri
Earle Bernard Robertson
Joan Schreiner

William Henry Shultz
Ruby Smith
Edward Strobo
Theodore Van Vliet
Emanuel Villani
Irene Sweeney Wade
Roosevelt West
Sophie Zimmerman

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Anil Vemparala Ramayya
Trevor White
Chen Zhiling

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Nygil Ramon Fryer
Edward Grabovac
Howard L. Grimmett
Sloane Grossman
Fredrick F. Harbecke
Robert S. Hill
Clyde Hutchison
Sara Mae Jackson
William Gordon King
Elizabeth Ann Kutza
George Fredrick Little
James Mack
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Lois J. Schilling
John W. Schindler
Abigail B. Schirmer
Hans A. Schmitt
Richard D. Schmoyer
Jean M. Schneeberger
Charlotte Schoenbrod

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|--------------------------|-----------------------|-------------------------|-------------------------|-------------------------|--------------------------|
| Eric Schopler | Glenn W. Slade | Robert P. Straetz | Alexander Tseng | Michael Jonathan | Earl L. Will |
| Frederick L. Scott | Walter J. Smalakis | Dorothy C. Stratton | Perry E. Tudor | Wallerstein | Richard S. Williams |
| Scott Michael Seawell | Chet Arthur Smith | Charles Allen Stuehrk | Robin Alex Tuerks | George Edouard Walrafen | William C. Withers |
| J. Edwin Seegmiller | Daniel C. Smith | Miodrag N. Sukijasovic | Robert P. Tully | Vernon W. Waples | Donald Gene Wold |
| Leslie R. Seeligson | Evelyn S. Smith | Elmer W. Sundberg | Betty Clo Tuttle | Robert R. Ware | Gary L. Woller |
| Evelyn Marjorie Seifried | Leslie Jane Smith | Albert C. Svoboda | Stanley C. Tuttleman | Joann Stewart Warfel | Merle P. Woodall |
| Richard H. Seip | Ralph O. Smith | Robert W. Swords | Paul H. Upchurch | Arthur B. Watts | Fred B. Wright |
| Richard K. Seyfarth | Lauren A. Sosniak | Walter Jehu Talley | Grant W. Urry | Paul J. Weber | Annette Yonke |
| Edwin Shapiro | Charles Morton Spence | Flonnia C. Taylor | Ottilie A. E. Van Allen | James L. Weil | Frederick S. Youkstetter |
| Robert Benjamin Shapiro | Frank Curtis Springer | F. Wendell Tebben | Dorothy G. Van Bortel | Ralph Weil | Oskar R. Zaborsky |
| Willis H. Shapley | Charles W. Stanley | Charles L. Thompson | Lawrence E. Van Buskirk | Irene M. Werner | William S. Zaferson |
| Martin E. Shaw | Leslie E. Starks | William Phelps Thompson | Alice B. Van Paasschen | B. Kenneth West | Mohammad Javed Akbar |
| Florence K. Sherman | Robert J. Stastny | Jessie M. Thornton | David Leonard Vear | Winifred E. Weter | Zaki |
| William Heinrich Shultz | William J. Stearns | Olga A. Titelbaum | Erika Vetter | George W. Wetherill | Sophie V. Zimmermann |
| Bernard H. Siegan | Elizabeth B. Stein | Mildred R. Tordella | Charles J. Vojta | Jerome J. Wexler | Thomas G. Zsembik |
| Irving E. Sigel | Walter S. Stephens | Ignacia Torres | Angela Maria Volan | Thomas L. Whisler | Edwin F. Zukowski |
| Mildred Sikkema | Edwin L. Sterne | Frank H. Townsend | Henry F. Vollmer | Margaret Louise Hiatt | |
| Jack Silber | Edward J. Stoll | Martin B. Travis | Florence K. Voss | Whiteside | |
| Frieda Simon | Ronald C. Stone | Paul E. Treusch | Edward H. Wagenaar | Raymond L. Wilkins | |

Faculty Appointments and Promotions

Appointments

January 2, 2006, through January 1, 2007

Professor

Habibul Ahsan, Health Studies and the College
Clifford Ando, Classics and the College
George Bakris, Medicine
Susan L. Cohn, Pediatrics
Peter Crane, Geophysical Sciences and the College
John Cunningham, Pediatrics
Andrew Davis, Geophysical Sciences, Enrico Fermi Institute, and the College
Jia-Hong Gao, Radiology
Neil B. Guterman, School of Social Service Administration
Samuel Kortum, Economics and the College
Ratneshwar Lal, Medicine
Gregory F. Lawler, Mathematics and the College
Christian Leuz, Graduate School of Business
Anup Malani, Law School
Iñigo Manglano-Ovalle, Visual Arts and the College
Karl S. Matlin, Surgery
Jeffrey B. Matthews, Surgery
David B. Nirenberg, Committee on Social Thought and the College
Nanduri R. Prabhakar, Medicine
Christopher J. Rhodes, Medicine
Matthew Stephens, Statistics and the College
Mauricio Tenorio, History and the College
Kevin P. White, Human Genetics and the College
Ming Xu, Anesthesia & Critical Care
Robert J. Zimmer, Mathematics and the College

Associate Professor

Kerwin Charles, Irving B. Harris Graduate School of Public Policy Studies
Jane E. Dailey, History and the College
Mahesh P. Gupta, Surgery
William G. Howell, Irving B. Harris Graduate School of Public Policy Studies
Rick Kittles, Medicine
Jerry A. Krishnan, Medicine
Yves Lussier, Medicine
Marc Ovadia, Pediatrics
Mario Small, Sociology and the College
Steven Wilkinson, Political Science and the College

Assistant Professor

Hussein Agrama, Anthropology and the College
Yasemin Altun, Computer Science and the College
Tania Bruguera, Visual Arts and the College
Paul B. Cheney, History and the College
Tamara Chin, Comparative Literature and the College
Paul Copp, East Asian Languages & Civilizations and the College
Ping Foong, Art History and the College
Richard P. Fox, Divinity School
Michael Gladders, Astronomy & Astrophysics and the College

Petra M. Goedegebuure, Oriental Institute, Near Eastern Languages & Literatures, and the College
Michael A. Grassi, Ophthalmology & Visual Science
Veronica Guerrieri, Graduate School of Business
Marlone Henderson, Psychology and the College
Ginard I. Henry, Surgery
James Holaska, Medicine
Richard B. Jones, Ben May Institute for Cancer Research
Sham Kakade, Computer Science and the College
Emir Kamenica, Graduate School of Business
Alison LaCroix, Law School
Juhani Tapio Linnainmaa, Graduate School of Business
Hue H. Luu, Surgery
Jonathan R. Lyon, History and the College
Jason N. MacLean, Neurobiology, Pharmacology & Physiology
Ioana Marinescu, Irving B. Harris Graduate School of Public Policy Studies
Ivan Moskowitz, Pediatrics
Jennifer E. Mosley, School of Social Service Administration
A. Yesim Orhun, Graduate School of Business
Monica Peek, Medicine
Verity Platt, Art History and the College
Russell R. Reid, Surgery
Steven Rings, Music and the College
Lisa A. P. Sanchez-Johnsen, Psychiatry
Jennifer Scappettone, English Language & Literature and the College
Robin A. Shoaps, Anthropology and the College
Alberto Simpser, Political Science and the College
Daniel J. Spergel, Medicine
Nathan Srebro, Computer Science and the College
Catherine Sullivan, Visual Arts and the College
Kenji Suzuki, Radiology
Mishka Terplan, Obstetrics & Gynecology
Francesco Trebbi, Graduate School of Business
Wim VanDrongelen, Pediatrics
Tyler J. VanderWeele, Health Studies
Barton Wicksteed, Medicine
H. Rosie Xing, Pathology
Jinbo Xu, Computer Science and the College
Jun Yin, Chemistry and the College
Ting Zhu, Graduate School of Business
Andrej Zlatos, Mathematics and the College

Instructor

Babafemi Akinrinade, Center for International Studies

Vigleik Angeltveit, Mathematics and the College
Matthew C. Bainbridge, Mathematics and the College
Tathagata Basak, Mathematics and the College
Karna Basu, Economics and the College
Martin A. Bazi, Pediatrics
Amahl A. Bishara, Anthropology and the College
Angela Bradbury, Medicine
Nathan D. Broadus, Mathematics and the College
Rena M. Conti, Pediatrics
Patricia Cortes, Graduate School of Business
Mikhail Ershov, Mathematics and the College
Seda Ertac, Economics and the College
Ronald R. Espinal, Pediatrics
Heather Fagan, Pediatrics
Thomas L. Fisher, Medicine
Jeffrey Gossett, Pediatrics
Grigor T. Grigorov, Mathematics and the College
Ron Hadani, Mathematics and the College
Arata Hamawaki, Philosophy and the College
Seth Jolly, Committee on International Relations
Yon-Seo Kim, Mathematics and the College
Gabriel S. Koch, Mathematics and the College
Peter Kondor, Graduate School of Business
Monica K. Lee, History and the College
Stanley Liauw, Radiation & Cellular Oncology
Daniel A. Llano, Neurology
Michael Maitland, Medicine
Wayne Marshall, Music and the College
Kevin Narizny, Committee on International Relations
Adriana Orozco-Kellermeier, Pediatrics
Minoli Perera, Medicine
Sonja K. Pieck, New Collegiate Division
Blase Polite, Medicine
Joseph K. Salama, Radiation & Cellular Oncology
Benjamin I. Schmidt, Mathematics and the College
Mala Setty, Pediatrics
Patrick Singleton, Medicine
Andrew Skol, Medicine
Victoria Solan, Art History and the College
David Spafford, East Asian Languages & Civilizations and the College
Kelley Staley, Pediatrics
David Svoboda, Physical Education & Athletics and the College
Jason Weber, Physical Education & Athletics and the College
Scott Wiercinski, Physical Education & Athletics and the College
Rachel K. Wolfson, Pediatrics
Christine Yu, Pediatrics

