I. Overview

In January 2019, the Chair of the Faculty Senate Council, Professor Douglas Dowd of the Sam Fox School, convened a special Faculty Senate Council Subcommittee on Bi-Campus Experience in order to address concerns raised by members of the Faculty Senate Council regarding potential roadblocks to synergy as well as potential disparities between the two separate geographical academic campuses of Washington University – the Danforth campus and the medical campus.

The relevant portion of the charge reads as follows:

Washington University occupies two primary sites, bound together in mission and physically divided by St. Louis’s historic Forest Park. The Danforth and Medical Campuses share a common culture of teaching and research; the delivery of patient care is a distinct feature of the School of Medicine, both financially and professionally. Recent discussions on the Faculty Senate Council have raised questions about the role of our academic geography. The well-noted contrasts between the Danforth and Medical campuses and cultures may sometimes be invoked to mark useful distinctions. At the same time, we sometimes rely on campus difference as a way to mask misalignments or outdated practices which do not always serve the institution or the people in it. In other respects, we may have developed habits of mind or patterns of behavior which block collaboration and exchange in both directions, from parking policy to library access. The Faculty Senate Council Subcommittee on Bi-Campus Experience is charged to conduct a fact-finding effort regarding divergences between faculty experience on the two campuses as a matter of policy and practice; to identify barriers to increased engagement between the two campuses and faculty groups; and, where appropriate, to offer recommendations for improvement.

Committee members are: Rebecca Hollander-Blumoff, chair (Law School); Kim Carmichael (Medical School); Debra Haire-Joshu (Brown School); Hedwig Lee (Arts and Sciences); Bess Marshall (Medical School); Vijay Ramani (Engineering); Douglas Schuerer (Medical School); Philip Skemer (Arts and Sciences); and Linda Tsai (Medical School). The committee immediately formed a plan for broad fact-finding outreach to the full faculty, and for further research along a set of dimensions including parking, library access, and parental leave.

II. Outreach Efforts

In addition to meeting with a variety of faculty and administrators across both campuses, we sent an email to every individual member of our faculty on both campuses, seeking either email feedback or in-person input. We set up an extensive set of open office hours on both campuses, where each member of the committee made himself or herself available for drop-in
communication. The most immediate result of this outreach was that the committee was directed almost instantly to an oversight in its membership: several faculty members noted that the committee included no one who studied the hard sciences on the Danforth campus, as well as no one from the School of Engineering. Both of these areas are ones with natural potential synergy with the Medical School, as well as potential similarities in research focus, yet differences along other dimensions. The committee immediately worked to correct this issue by adding two members: Philip Skemer (Arts and Sciences, Earth and Planetary Science) and Vijay Ramani (Engineering). Of note, this initial error in creating the membership of the committee served to highlight the way in which there may be blind spots with regard to the manner in which science research occurs on campus and the areas where science and engineering research on the Danforth campus intersects with that research on the Medical School campus. **One key insight, therefore, occurred at the outset of our project: the university’s large and diverse faculty and the areas of our research, and the manner in which they intersect, are not immediately transparent even to all of our own faculty leaders. We thus recommend that special care should be taken when convening leadership groups to ensure that all stakeholders are represented, and that particular attention be given to ensure inclusion of science researchers on the Danforth campus.**

Faculty concerns clustered in several broad areas. We address these areas below.

III. Issues around Research

A. Library Access

Concerns around library access included inability for Danforth faculty to access materials that were accessible to the medical faculty, and vice versa. In addition, simply viewing the libraries’ holdings could be challenging. Log-in access between the campuses was also difficult; for example, one cannot access the Medical School network using the WUSTL key that provides access to Danforth materials. Vice Provost and University Librarian Denise Stephens explained that she has been working with Associate Dean and Director of the Becker Medical Library Paul Schoening to smooth some of the issues experienced, but that there is not yet a way for Danforth faculty to access journal material that is licensed for use only by medical faculty and for medical faculty to access journal materials licensed only to the Danforth campus, without physically being on the campus. As a general matter, with few exceptions, library materials at each school are broadly available to members of that community; that is, journal access is not purchased on an individual school basis, by and large. For example, social science material is available to Law School community members; engineering journals are available to Brown School community members; and so on. But the lack of ability to access materials on the other campus poses a research barrier.