Promotions

January 2, 2006, through January 1, 2007

Associate Professor to Professor

Harriet de Wit, Psychiatry
Peter F. Dorman, Oriental Institute, Near Eastern Languages & Civilizations, and the College

Jean-Pierre H. Dube, Graduate School of Business
Luis Garicano, Graduate School of Business
Sarah Gehlert, School of Social Service Administration
Robert K. Ho, Organismal Biology & Anatomy and the College
Erik G. Hurst, Graduate School of Business
Adrian D. S. Johns, History, Committee on Conceptual & Historical Studies of Science, and the College
Woowon Kang, Physics, James Franck Institute, and the College
Robert L. Kendrick, Music and the College
Anning Lin, Ben May Institute for Cancer Research and the College
Susan E. Mayer, Irving B. Harris Graduate School of Public Policy Studies
Mary Sara McPeck, Statistics and the College
John P. McCormick, Political Science and the College
Richard Theodore Neer, Art History and the College
Angela V. Olinto, Astronomy & Astrophysics, Enrico Fermi Institute, and the College
John E. Oliver, Political Science and the College
Wendy R. Olmsted, New Collegiate Division
Robert C. Peters, Visual Arts and the College
Damon J. Phillips, Graduate School of Business
Monika Piazzesi, Graduate School of Business
Lainie Friedman Ross, Pediatrics
Leonid V. Ryzhik, Mathematics and the College
Susan Schreiner, Divinity School
Walter M. Stadler, Medicine

Assistant Professor to Professor

Ali Hortacsu, Economics and the College
Bruce T. Lahn, Human Genetics and the College

Assistant Professor to Associate Professor

Maria-Luisa Alegre, Medicine
Samuel G. Armato, Radiology
Robert Bird, Slavic Languages & Literatures and the College
David C. Bradley, Psychology and the College
Ayelet Fishbach, Graduate School of Business
Tong-Chuan He, Surgery
Yulei Jiang, Radiology
Sergey A. Kozmin, Chemistry and the College
Andrey Kravtsov, Astronomy & Astrophysics, Enrico Fermi Institute, and the College
Jocelyn Malamy, Molecular Genetics & Cell Biology
Patchen Markell, Political Science and the College
Dan Liviu Nicolae, Medicine
Suresh Ramanathan, Graduate School of Business
Luis Rayo, Graduate School of Business

Susanne M. Schennach, Economics and
the College
Savdeep Sethi, Physics, Enrico Fermi
Institute, and the College
Chad Syverson, Economics and the
College
Dexter R. Voisin, School of Social
Service Administration
Amittha Wickrema, Medicine
Yimin Zou, Neurobiology,
Pharmacology & Physiology and the
College

Instructor to Assistant Professor

Miklos Abert, Mathematics and the
College
Vineet Arora, Medicine
Bulent Aydogan, Radiation & Cellular
Oncology
Anirban Basu, Medicine
Steven Chmura, Radiation & Cellular
Oncology
Patricia Cortes, Graduate School of
Business
Maria L. Dowell, Pediatrics
Douglas Kyle Hogarth, Medicine
Peter Kondor, Graduate School of
Business
Elaine Petrof, Medicine
Kenan Qin, Pediatrics
Esra Fatma Tasali, Medicine

The University of Chicago Sexual Assault Policy

April 19, 2007

I. Statement

Sexual assault is a criminal act that violates the standards of our community and is unacceptable at the University. Sexual assault can be devastating to the person who experiences it directly and can be traumatic to the person's family, friends, and larger community as well. Anyone who believes she or he has been sexually assaulted is encouraged to report the incident and to seek medical care as soon as possible, regardless of the definitions provided below.

II. Policy Application and Resources

The University's sexual assault policy applies to students, staff, postdoctoral scholars and fellows, faculty, and other academic personnel, as well as to anyone on whom the University has formally conferred a title, regardless of employment status. For these individuals, the University provides education and sexual assault prevention resources, offers numerous support services and referrals for anyone who has experienced sexual assault, encourages and facilitates reporting and prosecution of sexual assault, and is committed to disciplining anyone who violates this policy. The University may also investigate alleged violations of this policy received from individuals outside the institution regarding individuals within the University if, for example, the alleged violation occurred on University property.

III. Definitions and Important Principles

The University's definition of sexual assault encompasses the State of Illinois Criminal Code's current terminology and definitions of both sexual assault (frequently referred to as rape) and sexual abuse. The University incorporates the State's very explicit definitions of several important terms, adds two important principles, and recognizes that sexual assault is not a gender-specific crime.

Sexual assault is:

- an act of sexual penetration or sexual conduct by the use of force or threat of force, including threatening or endangering the life of the victim or any other person; or
- an act of sexual penetration or sexual conduct where the accused knew that the victim was unable to understand the nature of the act or was unable to give knowing consent; or
- an act of sexual penetration or sexual conduct with a victim who was under age 17 when the act was committed, or with a victim who was under age 18 when the act was committed and the accused was age 17 or more and held a position of trust, authority, or supervision in relation to the victim*; or
- an act of sexual penetration or sexual conduct in which the accused delivered (by injection, inhalation, ingestion, transfer of possession, or any other means) to the victim without his or her consent, or by threat or deception, and for other than medical purposes, any controlled substance.

*The age of consent in Illinois is 17 but rises to 18 if the accused holds a position of trust, authority, or supervision in relation to the victim.

"Sexual penetration" means any contact, however slight, between the sex organ or anus of one person and an object, the sex organ, mouth, or anus of another person, or any intrusion, however slight, of any part of the body of one person or of any animal or object into the sex organ or anus of another person, including but not limited to cunnilingus, fellatio, or anal penetration.

"Sexual conduct" means any intentional or knowing touching or fondling by the victim or the accused, either directly or through clothing, of the sex organs, anus, or breast of the victim or the accused, or any part of the body of a child under 13 years of age, or any transfer or transmission of semen by the accused upon any part of the clothed or unclothed body of the victim, for the purpose of sexual gratification or arousal of the victim or the accused.

"Victim" means a person alleging to have been subjected to conduct prohibited by this policy and does not imply pre-judgment.

"Accused" means a person accused of conduct prohibited by this policy and does not imply pre-judgment.

"Force or threat of force" means the use of force or violence, or the threat of force or violence, including but not limited to (1) when the accused threatens to use force or violence on the victim or on any other person, and the victim under the circumstances reasonably believes that the accused has the ability to execute that threat or (2) when the accused has overcome the victim by use of superior strength or size, physical restraint, or physical confinement.

"Consent" is the freely given agreement to the act of sexual conduct or sexual penetration in question. The lack of explicit consent does not imply consent. The lack of verbal or physical resistance or the submission by the victim resulting from the use of force or threat of force by the accused does not constitute consent. The manner of dress of the victim at the time of the offense does not constitute consent. A person who initially consents to sexual penetration or sexual conduct is deemed not to have consented to any sexual penetration or sexual conduct that occurs after he or she withdraws consent during the course of that sexual penetration or sexual conduct.

Use of alcohol or drugs may impair an individual's capacity to consent freely and may render an individual incapable of giving consent.

Important Principles

Confidentiality

The University of Chicago will make every reasonable effort to preserve an individual's privacy and protect the confidentiality of information related to sexual assault.

The University may issue a safety awareness alert, a brief description including time and location, to notify the community about the occurrence of a serious crime or pattern of crimes that might put the public at risk. The University is also required by law to tabulate and annually report sexual assault and other campus crime statistics to the public. These statistics and the list of people to whom a crime may be reported for it to be included in the statistics appear

in the publication *Common Sense*, <http://commonsense.uchicago.edu>. Neither safety awareness alerts nor campus crime statistics contain specific victim-identifying information.

The confidentiality of disciplinary proceedings deserves special mention. Honoring the confidentiality of disciplinary proceedings and their outcomes is the responsibility of the accused, the victim, the institution, and all others participating in or privy to those proceedings. Unless disclosure is authorized by law, failure to respect the confidentiality of the proceedings and their outcome may result in disciplinary consequences within the University, as well as potential civil liability.

Institutional Obligation

Because sexual assault is a serious crime that may threaten the community as a whole, in rare instances the University may be obliged to pursue an alleged sexual assault through internal disciplinary procedures without the cooperation of the victim. Always in such instances, the University will inform the victim of its obligation to address a community safety issue.

IV. Support Services and Resources

The needs of someone who has been sexually assaulted vary from person to person and may vary over time. The University offers a diverse array of services and external resources, many of which may be accessed twenty-four hours a day, so that a person may choose what she or he would find most helpful and healing. Many of those resources are described at <http://rsvp.uchicago.edu/resources/assault/>.

The University urges anyone who has been sexually assaulted to seek support as soon as possible to minimize and treat physical harm, assist with processing the unique and complex emotional aftermath, and help preserve and understand options for pressing charges. Even for someone who does not wish to report the event to the police or pursue disciplinary action, seeking medical attention as soon as possible is important. At any point that an individual is ready to come forward, the University of Chicago is prepared to help her or him.

Resources for Everyone

University of Chicago Hospital Emergency Room

Medical and Counseling Services
773-702-6250

901 East 58th Street (24 hours)

The Mitchell Emergency Room follows specific policies and procedures, approved by the State, in treating an individual who has been sexually assaulted. The State will pay for emergency room care for victims who have been sexually assaulted and do not have health insurance; if a victim provides health insurance information to the emergency room, the emergency room will bill the insurance company and the policy holder will be notified as usual.

- The victim is placed in a private room.
- Medical care is given as soon as possible.
- A Sexual Assault Survivor Advocate or a Sexual Assault Dean-on-Call (for a

student) may be called, based on a victim's preferences.

- By law, city police are notified; and the victim may choose to file a report.

University Police Department

773-702-8181, or 123 on campus phones (24 hours)

The University Police Department urges anyone who has been sexually assaulted to call immediately in order to strengthen the likelihood of successful prosecution. The University Police officer can be summoned from any of the emergency phones located throughout the community. Responsibilities of the University Police Department include:

- attending to the immediate needs of the victim, including personal safety and prompt medical care;
- when appropriate, broadcasting a description of the offender; and
- notifying the Sexual Assault Dean-on-Call if the victim is a student.

The University Police Department recommends the prompt reporting of sexual assaults. Nevertheless, individuals should not be reluctant to file a report at a later date. In general, a report must be made to the police no more than two years after the sexual assault. (The rules are different for circumstances involving DNA evidence or victims under age 18.) Reporting an incident does not obligate a person to press charges. For more information, visit <http://oca.uchicago.edu/safety/police/>.

Chicago Police Department

911 (24 hours)

South East Chicago Commission Victim Assistance Program

773-324-6926

1511 East 53rd Street

The Victim Assistance Program helps anyone who has been sexually assaulted understand the relevant provisions and procedures of the criminal justice system. A staff person will accompany the victim at any time, if wanted, to help with the process or just to be present in the police station or court. For more information, visit <http://oca.uchicago.edu/safety/secc.shtml>.

Religious Organizations

There are a variety of groups offering pastoral care and a community of faith to address individual needs. For a listing of organizations, visit <http://rotq.uchicago.edu/orgs.html>.

Resources Especially for Students

Sexual Assault Dean-on-Call

773-702-8181, via University Police
773-834-HELP, via operator (24 hours)

At any time, students may contact a Sexual Assault Dean-on-Call, who is trained to respond to sexual assault emergencies. A caller does not have to tell the operator why he or she is calling or give his or her name. A student may contact this Dean even if he or she has not decided yet whether to report the sexual assault to the police. This Dean is available to answer any general or personal questions related to sexual assault and can help with:

- finding emotional support

- getting medical care
- reporting the crime to the police
- preserving evidence, and, if the student wishes, pressing charges
- adjusting living arrangements
- managing academic obligations
- getting counseling

For more information, visit <http://deanoncall.uchicago.edu>.

Student Care Center

773-702-4156

5841 South Maryland Avenue

Physicians and certified nurse practitioners provide for students ongoing follow-up health care and services, including pregnancy testing, counseling, and referral services; and sexually transmitted disease testing, diagnosis, and treatment. The physician-on-call is available twenty-four hours a day for emergency consultation. While acute, immediate post-assault treatment is provided at the Mitchell Emergency Room, the Student Care Center offers follow-up care, including health care services for students who have chosen not to seek care immediately after an assault. For more information, visit <http://scc.uchicago.edu> and <http://scc.uchicago.edu/appointments.htm>.

Student Counseling and Resource Service

773-702-9800

5737 South University Avenue

(therapist-on-call, 24 hours)

SCRS supports students who are working through, among other personal matters, an experience of sexual assault or questions about relationships and sexuality. Consultation with a therapist is available in person during regular business hours and by telephone for after-hours emergencies. For more information, visit <http://counseling.uchicago.edu>.

Dean of Students

773-702-7773

5801 South Ellis Avenue

(Dean of Students in the University)

At any time, students may contact their area Dean of Students or the Office of the Vice-President and Dean of Students in the University. Deans of Students are available to help and work with students throughout the process, addressing short-term and long-term personal or academic issues that arise.

Resources for Sexual Violence

Prevention

773-702-7200

RSVP organizes interactive peer workshops on acquaintance rape, prevention, and gender issues, as well as specialized educational programs on issues related to sexual violence. For more information, visit <http://rsvp.uchicago.edu>.

Peer Health Educators

773-834-5220

Organized by the Student Care Center, this group of students develops programs and presentations for students on a variety of sensitive subjects, including sexual health. For more information, visit <http://scc.uchicago.edu/PHEoverview.htm>.

College Programming Office

773-702-8616

CPO presents an annual program called Sex Signals for incoming undergraduate students on issues of alcohol, dating, sex, and consent. For more information, visit <http://cpo.uchicago.edu>.

Resources Especially for Staff, Other Academic Personnel, and Faculty

Primary Care Group Physician or Nurse Practitioner/Physician-on-Call

773-702-6840

UHRM Employee/Labor Relations (for staff)

773-702-4411

Provost's Office (for faculty and other academic personnel)

Ingrid Gould, 773-702-8846

Perspectives

(Staff and Faculty Assistance Program, 24 hours)

800-456-6327

Counseling services are provided to employees affected directly and indirectly by sexual assault. For more information, visit <http://www.perspectivesltd.com>.

Non-University Resources for Everyone

Chicago Rape Crisis Hotline

(immediate and long-term referrals, information, and counseling; 24 hours)
888-293-2080

LGBT Crisis Hotline

(information, counseling, and referrals; 24 hours)
773-871-2273

Chicago Women's Health Center

(gynecological care and counseling)
773-935-6126

Metro YWCA

(counseling and legal advocacy)
312-372-6600

Harris YWCA

(counseling and legal advocacy)
773-955-3100

Center on Halsted

(services for the LGBT community)
773-472-6469

Rape Victim Advocates

(counseling)
312-663-6303

Mayor's Office for Domestic Violence

(information and referrals: 24 hours)
877-863-6338

Chicago Bar Association

(lawyer referral service)
312-554-2001

V. University Discipline Procedures

The appropriate University disciplinary avenue is determined by the status of the person accused of sexual assault. Anyone may choose to bring forward a complaint within the University instead of or in addition to seeking redress outside the institu-

tion in the legal system. Someone with a complaint of sexual assault may also opt to pursue his or her case via the legal system without engaging the University's disciplinary process, although, in the interest of community safety, the University may be obliged to pursue an alleged sexual assault through internal disciplinary procedures. Unlike the State of Illinois, the University does not impose a time limit after which it will not consider formal complaints of sexual assault. However, timely disciplinary processes take advantage of the freshest recollections and evidence and can enable the victim more promptly to resolve what is often a traumatic and painful situation.

If the accused is a student, a complaint is addressed within the procedures for student discipline described in the *Student Manual of University Policies and Procedures*. The complaint should be addressed to the Dean of Students in the accused student's academic unit (College, division, or school).

If the accused is a staff employee, a staff member from Employee/Labor Relations at University Human Resources Management (UHRM) will guide the individuals through the appropriate process.

If the accused is a faculty member or other academic personnel member, a formal complaint is initially addressed by the cognizant academic Dean and an Associate Provost, and, as warranted, by the Provost.

Sanctions for a member of the University community found to have sexually assaulted another person may include termination of employment or expulsion. If, after a University of Chicago degree is awarded, the Dean of Students is informed of misconduct that occurred before the degree was awarded, disciplinary proceedings may be initiated. If an area disciplinary committee is convened, the committee may recommend revocation of the degree.

VI. Related Policies

Policy on Unlawful Discrimination and Harassment: <http://www.uchicago.edu/docs/policies/provostoffice/unlawdiscrimharass2006.pdf>

Personnel Policy U601, Treatment of Confidential Information: <http://hr.uchicago.edu/policy/p601.html>

Personnel Policy U402, Counseling Service/Staff and Faculty Assistance Program: <http://hr.uchicago.edu/policy/p402.html>

University Disciplinary Systems for Students: <http://www.uchicago.edu/docs/studentmanual/studentlife.shtml#discipline>

Personnel Policy U703, Progressive Corrective Action: <http://hr.uchicago.edu/policy/p703.html>

Personnel Policy U208, Termination of Employment: <http://hr.uchicago.edu/policy/p208.html>

VII. Sexual Assault Policy Committee

Ingrid Gould, *Offices of the Provost and President, Chair*

Kathleen N. Conzen, *Professor, Department of History and the College*

Gregory L. Hillhouse, *Professor, Department of Chemistry and the College*

Alice Lloyd, *University Human Resources Management*

Kipp R. Martin, *Professor, Graduate School of Business*

Andrew Puckett, *graduate student*

Michelle Rengarajan, *undergraduate student*

Theodore C. Stamatakos, *Office of Legal Counsel*

Sheila Yarbrough, *Office of the Vice-President and Dean of Students*

Report of the Panel on Sexual Harassment for 2005–06

March 27, 2007

The Policy and Procedures concerning Sexual Harassment (adopted by the Council of the University Senate, May 8, 1990, and revised on February 12, 2002) require that an annual report be made to the Council (1) describing the University's program to prevent sexual harassment and (2) reviewing the incidents brought to the attention of the Sexual Harassment Complaint Advisors or the Panel on Sexual Harassment. This is the report for the period July 1, 2005, to June 30, 2006.