We have no hard numbers for the size of the faculty group affected by need for access to the journals accessible only to the members of their non-primary campus. However, for those researchers, this is a serious and unnecessary roadblock to the materials they need to be effective in their research. We brainstormed several solutions short of full database access for each campus – a move that would be excellent for breaking down this barrier, but also, as matters
currently stand, would be very expensive and would provide access for many faculty members who will never need such materials. Although the library leaders are planning an audit of bi-campus access protocols, limitations, and demand for the current year, in order to clarify the complexity of the problem and the degree to which technical, administrative, and/or licensing solutions may help improve this problem, we also tried to envision solutions that would provide a temporary or quick “fix” to this issue. **While we ultimately hope that unified library access across both campuses becomes a reality, one shorter-term solution that we propose is the idea of an extension of the current system of “day passes” that we allow for on-campus visitors.** That is, a particular researcher could register with the library as someone who needs access to these materials and could receive an electronic “pass” to use the other system’s full electronic database on some temporal basis, whether one month, six months, etc. There is a similar temporary access system in place for short-term campus guests/visitors. While this is less than ideal, it would at least form some clear path for such researchers to have continued day-to-day access to necessary materials.

In addition, access to viewing the library’s holdings can be limited by campus. However, library personnel are currently working to integrate the Medical School’s Becker Library’s holdings into the integrated Danforth system library (Sierra). This will eventually result in a shared interlibrary system that will allow users to identify books and journals held by the entire university. This single interface will also permit searches for each specific library. This project is expected to be completed by Fall 2020.

**B. Collaboration**

At the most broad level, faculty feedback included expression of belief that the Office of the Vice Chancellor for Research, the Committee for Research Integrity, the Office of Environmental and Health Safety, and the Internal Review Board for ethics were all largely focused on research taking place in the Medical School, with an emphasis on biomedical protocols, and were not geared towards or welcoming of research efforts from Danforth campus faculty. A focus on medical campus research means that Danforth campus faculty often must complete what they perceive as irrelevant training, while foregoing training that might be suited to their research areas. **We recommend that each of these offices consider to what extent their protocols and focus do not consider or incorporate the realities of Danforth faculty research so that they may formulate more inclusive systems.**

We note that a Danforth Advisory Committee, led by Robyn Klein, Vice Provost and Associate Dean for Graduate Education in the Division of Biology & Biomedical Sciences (DBBS), has convened a group of Danforth campus scientists to discuss issues around collaboration with the medical school. The DBBS is an interdisciplinary PhD granting program that crosses both campuses. This group is focused on raising and solving many of the kinds of concerns we note in this report about scientific research between both campuses. **We recommend that this group, and others that may emerge with similar focus, be encouraged, as well as be offered support and clear and consistent access to administrative channels to voice their needs and their perspective.**
1. Research Infrastructure

Faculty commented on the differences in resources and facilities between the two schools. As one example, software that is available and licensed to one campus may be inaccessible on another, or faculty may be unaware of how to access such software.

Imaging equipment is different between the campuses; typically, it appears that the medical campus has some systems that are needed to support certain forms of research that the Danforth campus lacks. Because animals cannot be moved back and forth between campuses, Danforth faculty can be significantly limited in the type of equipment they are able to use in their research. Efforts to add such equipment on the Danforth campus to accommodate such deficiencies have not been successful.

Faculty commented on the lack of a central research office that could provide support for coordinating current facilities, as well as acquiring and using shared instrumentation. There is no unified system for coordination among user facilities. Duplicative efforts, such as two user facilities purchasing similar equipment, occur because there are few efforts to manage or oversee the research infrastructure as a collective resource. One notable success story is the grass-roots effort to establish ILabs as the standard management software for many of the large user facilities on the two campuses. Administrative support for similar efforts is needed to improve access and reduce waste. Finally, some faculty noted the need for a coherent and unified policy on the future of high-speed data transfer and storage.