Prevention and Education

The pamphlet, *Sexual Harassment: What We Can Do*, was updated to indicate the names and telephone numbers of the new and continuing Complaint Advisors. A link to the complete University policy on sexual harassment can be found in the paper and electronic versions of the pamphlet. This year, the announcement of the availability of the new brochures included information about a second pamphlet that describes support services in case of sexual assault. Both pamphlets were distributed to units that requested copies of the 2005–06 sexual harassment prevention brochure.

The number of requests for sexual harassment prevention presentations by current Complaint Advisors during orientation fell slightly this year. Local administrators who are former Complaint Advisors were sometimes called upon to address the topic in their units' orientation meetings. The most frequent audiences continued to be graduate students, tutors, and teaching assistants. There were more presentations in units where incidents related to sexual harassment had occurred. Audiences are consistently interested in understanding the definition of sexual harassment, learning more about thresholds for severity and pervasiveness, and being given examples of conduct that resulted in disciplinary action.

Monthly Complaint Advisor meetings included discussions with representatives from student service offices, such as Student Counseling and Resource Service, the Office of the Student Ombudsman, and the Sexual Assault Deans on Call. Other sessions involved discussions with the Provost, the Associate General Counsel, and representatives from University Human Resources Management. Complaint Advisors also participated in a practicum on advising and consulting, which involved learning to manage difficult advising situations and role-playing complaint scenarios. Participants indicated in their assessments that the role-playing exercise was particularly helpful.

No Real Winners: Sexual Harassment in Academia, the film and workshop designed for higher education settings featuring real people involved in complaints, was used again this year. This program receives consistently high marks for generating deeply relevant discussions about the consequences of sexual harassment, consensual relationships, and academic freedom. It also has been recommended for use with faculty audiences.

One issue that was discussed this year was the possibility for a conflict of interest when complaints involving students arise. A Dean of Students may be contacted in

her capacity as a Complaint Advisor by someone seeking the informal resolution of a harassment-related matter having to do with a student in her area. If there is a subsequent formal complaint against the same student, there will need to be a disciplinary hearing, which normally is administered by the Dean of the student whose conduct is in question. The Dean of Students may be significantly influenced and her objectivity questioned. This issue was taken up by the Deputy Provost for Research and Education and the Office of the Vice-President and Dean of Students in the University for consideration of procedural modifications that could be implemented in such circumstances.

New Policy

The Council of the University Senate adopted a University-wide Policy on Unlawful Discrimination and Harassment on February 28, 2006, that retired its predecessor. Built on experience with the strengths of the Policy on Sexual Harassment, the new policy addresses all bases of unlawful harassment, including race, color, religion, sex, sexual orientation, gender identity, national or ethnic origin, age, veteran status, or disability. At the recommendation of the Vice-President and Dean of Students in the University, the Provost and Associate Provost agreed to implement the policy for the 2006–07 academic year. A plan for educating student service staff about the application of key harassment concepts to other forms of unlawful harassment was developed. Orientation materials and exercises for new Complaint Advisors were selected to prepare them for their roles as informal complaint resolution facilitators for members of the University community who have concerns.

Outcome of Unresolved 2004–05 Complaints

Last year, there were two cases pending. The lawsuit filed by two staff members whose Fair Employment Practices Agency (FEPA) charges were substantiated by the agency investigation was settled, and harassment training for all supervisory personnel in the department was a major provision of the agreement. The lawsuit brought against the University by the employee of an affiliate for sexual harassment by an academic employee has advanced to a jury trial. In addition, the employee is being sued directly by the plaintiff.

Contacts Regarding Faculty and Other Academic Personnel

There were eight contacts this year, none of which were formal complaints. Four informal complaints were addressed, and four contacts were classified as "other." In the first informal complaint, a Dean contacted the Associate Provost to confer regarding actions taken in response to a report that a faculty member had asked a faculty job candidate for a date during the candidate's visit. The Chair met with the faculty member, reminded him of the University's policy on consensual relationships, and underscored the inappropriateness of his conduct. A record of the reprimand was placed in his file.

In separate instances, two faculty members, each of whom had been reprimanded

in the past for inappropriate conduct, were notified that there had been new reports of offensive, sexually related workplace conduct on their parts. In the first instance, an investigation has been initiated into allegations by several staff members of inappropriate remarks, touching, and leering. In the second case, the Chair discussed the student complaints with the faculty member, who apologized for his comments to students and the resultant impediment to their program participation. The faculty member was removed from student supervision and required to undergo an assessment. Both outcomes are pending.

The Associate Provost was contacted by a student who complained previously about unwanted communication from a faculty member with whom there had been a prior consensual relationship. The Associate Provost met again with the faculty member who admitted contacting the student in violation of a no-contact agreement. The faculty member apologized and has since left the University.

Other contacts included an exit interview in which a female faculty member characterized her Departmental Chair as sexist and patronizing toward women scholars; student (male and female) reports that a faculty member showed significant favoritism toward men and was dismissive of women students; advice sought by an academic administrator who had been told his joking comment was inappropriate; and guidance sought by the employee of an affiliate on how to avoid a faculty member's repeated unprofessional remarks.

Contacts Regarding Staff

Of the five contacts, three were formal complaints against staff and two were classified as "other." In the first of two complaints that resulted in terminations, a student worker complained of sexual harassment by two staff supervisors with whom she previously had consensual relationships. The supervisors denied the allegations, the investigation supported the student worker's version of events, and the supervisors were terminated. In the second case, a staff employee complained that her supervisor had pulled her onto his lap during a staff meeting. In addition to the supervisor's termination, Complaint Advisors provided department-wide training on sexual harassment prevention. The final formal complaint was made by a staff employee who alleged that a supervisor repeatedly made unwanted romantic remarks to her. The investigation was inconclusive, but the Associate Provost provided training on prevention of unlawful harassment, including sexual harassment, to supervisors in the unit.

Two unit heads sought advice and assistance on counseling employees whose behavior was reported to be inappropriate. The employees were counseled about the University's policy and expectations. There have been no other reports of problems.

Contacts Regarding Students

There were four informal complaints against students. One student requested the informal investigation of concerns raised in 2004–05 regarding treatment by fellow students. The student was disappointed that

the investigation did not substantiate the claim, but declined to pursue a formal complaint. In another instance, a Complaint Advisor was contacted by a student seeking assistance in stopping repeated unwanted verbal and physical advances from another student. The Complaint Advisor explained the available options, including writing a letter and contacting the University Police Department, both of which the student did. The third informal complaint against a student resulted from a referral from Student Counseling and Resource Service. A former partner's repeated unwanted contact was stopped with the help of the University Police Department and the Dean of Students. The final informal complaint came from a faculty member after a student disrupted a class by loudly continuing to sing a particularly sexually explicit song about the instructor, despite being asked to stop. The Dean of Students met with the student, who maintained it was a joke. This complaint is pending.

Regarding students, two contacts classified as "other" were received, both of which involved communicating resources for individuals getting out of abusive relationships. In one instance, the contact resulted in a Networking Services and Information Technologies (NSIT) investigation of compromised access to an e-mail account. In addition, a faculty member reported that a University graduate harassed and threatened him electronically.

Members of the Panel on Sexual Harassment, 2005–06

Kathleen Conzen
Marsha Rosner
Michael Stein
Aneesah Ali, Associate Provost,
ex officio
Victor Muñiz-Fraticelli, Student
Ombudsperson

University Disciplinary Actions: 2005–06

By Martina Munsters, *Deputy Dean of Students in the University*

February 20, 2007

The Office of the Vice-President and Dean of Students in the University has been asked by the Council of the University Senate to report each year on matters pertaining to the University disciplinary legislation enacted by the Council on May 23, 1970, and amended on June 8, 1976.

For another year, the All-University Disciplinary Committee did not meet during the 2005–06 academic year.

The Office of the Vice-President and Dean of Students in the University also reports to the council on disciplinary matters that have occurred in the academic units during the year. In 2005–06, area disciplinary committees were convened on sixteen occasions to consider allegations brought against twenty students. Four graduate students requested a review of the disciplinary decision.

In the College, six disciplinary hearings were convened involving nine students.

One hearing was called because a student violated a “no contact” order placed by the Dean of Students in the College. The student was placed on probation.

Another hearing involved a student accused of sexual assault. Due to insufficient evidence, no sanctions were levied against the student.

A student was brought before a disciplinary committee for fabricating laboratory data. The student was suspended for four quarters.

A hearing was called for two students accused of cheating during an examination. Both students were placed on disciplinary probation.

A fourth hearing involved three students accused of attempting to burn another

student’s art exhibit. Two of the students were suspended for five quarters, while the third student was suspended for two quarters.

The ninth student called before the College disciplinary committee in the 2005–06 academic year was charged with sending e-mails and making telephone calls that were harassing and threatening. The student was suspended for eight quarters.

In the graduate divisions and professional schools, ten hearings were convened involving eleven students.

The Division of the Social Sciences held one hearing in the 2005–06 school year. A student was charged with misrepresentation of credentials and plagiarism. The student chose to not participate in the hearing. The student was expelled.

The Law School convened three hearings in the 2005–06 school year. Two of the hearings involved students who were each accused of plagiarizing more than one paper. In each separate incident, the student was suspended for nine quarters. The third hearing was called for a student accused of sexual assault. The student was given a one-quarter suspension.

The Pritzker School of Medicine convened hearings for three students in the 2005–06 school year. A hearing was convened to address the case of two students accused of cheating during an examination. Each student was placed on probation. Another hearing was called for a student accused of misrepresentation of credentials. The student was not allowed to graduate, was suspended for one quarter, and was placed on probation upon completion of the suspension. The student requested a review. The review board sustained the

disciplinary decision.

The Irving B. Harris Graduate School of Public Policy Studies convened two hearings for separate incidents of academic dishonesty. In the first case, a student was accused of cheating on a final examination. The committee determined that the student should be on probation and recommended that the examination be retaken. The student requested a review. The review board sustained the disciplinary decision. In the second case, a student was charged with plagiarizing a paper. The Disciplinary Committee recommended that the student receive a final grade of F for the course. The student was told to do community service and was placed on probation.

The Graduate School of Business held two disciplinary hearings. A hearing was convened in the Executive M.B.A. Program

for a student charged with obtaining the answers for a project in a manner that violated the Graduate School of Business Honor Code. The student was suspended for two quarters. The committee recommended that the student receive a project grade of 0 and a final course grade of F. The student requested a review. The review board sustained the disciplinary decision. Another hearing was called in the Full-Time M.B.A. Program to address a charge of cheating. The committee determined that the student did cheat on the examination. After taking into consideration a prior verbal warning and a prior written warning, the committee recommended that the faculty give the student a grade of F in the course and expelled the student. The student requested a review. The review board sustained the disciplinary decision.

Students sent before disciplinary committees, 1996–2006

| Year | College/ Academic | College/ Other | Graduate/ Academic | Graduate/ Other | Total |
|----------------|----------------------|-------------------|-----------------------|--------------------|-------|
| 96–97 | 1 | 9 | 2 | 4 | 16 |
| 97–98 | 0 | 4 | 1 | 2 | 7 |
| 98–99 | 1 | 2 | 5 | 4 | 12 |
| 99–00 | 1 | 1 | 5 | 4 | 11 |
| 00–01 | 0 | 0 | 2 | 5 | 7 |
| 01–02 | 5 | 5 | 8 | 9 | 27 |
| 02–03 | 4 | 2 | 6 | 3 | 15 |
| 03–04 | 4 | 0 | 16 | 4 | 24 |
| 04–05 | 1 | 4 | 6 | 1 | 12 |
| 05–06 | 3 | 6 | 8 | 3 | 20 |
| Average | 2 | 3.3 | 5.9 | 3.9 | 15.1 |

Report of the Student Ombudsperson for 2005–06

By Victor M. Muñoz-Fraticelli

The Office of the Student Ombudsperson was established in 1968 by then-Provost Edward Levi to address student concerns and investigate their complaints about the institution. Over the years, and with the support and encouragement of past University Presidents and of the Office of the Vice-President and Dean of Students (VPDOS), the role of the office has evolved to address the needs of the University community. The Ombudsperson's charge, broadly construed, is to advocate for the best interests of the students in the University. It does not seek to have a student "win" or "lose" in a particular complaint that he or she may have with the institution. Rather it seeks to reconcile the student with the University, bringing him or her back into the community. In this charge, the office has enjoyed the cooperation and respect of the vast majority of students, faculty, and administrators.

The Ombudsperson and the Associate Ombudsperson are appointed by the President of the University and are charged with offering support to students, guiding them towards the resources available to meet their needs, investigating their complaints, and helping them find equitable solutions to problems they encounter. As an independent office, it serves as an objective third party whose goal is to help to open lines of communication, to re-open them when normal channels have failed, or simply to coordinate communication across division or department lines at the request of and on the behalf of a student.

The purview of the Ombudsperson is as broad as the range of possible experiences that might befall students in their interactions with other students or with University faculty and staff. It is the right of any student, at any time, to seek advice from the Ombudsperson, who can provide assistance even as they go through the normal channels of communication within a department, a division, or the University. The broad charge of the office has been supported by the administration's endorsement of numerous reports of the Student Ombudsperson, endorsed by past University Presidents, and made public through the *University of Chicago Record*.

Transition

It is important for the Office of the Student Ombudsperson to maintain institutional continuity over the years, but this is made difficult by the short tenure of the occupants of the office. In the Report of the Student Ombudsperson for 2003–04, a proposal was made to change the method of appointment of the Ombudsperson and Student Ombudsperson. "[W]e propose a preliminary selection process to assess the suitability of the current Associate Ombudsperson before interviewing general applicants for the office." This proposed change was officially instituted at the end of the 2004–05 academic year, whereupon the previous Associate Ombudsperson was nominated for appointment as Ombudsperson and the selection process was opened for the Associate Ombudsperson position.

Kirk Schmink, who was a rising graduating senior, was the candidate selected for the Associate Ombudsperson position based on his exceptional credentials. His

Figure 1. Case Totals

| | 2002–03* | 2003–04* | 2004–05* | 2005–06 | Summer 2006 |
|----------------------|-----------|-----------|-----------|-----------|-------------|
| Summer | 16 | 12 | 17 | 29 | 12 |
| Autumn | 14 | 16 | 16 | 30 | — |
| Winter | 31 | 10 | 16 | 23 | — |
| Spring | 12 | 14 | 30 | 17 | — |
| Undergraduate | 31 | 22 | 24 | 52 | 7 |
| Graduate | 33 | 28 | 51 | 38 | 5 |
| Other | 9 | 2 | 4 | 9 | 0 |
| TOTAL | 73 | 52 | 79 | 99 | 12 |

Figure 2. Case Analysis

| | 2002–03* | 2003–04* | 2004–05* | 2005–06 | Summer 2006 |
|----------------------------------|-----------|------------|-----------|------------|-------------|
| Academic | 19 | 17 | 25 | 42 | 5 |
| Grades | 4 | 6 | 7 | 19 | 2 |
| Other | 15 | 11 | 18 | 23 | 3 |
| Housing | 17 | 8 | 17 | 19 | 3 |
| Undergraduate | 4 | 3 | 1 | 8 | 0 |
| Graduate | 9 | 4 | 11 | 5 | 1 |
| Off Campus | 4 | 1 | 5 | 6 | 2 |
| Administrative/ Financial | 16 | 4 | 11 | 6 | 0 |
| Health/Insurance | 5 | 9 | 8 | 5 | 0 |
| Employment | 4 | 1 | 1 | 6 | 1 |
| Student Services | 5 | 2 | 3 | 6 | 1 |
| Facilities | 1 | 7 | 2 | 1 | 1 |
| Library | 1 | 1 | 1 | 3 | 0 |
| Other | 5 | 5 | 11 | 11 | 1 |
| TOTALS | 73 | 54* | 79 | 99† | 12 |

* The numbers for academic years 2002–03 to 2004–05 are taken from Phil Venticinque, "Report of the Student Ombudsperson for 2004–05," *University of Chicago Record* 40(3): 11–12 (May 25, 2006).

** One case appears in three categories.

† 2005–06 total does not include Summer Quarter of 2006.

performance in the office lived up to and exceeded expectations. His departure at the end of the 2005–06 academic year, however, left vacant both the position of Ombudsperson and of Associate Ombudsperson. Excellent candidates were chosen for both positions, but there remained a gap in the office's institutional continuity. To remedy this, the Ombudsperson for the 2005–06 academic year remained on staff during the summer of 2006 to run the office during Summer Quarter, to introduce the new Ombudsperson to the administration, and to continue the efforts to publicize the office among students, faculty, and administrative staff. Because of this situation, Figures 1 and 2 include statistics for Summer Quarter of 2006, which typically would have been included in the 2006–07 report.

2005–06 Case Analysis

The number of students seeking the assistance of the Office of the Student Ombudsperson in the 2005–06 academic year increased considerably from previous years. The increase may be due to the increased exposure of the office to students, faculty, and administrative staff. During the 2005 student orientation, representatives of the office attended the Family Resources Fair, the Graduate School of Business Community Fair, the Law School Information Fair, and various graduate student orientation events. Handouts explaining the role of the office and giving contact information were

included in the information packets given to undergraduates by the College Programming Office and in the information packets distributed by several graduate divisions. Throughout the year, the Ombudsperson and the Associate Ombudsperson also met with the residential staff of the University House System, the College Advisers, the Student Government, and representatives of several other administrative offices and student services providers on campus. Word-of-mouth from students who had been helped by the Office of the Student Ombudsperson in the past, or by faculty or staff who interacted with the office, may have also contributed to the increased traffic, as several students who came to the office reported being referred by a friend, a professor, or a staff member.

It is interesting that this year the number of undergraduate students seeking the assistance of the Office of the Student Ombudsperson was greater than the number of graduate and professional students. This marks a change from previous years. Increased exposure during undergraduate orientation may be the cause of this. It is perhaps unremarkable that the number of academic complaints regarding grades rose considerably: graduate students, especially those in the divisions, tend to be less concerned with grades than undergraduates; in fact, three-quarters of the grade complaints were made by undergraduate students.

There was a marked drop in complaints regarding graduate student housing. Real

Estate Operations (REO), the office managing the Neighborhood Student Apartments, recently introduced a new contract for graduate student apartments. A number of students had sought advice and redress at the Office of the Student Ombudsperson because the previous contract had been unclear. If the drop in graduate housing cases proves permanent, the new contract may very well be the reason.

Other complaints included requests from other universities for information on the role and history of the Office of the Student Ombudsperson, as well as other miscellaneous inquiries. Some of these were very serious, but do not fall under the traditional areas of student concerns. What follows are some especially salient complaints handled by the Office of the Student Ombudsperson during the year, which give an understanding of the type of issues handled by the office, and offer some recommendations for the future.