We recommend the creation of a central research unit that can facilitate setting up recharge centers (operating units that provide products and services for a fee to other departments) and the writing and submitting of shared instrumentation proposals, to ensure that faculty on both campuses have the appropriate and necessary high-tech instrumentation to carry out their work. This is particularly important when animal research is involved, as animals are not readily transportable.

2. Graduate Personnel and Staffing

Some faculty raised concerns about Medical School instructors (non-tenured/tenure track) being unable to take on doctoral students because of a rule promulgated by our Graduate School of Arts and Sciences. Defense of the rule included concerns about whether instructors had appropriate training and time/resources to provide adequate mentorship. Others commented that disparities in graduate student pay, benefits, and institutional support services, including healthcare, career planning resources, advising, and housing, have been a force behind unionization efforts and can put us at a disadvantage when competing with peer institutions for top graduate students.

Some faculty commented on disparities in human resources job grading between campuses. That is, staff positions that are similar in scope, duties, and responsibilities are graded differently on each campus, which can lead to morale problems.
3. **Grant Funding Issues**

Collaborations across campuses that involve grant funding can be stymied because grant administration platforms are firewalled, meaning that faculty cannot view how co-investigators on a different campus are spending grant funds. This can add complications to annual report filings, closing out grants, and being compliant with grant requirements. All interactions on such a grant require two administrative individuals working on separate systems to correspond with one another, adding layers of potential errors and opportunities for missed compliance. In addition, payroll platforms are firewalled, meaning that department chairs cannot see how department PhD students are being paid if they are moved onto medical faculty grant codes. This results in situations where a student is not properly compensated or insured once they have moved onto a fellowship. In addition, medical campus faculty are not currently able to use startup money at the Danforth Campus.

In addition, many researchers at the Medical School rely on grant funding year-round, while Danforth faculty are on a 9-month university salary. This can make collaboration across campuses while using grant money challenging or fraught with tension. The university’s policy of using grant funding to pay for Danforth faculty’s 9 month salary may lead to no additional benefit for the grant recipient, although some faculty know to and will negotiate for teaching release or other benefits, potentially including additional summer salary, in light of this funding boost to the school or department.

We recommend that a process be put into place to facilitate seamless and transparent grant management (without firewalls) for joint projects across both campuses, so that PIs on both campuses can monitor grant aspects including spend rates, student compensation, and other issues.

4. **Transportation/Parking**

Numerous faculty members noted how difficult collaboration can be when transportation between campuses is cumbersome and time consuming. A significant number of faculty members, both on the committee and more broadly during our outreach, expressed concern about the challenges in parking when one’s work takes one across Forest Park to the other campus. While some faculty use the MetroLink and find that a satisfactory solution, others cited concern for MetroLink safety and convenience (one faculty member noted that the MetroLink does not provide information about the timing of the next coming train) or otherwise needed for various reasons to drive between the campuses. Emma Snyder, Transportation and Parking Manager and Real Estate Planner at the Medical School, noted that ridership of both the Metrolink and city buses serving the Medical School area is significantly down from 2013-2014 levels. In addition, although a dedicated shuttle is available to transport personnel from the medical campus to Cortex, no such shuttle runs between the Danforth and medical campuses. Especially in light of the significant parking challenges discussed below, we recommend creating a shuttle route between the Danforth and medical campuses.

As a preliminary matter, we note that despite the fact that there is a reciprocity system in place for permit parkers on each campus, information about the reciprocity parking system,
which is quite complicated (see below), is extraordinarily hard to find. Several faculty members whose work takes them to the other campus simply were either unaware of reciprocal parking or unaware of its mechanics. A simple search on our parking websites demonstrates that this information is not presented clearly; web-accessible information is often opaque, incomplete, and/or outdated. In addition, information on reciprocal parking is not being regularly pushed out to faculty. The parking office maintains a passive website potentially containing (if it were clearly understandable) valuable information that one would need to already know enough to go hunting for. **This is an easily remediable problem and our committee suggests that the parking offices on both campuses formulate a plan to push out the information on reciprocal parking opportunities to each campus’s faculty, as well as considering widespread garage/lot signage that explains the availability of this option.**