Health and Insurance

In July, a graduate student in the Divinity School approached the office with a concern regarding the Student Care Center (SCC). She was distressed because she had received an unexpected bill for medical treatment, and she felt that the staff at the SCC should have been more forthcoming with information regarding which services are covered by the Student Health Fee and which services are covered by private insurance. After a number of unsuccessful attempts to reach administrative staff in the SCC, the office turned to the VPDOS, which was very helpful. An examination of all the evidence showed that the student had misinterpreted some of the information given by the SCC staff at check-in. Nonetheless, the student was left with medical bills she could not pay. Again, the VPDOS was quick to offer assistance. Through the VPDOS, the student was able to settle the bills in an amicable manner.

Ultimately, there seemed to be no wrongdoing by either the student or the SCC. Also, although it is impossible for SCC staff to know which particular services each private insurer covers, they should certainly continue the current practice of disclosing the limitations of the Student Health Fee. Additionally, students must understand it is their responsibility to be aware of the limitations of their private insurance coverage. In this case, the Office of the Student Ombudsperson acted as a third party to coordinate and facilitate conversations between the respective parties.

Conflict Resolution

The Office of the Student Ombudsperson has been assuming a larger role in recent years with regards to informal resolution of conflicts between students, as well as between students and persons outside the academic community. Two cases during the 2005–06 academic year highlight this expanded role.

In Autumn Quarter of 2005, several first-year students in a University residence hall organized a party around a racially insensitive theme. News of the party was disseminated by some of the attendees and also by other students who were offended by the subject matter of the party, the manner of dress, and the demeanor of the

participants. The controversy that resulted was covered by the media and caused considerable anger and resentment within the University community. The VPDOS acted quickly to address the concerns of all students involved. Some of the students who organized the party, in an appeal to dialogue, asked to meet with the offended students. The VPDOS asked the Office of the Student Ombudsperson to mediate the meeting. The Office of the Student Ombudsperson was glad to assist the VPDOS and, more importantly, to encourage dialogue between all parties to the controversy. From the perspective of the office, the meeting between the students was helpful and rewarding; in future controversies, it would be fruitful to extend the role of the office in this direction.

Another case brought to the attention of the office in Autumn Quarter involved students, former students, and a community member. A local resident was upset at noise caused by nearby students. What should have been a dispute between neighbors quickly escalated. The community member contacted the Dean of Students in the College to voice his concerns. The Dean called a meeting between the students and the community member. It was at this point that the Office of the Student Ombudsperson became involved. Very quickly, it became apparent that the community member's expectations were inconsistent with the realities of living in a university community. The Dean of Students, while very eager to cooperate with the students, tried to reach a middle ground with the complainant, but to no avail. A bare-bones set of guidelines was agreed upon, and both parties went their separate ways. In this instance, the role of the Office of the Student Ombudsperson was to advocate on behalf of the students' best interests. In the end, however, such advocacy was not necessary as the University administration worked superbly with students to ensure a proper resolution. The involved students expressed their gratitude to the Office of the Student Ombudsperson for its willingness to hear student concerns and act as their liaison when necessary.

Academic Dishonesty and Faculty Response

A final case of note came at the end of the academic year. What began as a concern of a single student in the College quickly swelled to include a large number of other students. Frustrated with what was perceived to be plagiarism, a professor in the College had instituted an alternative grading scheme that left many students with unexpected grades. Given the number of students affected and the severity of the claims of academic dishonesty, the office quickly involved the Dean of Students in the College. The Office of the Student Ombudsperson served as an outlet for the concerns of the students, and the administration worked closely with the faculty member. Although the situation was resolved in favor of the students, it was an unfortunate process. Both the magnitude of the accusation and the timing served to create an unnecessarily stressful environment for the involved students. Nonetheless, the outcome proved that cooperation between faculty, administrative staff, and

the Office of the Student Ombudsperson efficiently and effectively resolves student concerns.

In previous reports, the Office of the Student Ombudsperson has pointed out the seriousness of academic dishonesty, especially copying and plagiarism, and the need for effective measures to prevent and correct it. Nonetheless, concerns regarding academic fraud must be balanced with equally weighty concerns regarding transparency and fairness of procedure. The academic freedom of the faculty must be respected, and their experience in detecting and responding to fraud deserves deference. However, the amount of power that can be wielded by faculty can leave students with the impression that they have no opportunity to make their case against a misplaced accusation and an unduly harsh punishment. The lack of transparency and fairness to a student can mar the legitimacy of otherwise valid disciplinary actions.

Students form reasonable expectations of the requirements and grading schemes of a class from the syllabus and the announcements of the teaching staff. To change these expectations during the course of the quarter, even in response to justified fears of academic fraud, is problematic. Clear procedures for handling accusations and investigations of fraud, combined with prophylactic measures to prevent its occurrence, are a more transparent way of handling this sort of situation. If the problem of academic fraud is endemic, as it may well be, the University and its academic programs should consider more thorough solutions, such as computerized statistical analysis of exams or plagiarism detection software, that have been used by other universities. These would be preferable to ad hoc responses to incidents of fraud.

Non-traditional Students and Students in Extended Residence

Over the last few years, there has been some concern about the situation of students without the traditional status of undergraduate, graduate, or professional students, such as post-doctoral fellows and doctoral students who have been in residence longer than usual. The Office of the Student Ombudsperson has generally offered its services to these students, despite their ambiguous status. This year, there have been no cases involving post-doctoral fellows beyond a few routine requests for information, which signifies a drop from previous years.

Cases concerning students in extended residence, however, continue to arrive at the office. One especially difficult case for the office involved a doctoral student in the last stages of writing her dissertation who was being dismissed from her doctoral program. The student, who had been matriculated in the program for over twenty years, had recently been given a deadline by her department to either complete her dissertation or to withdraw from the program. The department, which had extended the deadline several times, ultimately judged that the student would be unable to meet the deadline to the satisfaction of her committee. The decision rested both on an administrative judgment that the student had long exceeded the acceptable time to complete a dissertation and also on an

academic judgment that what the student had submitted to date did not meet the requirements for a doctoral degree.

Previous Ombudsperson reports have pointed out that very lenient graduate residence requirements do a disservice to students. The University has addressed this concern through the institution of the "Extended Residence" status and various other incentives for completing a dissertation in a timely manner, such as Mellon grants and other conditional financial aid. Nonetheless, there are concerns of fairness that should be acknowledged in the treatment of students who entered their academic programs before these reforms were put in place. The department should handle each case on its own merits with the greatest degree of transparency. There will likely be problems until the last of these students obtain their degree or leave the University. For the moment, academic departments should be aware of the presence of any long-term students and institute appropriate policies for evaluating their progress in their program.

Acknowledgements

Countless persons have made my tenure as Ombudsperson interesting, productive, and pleasant. Chief among these was Kirk Schmink, the Associate Ombudsperson for the 2005–06 academic year. His sincere concern for the welfare of his fellow students and his dedication to every detail of their complaints was admirable and appreciated. Not forgotten is the encouragement, sponsorship, and guidance of my predecessor, Phil Venticinque, which was invaluable. I could only hope to fill an office that he effectively defined. My successors, Sarah Lickfelt and Mehnaz Choudhury, have steered the office with conviction and grace from the start, and I wish them the best of luck through the rest of their tenure.

The staff of the Office of the Vice-President and Dean of Students has provided me with enormous support through the last two years. To Sheila Yarbrough, Roberta Cohen, and Martina Munsters, I owe special gratitude for their generous and wise advice in every one of our meetings, as well as for the steadfast support they gave me and the office through every case. For the trust and cooperation they have given me and the office over the past two years, I also thank Alice Chandler at the Office of the President; Katie Callow-Wright, Karyn LaTurner, and Paul Ryer at the University House System; Daniel Schuch at Real Estate Operations; and Susan Art, Dean of Students in the College. Finally, I must thank former President Don Randel for the vote of confidence he cast twice in my favor and the institutional and personal backing he gave to the office. I also thank President Robert Zimmer for his continued support of the Office of the Student Ombudsperson, and I wish him success in his presidency.

Victor M. Muñiz-Fraticelli was the Student Ombudsperson for the 2005–06 academic year.

The 488th Convocation

Address: "1965–2006: Your Commencement and Mine, Reflections on a Past and a Possible Future"

By Thomas C. Holt

December 8, 2006

Good afternoon! And congratulations! First, let me reassure you: some forty years ago, I was in your shoes, and I remember very well how my classmates waited restlessly for the speeches to end, to receive their degrees, and to get on with the parties that followed. So, I will be mercifully brief. Although graduations are moments of celebration, they are also rites of passage and as such offer mental spaces for reflection, a time for gathering energies and honing perspectives for the road ahead. In this special moment, then, a time in which you find yourselves poised so self-consciously between a past life and a future one, I offer these reflections on my own life's past and present, in the hope that they may be of some relevance, perhaps not now but at some future moment, as you commence your life's journey. That word "commencement," you will find, has multiple valences.

The occasion of my own graduation some four decades ago was somewhat different from yours. First, it was on a bright, hot summer day in June rather than Chicago's cloudy, cold December. The school from which I received my first degree, Howard University in Washington, D.C., could not claim the prestige and rigor of the University of Chicago, but it had an older and equally proud history, having been founded at the end of the American Civil War to educate the recently freed slaves. And during my years there, during the 1960s, Howard had become something of a northern border outpost for the student cadres of the Civil Rights Movement.¹ Stokely Carmichael, H. Rap Brown, and other prominent figures of the militant black student movement were my classmates and compatriots.

It was not surprising, then, that it was to Howard that on my graduation day President Lyndon Johnson came to announce a bold new initiative that he thought would be the fulfillment of the larger goals of the Civil Rights Movement, which was then at something of a crossroads. Having already signed the landmark Civil Rights Act in July 1964 and anticipating that he would soon be signing just weeks later the Voting Rights Act of 1965, Johnson believed that the movement's goal of ensuring legal equality to all American citizens had been substantially achieved. But to his credit, Johnson knew that merely clearing the law books of statutory impediments would not be sufficient to secure a truly just and meaningfully democratic society. America now confronted a new "and more profound stage of the battle for civil rights," he declared, because the achievement of equality of opportunity *in principle* would not necessarily mean equality of opportunity *in fact*. "You do not take a person who, for years, has been hobbled by chains and liberate him, bring him to the starting line in a race and then say: 'You are free to compete with all others,' and still justly believe that you have been completely fair." With this striking metaphor—one the youngest child on any playground in America would have understood—Johnson drove home the moral essence of his argument that America should undertake more affirmative action to achieve racial equality. He then proceeded to list policy initiatives in the areas of employment, education, health, and housing that would build a more democratic and just society.²

My father and mother had come to wit-

ness my graduation, and they beamed with pride not only at their son's accomplishment but also at having witnessed Johnson's historic address. As my father declared later, it was the first and probably the last time he would hear in person an address by a president of the United States. But more importantly, Johnson seemed to speak to him from the heart about how "the dignity of [a] man" could be crushed by what he called "the dark intensity" of a racist hostility "unlike any other prejudice in our society." For a man like my father, reared on a farm in the segregated South, who had served his country in the Pacific Theater during World War II in a brutally segregated army, this speech was truly a dream come true. Or more accurately, as my father declared later, he had never even dared to dream that in his lifetime an American president would give a speech like that, one that recognized the depth of black disadvantage and historic injury, that seemed sensitive to the corrosion of the spirit that comes with the brand of second-class citizenship, that had some insight into what it really meant to be black in America in the mid-twentieth century.

Although I was very pleased that my parents, especially my father, had been so thoroughly moved by my graduation ceremony, my own feelings that day were very different. In fact, it is with no small measure of embarrassment that I confess to you now that I was decidedly unimpressed with Johnson's speech to my class that day. Indeed, at times I was hardly listening. You see, I along with many others among my classmates had been protesting just months before what we regarded as the government's belated and weak response to the racist violence in Selma, Alabama, the previous March. But equally important to our mood was the fact that we were already fully engaged in challenging America's deepening involvement—under President Johnson's direction—in the Vietnam War. (The massive mobilizations against the war wouldn't come until two years later, but there had already been isolated protests on Howard's campus since the fall of 1963.)

Johnson's address had not been scheduled until the last moment, so few in the audience had expected to see him at the podium that day and there had been no time to organize demonstrations. A few of the graduates, however, including me, decided we must stage our own silent protest. So with antiwar signs pinned to our backs, we rose when Johnson began to speak and turned our backs (and signs) to him. And, so it was that I actually missed what was arguably the most important policy announcement on race relations by a sitting American president in my lifetime.

Now, I confess this not so much in regret of the disrespect we showed the president that day—perhaps more such "disrespect," earlier on, might have somehow slowed Johnson's headlong rush into what was, as soon became clear, a wrongheaded and tragically wasteful war. As our recent history so clearly shows, "disrespect," speaking truth to power, is something American citizens need to do more of, not less.

No, my little confession here has more to do with the ironies embedded in that story—the unknown and unknowable of the life course I commenced that day, the warm blush of nostalgia about a self so hopeful and

yet so naïve, the poignant pangs of regret about hopes still unrealized, the nervous uncertainty about a still open-ended present. So, it is not certainties that I seek to leave with you today, not banal, sound-bite size lessons from the past, but a sense of life's curveballs that come zooming in from the corners of one's peripheral vision and thus the steely poise, the finely balanced judgment, the deep resolve it will demand of you. Once more, let us reflect for just a moment on "commencements" and "ends."

We—the president, my father, and I—commenced decidedly different journeys that day. His brave words notwithstanding, Johnson soon found himself sinking into domestic and foreign policy quagmires that ultimately curtailed and diminished his presidency. The speech at Howard, ironically, was coauthored by Daniel Patrick Moynihan, then an undersecretary of labor, and in that speech were embedded harbingers of his controversial report³ released later that summer, which argued that equalizing opportunity would require the reformation of the black family. The heated arguments over that proposal would undermine serious debate about other social policy initiatives for some time to come. Far more important and detrimental to Johnson's ambitious goals, however, was the dramatic escalation of the war, which had begun with the landing of American combat forces the previous March (the same month as the Selma marches and the completion of Moynihan's report, ironically) and would be ratcheted up from tens to hundreds of thousands by the Pentagon the following November. The government's ability to fund any social program was effectively sabotaged and the seeds of future tensions were sowed that would divide Americans into warring camps for a generation.

My father would not see another president in the flesh, but he lived through five more presidential administrations. Never again, however, would he feel as hopeful about America's racial progress as he had that day, never again would he have reason to take pride from a president's words.

After graduation I went South to work awhile in the Civil Rights Movement, then to work (for pay this time) in Johnson's Anti-Poverty Program, and finally to work on a doctoral degree, looking now to history for the roots of the puzzles of racism and poverty I had encountered—never guessing that this would turn out to be a life's work.

Just what commenced on that sunny afternoon in June forty-one years ago—a journey toward a bright future or toward a disappointing end? Certainly there is evidence to support the latter impression. Just this week arguments before the U.S. Supreme Court have prompted speculation that the Brown decision itself will be fatally weakened by the end of the current term, all in the name of fostering a putatively color-blind society. For some time now, America's responsibility to act affirmatively to achieve racial parity has been held in disrepute, the subject of disdainful commentary in media, and weakly defended by its supposed friends. Today the federal government openly campaigns against this stepchild of the Great Society. Meanwhile, the threat of lawsuits by right-wing groups—bearing oxymoronic names of truly breathtaking audacity, like "Civil

Rights Initiative"—have so cowed many of our institutions of higher education that they often abandon the fight before a shot is even fired. Working from an intellectual posture like that Justice John Marshall Harlan so roundly condemned in his dissent from the Civil Rights Cases in 1883, one in which the constitution's "substance and spirit" is "sacrificed by a subtle and ingenious verbal criticism,"⁴ such groups—the negationists who are content to tear down but not build a just society—sometimes seem on the verge of winning this struggle. Indeed, perhaps the only place affirmative action remains unapologetically in full force today is in the United States Army. And thus the profoundest irony of our time: the Department of Defense as the largest "equal opportunity employer" in America.

At moments like this, one can better appreciate, perhaps, the conflicted sentiments of Frederick Douglass as he stood just a few hundred yards from where I stand now, on the Midway over there, addressing a crowd at the World's Columbian Exposition of 1893. A former slave and abolitionist leader, Douglass—in the final years of his life, witnessed the onset of Jim Crow and a fanatical wave of racial lynching—and it broke his heart. His vision and determination remained clear, however: the so-called "Negro Problem" is misnamed, he roared to the crowd that day on the Midway, simply try justice and the problem is solved.⁵

I am very conscious at this moment that you in my audience are drawn from among the most privileged Americans. From among these graduates will come people who might someday advise a president, sit on a district or circuit court bench, perhaps even *be* the president or sit with the highest court in the land. In any case, all of you will be citizens, meeting in community and professional groups, voting, deciding thereby our common fate. Whether holding office, or deciding who will hold office, I ask you to remember my father's awed pride that a president of the United States would speak from the heart, from the depth of his experience, about fostering genuine fairness, of justice made palpable and real. Remember Lyndon Johnson and my father, two southerners who knew the lived experience of deprivation firsthand, the one destined to be the most powerful man on earth, the other a simple man who never finished high school, but who for a brief, luminous moment shared a vision of what "freedom and justice for all" must mean, must be. As you commence your own life's journey this day, remember Douglass. Simply try justice, he said, and the problem is solved.

Notes

1. Of course, Howard University's Law School had long been a virtual second headquarters for the legal challenges to segregation, which had received crucial support from its law faculty since the 1930s.

2. See full text in Lee Rainwater and William L. Yancey, *The Moynihan Report and the Politics of Controversy* (Cambridge, 1967), pp. 125–32.

3. Although completed in March, the report was not released until August. "The Negro Family: The Case for National Action," Office of Policy Planning and Research, U.S. Department of Labor, 1965, reprinted in Rainwater and Yancey, *ibid.*, pp. 39–124.

4. See Charles A. Lofton, *The Plessy Case: A Legal-Historical Interpretation* (New York, 1987), p. 74.

5. Douglass was quoting Kansas Senator John James Ingalls: "Let the nation try justice and the

problem will be solved.” The printed version of the earlier speech, “Why Is the Negro Lynched?” is quoted in *The Life and Writings of Frederick Douglass*, edited by Philip S. Foner, 4 vols. (New York, 1955), 4:521.

Thomas C. Holt is the James Westfall Thompson Distinguished Service Professor in the Department of History and the College.

Summary

The 488th convocation was held on Friday, December 8, 2006, in Rockefeller Memorial Chapel. Robert J. Zimmer, President of the University, presided.