Concerns regarding reciprocity parking are not limited to ignorance of the system, however. The parking system is very complicated due to a mismatch in parking technology between the campuses. Danforth currently uses RFID chips on car hangtags, while the Medical School uses proximity chip location technology embedded in ID badges. This means that Danforth campus faculty must display their hangtags at the Medical School but also pull a ticket and then note their Danforth status with a parking attendant in order to exit the parking facility without payment. Medical school faculty do not have a hangtag, which the Danforth campus requires in order to ascertain that such faculty are entitled to reciprocity parking. Thus, Medical School faculty must obtain a hangtag from the medical campus parking office which then will allow them to park without payment. However, the hangtag does not contain RFID technology, which means that Medical School faculty coming to the Danforth campus can only park in the Danforth University Center (the DUC), which staffs a full time attendant. While centrally located, the DUC is not as convenient to the Engineering building as is the newer parking garage near Brookings Hall. However, the technology difference means that at least for now, Medical School parkers can only park in a manned facility because they must give personal information to the parking official. Similarly, because the Danforth RFID tag does not work at the Medical School, options for garage parking there are limited. (Note that as of the date of this report, the Medical School appeared to be on the verge of switching to a system whereby Danforth reciprocity parkers would receive some type of encoding on their IDs to allow them to park.)

Parkers who park more than 20 hours per week at the non-dominant campus are expected to obtain a separate permit. In the case of faculty, who often work greater than 40 hours per week, this ignores realities of work time; in addition, non-Danforth campus faculty are not even permitted to obtain a Danforth campus permit under current rules.

Also, space limitations and building projects at the medical campus mean that parking options for Danforth reciprocity parkers have continued to shrink in recent years. While red permit parkers used to be able to park in any surface lot at the Medical School, this option has been curtailed in the last year or so. Reciprocity parkers were directed to the Clayton Garage at the Medical School until late last fall, when space concerns prompted the Medical School to redirect such parkers to the L-Lot, which for some users was less convenient. An important note
here is that such parkers were not informed of the change in advance; instead, parkers were greeted with a sign that redirected them to a (somewhat distant) lot on the day of the change.

Subsequently, in January 2020, reciprocity parkers at the Medical School were given extremely short notice that the L-Lot would close; these parkers were not told (either through outreach or through signage) where reciprocity parking would move. Upon inquiry, parking staff and faculty learned that future reciprocity parking would entail parking at an offsite facility one mile away, where a shuttle would operate every 20 minutes to transport them to the Medical School. The Danforth parking personnel and administration, including Dedric A. Carter, Vice Chancellor for Operations and Technology Transfer, and Marion Crain, Interim Provost, were unaware of the change or the proposed solution. The decision was undertaken without any discussion with Danforth parking personnel or faculty input; the ultimate decision to require reciprocity parkers to park a mile away and shuttle to the Medical School rendered any reciprocity parking essentially without value to faculty members.

After further discussion between administrators in February 2020, a policy emerged in which reciprocity parkers with a red Danforth permit would be allowed to park in the Clayton Garage at the medical campus, while yellow Danforth permit parkers would be required to use the offsite facility unless they receive an exception. Exceptions may be granted for yellow Danforth permit holder faculty with joint appointments at the medical school. Of course, not all collaborating faculty have joint appointments. Given the significant price difference in permits, it may be that this decision will have the effect of discouraging collaboration among our junior faculty, who might be more likely to use yellow permit parking. The parking situation is an emergent one, with a number of issues still in play. Because of large construction projects at the medical campus, parking is challenging and has been disrupted. However, the way that parking decisions currently unfold is both siloed and chaotic, leaving individuals scrambling for answers and solutions on a day-to-day basis.

The policies and the way that they are unrolled have immediate and direct impact on faculty who collaborate across our two campuses, illustrating the kind of frustration that reciprocity parkers face in dealing with movement between the two campuses: not only are the options often subpar, but communication about the options, and shifts in the options, is not achieved in a smooth and effective manner. Indeed, the communication is practically nil and demonstrates a lack of concern and respect for those who travel between campuses while serving as a further barrier that deters collaboration and cross-campus faculty interaction.