A total of 335 degrees were awarded: 45 Bachelor of Arts in the College, 3 Bachelor of Science in the College and the Division of the Physical Sciences, 5 Master of Science in the Division of the Biological Sciences and the Pritzker School of Medicine, 18 Master of Arts in the Division of the Humanities, 38 Master of Science in the Division of the Physical Sciences, 43 Master of Arts in the Division of the Social Sciences, 94 Master of Business Administration in the Graduate School of Business, 1 Master of Divinity in the Divinity School, 2 Master of Liberal Arts in the William B. and Catherine V. Graham School of General Studies, 7 Master of Arts in the School of Social Service Administration, 1 Master of Arts in the Irving B. Harris Graduate School of Public Policy Studies, 2 Master of Public Policy in the Irving B. Harris Graduate School of Public Policy Studies, 20 Doctor of Philosophy in the Division of the Biological Sciences and the Pritzker School of Medicine, 15 Doctor of Philosophy in the Division of the Humanities, 11 Doctor of Philosophy in the Division of the Physical Sciences, 21 Doctor of Philosophy in the Division of the Social Sciences, 5 Doctor of Philosophy in the Graduate School of Business, 3 Doctor of Philosophy in the Divinity School, and 1 Doctor of Philosophy in the School of Social Service Administration.

Thomas C. Holt, the James Westfall Thompson Distinguished Service Professor in the Department of History and the College, delivered the convocation address, “1965–2006: Your Commencement and Mine, Reflections on a Past and Possible Future.”

The 489th Convocation

Address: "Seeking Truths vs. Finding the Truth: Some Archaeological Reflections"

By Gil J. Stein

March 16, 2007

I want to congratulate you as you are awarded the degree recognizing your achievements. Regardless of your field of study, your education has emphasized the crucial difference between the quest for some abstract absolute truth and the more mundane pursuit of elusive truths in the plural. The pursuit of truths rests on the complex and messy mix of empirical information, critical reasoning, and an understanding of the context within which ideas develop, flourish, and often die.

We live in a time of resurgent and dangerous universalizing ideologies. Political and religious leaders in the United States, the Middle East, and other regions not only claim to possess absolute truths but also seem determined to impose their convictions on the world around them. Absolute truths blind us to the unpleasant realities of a rapidly changing world. If we are open enough intellectually to recognize these changes, then we can adapt to them, flourish, and even lead in the world. If we choose not to pay attention, then we face grave risks to our society and way of life.

Studies of survival in crisis situations show that the single most important factor deciding who lives and who dies is whether individuals are willing to discard the mental map of their environment that they have always worked with and instead to improvise a new map based on the hard realities of the crisis they face. One simply cannot do this if bound to an absolute ideological system—the single Truth that defines the world.

When societies face major challenges, their developmental pathways to growth, or else to stasis or to collapse, are almost never predetermined. Instead, the history we observe is a composite outcome of social structure, cultural values, and the decisions of individuals or groups. We like to think that culture is the ultimate adaptation that ensures human survival, but in fact the archaeological record is replete with examples of the cultural and physical extinction of human groups. Archaeology can give us some very useful perspectives on how and why societies flourish or collapse.

I want to tell you an archaeological story about Vikings, cows, and Inuit Eskimos; about climate, culture, and starvation. It's about the choice between adhering to a perception of absolute Truth versus learning from multiple messy truths in the making.

The strange history of Norse Greenland is one of the few known cases where the native peoples won out over the European colonizers, so that it was the Norse who became extinct in Greenland and not the Inuit. In about 1000 AD, the Norse and Inuit peoples were both colonizing the western coast of Greenland from opposite directions. Led by Erik the Red, the Norse settled Greenland at a time of climatic optimum and established settlements wherever land was available for their churches and farmsteads.

Because of their extreme northerly location, the Norse settlers were never able to grow wheat or other food crops. Instead, they depended for food on their herds of cattle, sheep, and goats; and they used the available land to raise hay for fodder. Even in the best of times, this fragile economy could support only a small population of

about six thousand Norse Greenlanders. The colony survived for about four hundred years, until the onset in about 1400 AD of a climatic downturn generally called the "Little Ice Age." As conditions worsened, all contact with Europe was lost. For almost two hundred years, no ships came to bring lumber or other supplies. When the Europeans finally did return, they found the settlements abandoned. Not a single Norse Greenlander had survived. Only the Inuit people remained. What happened? No textual records survive from that last crucial century. But archaeological excavations of both Norse and Inuit settlements on Greenland provide that messy mix of small truths that together show us exactly how a society can collapse. When we compare the two groups, we can see that the death of Norse Greenland was caused not by nature but by culture.

The artifacts and food remains recovered from excavations in the Norse settlements show a pattern of "cultural blindness"—the adherence to an ideology and pattern of behavior that completely failed as the social and physical landscape changed around them. The Norse were wholly dependent on their cattle for survival. Even though an incredibly rich set of wild resources—such as fish, whales, ringed seals, and walrus—was available, we find almost no traces of the bones of these animals in the refuse of the Norse settlements. The Norse simply refused to consider them as food. Instead, they focused on their cattle even as the climate worsened and these poor animals had to remain stabled indoors and be fed hay for almost ten months a year.

When archaeologists compared the households of the Norse and the Inuit, the contrasts were remarkable. The Norse settlements yielded almost *no* examples of native Inuit artifacts—none of the harpoons, snow goggles, kayaks, or other technology that made the Inuit such effective hunters in the harsh environment of Greenland. By contrast, the Inuit settlements yielded numerous examples of Norse goods, such as iron knives, fire-starting kits, and arrowheads. This shows us that the Inuit were very open to borrowing Norse technology and adapting it to their own needs. The food remains tell a similar story. Inuit sites are also filled with the bones of the ringed seal—an abundant wild resource that they hunted with deadly efficiency using their kayak and harpoon technology. It is very striking that almost no bones of those ringed seals occur anywhere in the Norse settlements. Astonishingly, the Norse refused to adopt any part of the Inuit economic system—despite its clear success, even though it was right in front of their eyes to observe, and even though their own economic system slowly and catastrophically failed as the Little Ice Age worsened.

It is easy to think of the Norse Greenlanders as victims of an unstoppable environmental calamity. But that is simply not the case. Consider this—at the same time the Norse were dying out, the Inuit people were prospering and, in fact, expanding their territories in Greenland. Norse society did not perish in a denuded environment after every last scrap of food was exhausted. In fact, the Norse simply

failed to make use of the rich resources that were all around them.

What was the source of the cultural blindness that had such devastating consequences for the European Greenlanders? We know a fair amount about the pervasive ideology of the medieval Scandinavians from their law codes and sagas. The Norse worldview rigidly partitioned society into a series of absolute dual oppositions: law, society, home, and order lay on one side; and dangerous, lawless chaos lay on the other. What we would call "nature" was for the Norse the "wilderness"—a place of physical threat and of Evil. This absolute worldview imprisoned the Norse within walls of their own making—so that distant hunting grounds were places to be feared rather than exploited; and their Inuit neighbors were barely human enemies to be shunned or killed, rather than trading partners or potential allies. The Norse seem to have instinctively rejected any Inuit technology or cultural knowledge as tainted and dangerous by its very nature.

The case of the Norse Greenlanders has disquieting parallels with the present through its combination of an unenlightened self-interest, a willful ignorance, and a maladaptively rigid worldview. Many of our own elites, like those of the Norse, are very certain of the Truth of the ideologies that guide them—even when this ideology is completely at odds with the massive changes taking place in our social, physical, and economic environment.

How effectively we deal with these changes depends on our ability to discern the messy truths, to evaluate them critically, and to act on them with expertise—rather than being blinded by adherence to a single overarching Truth. Your education here has given you the tools to do this better than almost any other group that I can think of. We are going to need your abilities and judgment. So if you see someone out there who can hunt down and kill a ringed seal better than you can, I advise you to pay close attention and learn from them.

Gil J. Stein is Professor in the Oriental Institute, Department of Near Eastern Languages & Civilizations, and the College; and Director of the Oriental Institute.

Summary

The 489th convocation was held on Friday, March 16, 2007, in Rockefeller Memorial Chapel. Robert J. Zimmer, President of the University, presided.

A total of 517 degrees were awarded: 29 Bachelor of Arts in the College, 1 Bachelor of Science in the College and the Division of the Physical Sciences, 6 Master of Science in the Division of the Biological Sciences and the Pritzker School of Medicine, 13 Master of Arts in the Division of the Humanities, 18 Master of Science in the Division of the Physical Sciences, 22 Master of Arts in the Division of the Social Sciences, 372 Master of Business Administration in the Graduate School of Business, 1 Master of Arts in the Divinity School, 7 Master of Liberal Arts in the William B. and Catherine V. Graham School of General Studies, 5 Master of Arts in the School of Social Service Administration, 1 Master of Arts in the Irving B. Harris Graduate

School of Public Policy Studies, 5 Master of Public Policy in the Irving B. Harris Graduate School of Public Policy Studies, 9 Doctor of Philosophy in the Division of the Biological Sciences and the Pritzker School of Medicine, 11 Doctor of Philosophy in the Division of the Humanities, 5 Doctor of Philosophy in the Division of the Physical Sciences, 10 Doctor of Philosophy in the Division of the Social Sciences, 1 Doctor of Philosophy in the Graduate School of Business, and 1 Doctor of Philosophy in the Divinity School.

Gil J. Stein, Professor in the Oriental Institute, Department of Near Eastern Languages & Civilizations, and the College, and Director of the Oriental Institute, delivered the convocation address, "Seeking Truths vs. Finding the Truth: Some Archaeological Reflections."

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