Our committee suggests, as noted above, a serious shift in approach regarding communication with faculty about reciprocity parking. Additionally, we suggest a dramatic rethinking of the faculty reciprocity parking system. There are currently approximately 50 reciprocity parkers per day at the Medical School and approximately 270 parkers per month on the Danforth campus; at least at the Medical School, the majority of these parkers are non-faculty, whether from IT or human resources or other staff offices. Thus, although the problem does not appear to affect a huge number of faculty members, it is a significant and stressful issue for those affected. (Note that this number may underestimate the faculty who would use reciprocity parking if it were easy to understand and utilize; some faculty
work around these obstacles by using conferences calls to avoid parking problems.) While we understand that the two systems are unlikely to be fully integrated any time soon, we believe a more institutional pathway towards short term parking for faculty on the non-dominant campus is needed. **A system whereby individuals who submit some type of requisite documentation about the need for cross-campus parking are able to obtain relevant permits for non-full-time use would be a welcome amelioration of the stresses of collaborating across campuses.**

A number of faculty also noted that more technologically advanced conferencing options to connect those on each campus would be a welcome alternative to physically moving between campuses, suggesting special conference rooms with dedicated cross-campus teleconference ability. Acquiring campus-wide licenses for existing technologies such as Zoom or WebEx might be one potential solution. Some faculty noted the need for such communication to be encrypted when individuals are dealing with sensitive protected patient information. **Our committee was glad to see the announcement in January 2020 regarding a campuswide license for Zoom, as one of our committee’s planned recommendations was that the university explore dedicated teleconferencing options as an adjunct to concerns about parking and transportation.**

A distinct issue is the absence of a safe means of transporting biohazards, tissues, cadavers, and other sensitive materials between campuses. Researchers are prohibited from taking such materials on public or personal transportation, but no alternative is available for use by university personnel. **We recommend instituting a protocol and providing institutional pathways for the transportation of research materials, especially biohazards, between campuses in order to facilitate joint research projects.**

One additional noted concern is the absence of secure areas for bicycle parking at the Medical School.

**IV. Issues of Campus Differences**

**A. Parental leave**

A consistent concern among faculty members was the difference in parental leave policies between campuses. The Danforth campus parental leave policy, recently updated, requires parental leave of fifteen weeks (typically understood to encompass a full semester) when a faculty member becomes a parent of a child by birth or adoption. A department chair or dean may provide additional unpaid leave as long as such leave is consistent with other university policies. In contrast, the Medical School policy permits paid leave for up to three months but the discretionary language in the medical campus policy leaves ultimate decision making up to the department chair. The policy expressly allows department chairs to consider “such factors as the timeliness of the request, the impact of absence on patient care, research and other departmental operations, and the overall productivity and contribution of the faculty member.” The policy goes on to state, “At the discretion of the Department Chair, a plan may be established to ensure all responsibilities are fully discharged or covered upon the return of the faculty member.” Because the Medical School parental leave policy is discretionary, faculty
members expressed concern that some faculty members simply would not be permitted to take parental leave at all, or would be allowed to do so for an exceptionally short amount of time. In addition, faculty expressed concern about being required to work extra hours or with extra responsibilities upon their return from parental leave.

Our committee, cognizant of the significant differences between the rhythms of the Danforth campus semester system and the medical campus 24/7 patient care requirements, sought information on how other peer universities with medical faculties and patient responsibilities grappled with this difference. We requested information from other AAU schools regarding their paid parental leave benefits. Our research suggested that peer institutions are split between offering different and identical leave policies for their medical and non-medical faculties. In addition, we did not review any parental leave policy that granted administrators full discretion in granting any parental leave, making Washington University a significant outlier with respect to the schools we reviewed. However, many schools do offer significantly less generous parental leave policies than does our Danforth campus.

A summary of parental leave policies for most schools who responded to our survey, as well as several other peer schools, is as follows:

<table>
<thead>
<tr>
<th>Institution</th>
<th>Main Campus</th>
<th>Medical Campus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boston Universityi</td>
<td>1 semester of paid relief from teaching duties, committee assignments, and other service or 2 semesters of paid relief from half of all duties</td>
<td>14 consecutive weeks of full leave or 28 consecutive weeks of half relief</td>
</tr>
<tr>
<td>Cornellii</td>
<td>one semester of partial relief (teaching relief)</td>
<td>12 weeks of “job-protected leave”</td>
</tr>
<tr>
<td>Emoryiii</td>
<td>relief from up to 1 full teaching load during 1 semester or for up to ½ load for an academic year</td>
<td>12 weeks FMLA and use of extended illness leave benefit (EILB) and paid time off (PTO)</td>
</tr>
<tr>
<td>Harvardiv</td>
<td>paid leave for 13 weeks after the birth of a child for a birth parent and 4 weeks of leave for non-birth parents</td>
<td>mothers, 8 weeks maternity leave, 4 weeks parental leave (birth), 4 weeks parental leave (adoption); fathers, 4 weeks parental leave (birth and adoption)</td>
</tr>
<tr>
<td>Michigan Statev</td>
<td>6 weeks of paid parental leave; may supplement with unpaid FMLA leave</td>
<td>6 weeks of paid parental leave; may supplement with unpaid FMLA leave</td>
</tr>
<tr>
<td>Ohio Statevi</td>
<td>6 weeks of leave (birth mothers) and 3 weeks (all others)</td>
<td>6 weeks of leave (birth mothers) and 3 weeks (all others)</td>
</tr>
<tr>
<td>University of Pennsylvania\textsuperscript{vii}</td>
<td>4 weeks of paid parental leave; may supplement with FMLA benefits, paid time off, and short term disability</td>
<td>4 weeks of paid parental leave; may supplement with FMLA benefits, paid time off, and short term disability</td>
</tr>
<tr>
<td>University of Illinois\textsuperscript{viii}</td>
<td>two weeks of leave with pay that counts towards 12 week FMLA entitlement</td>
<td>two weeks of leave with pay that counts towards 12 week FMLA entitlement</td>
</tr>
<tr>
<td>University of Pittsburgh\textsuperscript{x}</td>
<td>4 weeks of paid parental leave</td>
<td>4 weeks of paid parental leave</td>
</tr>
<tr>
<td>University of Virginia\textsuperscript{x}</td>
<td>8 weeks paid leave</td>
<td>8 weeks paid leave</td>
</tr>
<tr>
<td>Yale\textsuperscript{xi}</td>
<td>1 full semester of leave</td>
<td>“may be eligible for up to 8 weeks of paid child rearing leave”</td>
</tr>
<tr>
<td>Vanderbilt\textsuperscript{xii}</td>
<td>1 semester of leave at full pay</td>
<td>12 weeks of leave, 6 of them paid</td>
</tr>
<tr>
<td>Duke\textsuperscript{xiii}</td>
<td>1 semester paid leave</td>
<td>3 month leave with pay</td>
</tr>
<tr>
<td>Stanford\textsuperscript{xiv}</td>
<td>reduced teaching load for 1 quarter</td>
<td>excused from clinical responsibilities (as well as classroom teaching, if any) for 90 days</td>
</tr>
</tbody>
</table>

One caveat to this research is that it relies on both self-report and material available on the internet, meaning that local practice or unpublished rules may differ. Our committee recommends an investigation at the highest administrative levels of our Medical School’s entirely discretionary parental leave policy and how it differs from other peer institutions. Given the significant clinical responsibilities of our medical faculty, we recommend including highly ranked hospitals as well as medical campuses in this exploration. We recommend serious reconsideration of our wholly discretionary policy in light of the rarity of this approach by other schools. Such an apparently unique policy has the potential to be a significant liability in the domain of hiring and retention of talented faculty, especially women faculty.

B. Other Concerns

Other concerns included several issues related to diversity and inclusion. For example, some faculty were concerned that the ADA accommodations at the Medical School were less robust than those at the Danforth campus. For example, Cornerstone on the Danforth campus is available to help students with learning disabilities or other challenges. The Danforth campus may provide greater accommodation than the medical campus for persons with other challenges including anxiety/depression. Others noted the general culture differences with respect to issues of gender and gender non-conformity, noting the broader availability of gender-neutral restrooms on the Danforth campus and greater sensitivity towards the sharing of preferred pronouns on the Danforth campus. Our recommendation is that Medical School and Danforth campus administrators, including Vice Provost Adrienne Davis, Associate Vice Chancellor for Students Mark Kamimura-Jimenez, Assistant Vice Chancellor for The Academy for Diversity & Inclusion, and Associate Vice Chancellor/Chief Diversity Officer Sherree
Wilson, engage in collaboration to explore diversity and inclusion issues across both campuses, and that Vice Chancellor for Students Affairs Lori White considers an exploration of differences across campus with respect to student mental health, wellness, and disability access.

Finally, some faculty commented on a general sense of resentment and lack of mutual respect between the campuses, fueled by a misunderstanding of the value that each faculty brings to our joint community. Relatedly, others noted the paucity of opportunities to meet other faculty outside of an insular work setting, and suggested increased social activities or informal networking events to foster meeting and developing relationships with faculty across both campuses. We recommend developing more informal events designed to bring faculty from both campuses together.

V. Conclusion

Our University, with top-flight faculty on both campuses, has significant potential for rich and rewarding cross-campus collaboration. Many faculty members are engaged in such collaboration, yielding significant benefits to the school and to our broader communities. However, a variety of infrastructure obstacles make such collaboration more rather than less challenging. In addition, cultural attitudes may provide additional impediments to our growth and development as a community of scholars. Our committee believes strongly in the value of collaboration and offers the following recommendations to foster both a culture of collaboration and an environment in which such collaboration and community are promoted, not inhibited.

In sum, our recommendations include:

**Broader Recommendations**

- Take special care when convening leadership groups to ensure that all stakeholders are represented, and for committees that span both campuses or focus on scientific research, pay particular attention to ensure inclusion of science researchers on the Danforth campus.
- For research administrators and offices, consider the extent to which their protocols and focus do not consider or incorporate the realities of all faculty, so that they may formulate more inclusive systems.
- Encourage, support, and provide administrative access to smaller organic groups that have formed to grapple with concerns around collaboration, such as the Danforth Advisory Committee.
- Develop opportunities and events to foster relationships between faculty on both campuses.
Specific Action Items

- Work to achieve unified library access across both campuses, but in the meantime, make accessible to cross-disciplinary researchers an extended “temporary pass” to allow for access to the other campus’s electronic library resources.
- Create a central research unit that can facilitate setting up recharge centers (operating units that provide products and services for a fee to other departments) and the writing and submitting of shared instrumentation proposals, to ensure that faculty on both campuses have the appropriate and necessary high-tech instrumentation to carry out their work.
- Implement process to facilitate seamless and transparent grant management (without firewalls) for joint projects across both campuses, so that PIs on both campuses can monitor grant aspects including spend rates, student compensation, and other issues.
- Create a shuttle route between the Danforth and medical campuses.
- Formulate a communication plan to push out information on reciprocal parking opportunities to all faculty members, and use garage/lot signage to explain reciprocity parking options.
- Allow faculty who need cross-campus parking to obtain relevant permits for non-full-time use on their non-dominant campus.
- Institute a protocol and provide institutional pathways/resources for the transportation of research materials, especially biohazards, between campuses.
- Conduct an investigation at the highest administrative levels of our Medical School’s discretionary parental leave policy, with a focus on how it differs from peer institutions, including both highly ranked hospitals and medical campuses.
- Ask the highest-level diversity officers on each campus, as well as high-level administrators for student life, to conduct an exploration of issues around gender non-conformity as well as mental health, wellness, and disability access across both campuses.
- Finally, we also recommend the creation of a standing faculty task force, including faculty members from both schools, that can focus in an ongoing manner on the types of concerns we have raised here, including the implementation of the kinds of solutions we have recommended, or other potentially workable solutions.