

**MINUTES**  
**489<sup>th</sup> MEETING OF THE FACULTY SENATE**  
**3:00 pm, Wednesday, August 19, 2020**  
**Virtual Zoom Meeting**

**PRESENT:** Drs. Akst, Al-Grain, Bennett, Bitzer, Blakeley, Boss, Bulte, Burkhart, Burke, Cabahug, Campbell, Carr, Cervenka, Cooke, Collaco, Cormack, DeZern, Doetzlhofer, Donehower, Fowler, Fu, Garcia, Inoue, Karjoo, Macura, Mahesh, Manahan, Margolis, O'Brien, Pierorazio, Ponor, Razzak, Redmond, Reesman, Seymour, Stayman, Stevens, Swenor, Tamashiro, Taylor, Tschudy, Vernon, Wagner-Johnston, Weiss, Williams, Wu, Zeiler  
**ABSENT:** Drs. Antoine, Bigelow, Dezube, Dirckx, Eberhart, Gallia, Gourin, McFarland, Kim, Marino, Merkel-Keller  
**REGULAR GUESTS:** Drs. Faraday, Rand, Skarupski  
**Mmes:** Bruder, Guy, Van Beek **Messrs:**  
**GUESTS:** Drs. Andrisse, Brown, Douglas, Links **Mmes:** Holder **Messrs:** Sowers

- I. Welcome and approval of minutes.** Dr. Mahesh welcomed the Senate members and guests. The minutes of the 488<sup>th</sup> meeting of the Faculty Senate were presented. A motion was made, seconded and minutes were approved.
- II. Nauder Faraday, MD, MPH, Senior Associate Dean for Faculty Development; Faculty Senate Elections Update.** Due to the logistical challenges posed by the execution of election procedures in the setting of the COVID-19 pandemic, elections are being postponed until Spring 2021. Dr. Janice Clements, Dean of Faculty is asking that all senate members whose term ends in 2020, continue in their current role until Spring 2021. If you cannot, please contact your department chair to assist in finding a replacement for this academic year.
- III. Jonathan M. Links, PhD, Vice Provost and Chief Risk and Compliance Officer for Johns Hopkins University; Update on JHU Operating Posture for Fall 2020.** Phase I of the multi-phased re-opening plan continues. There is no change to research, which is allowed to continue with low density in the labs, and human subjects research is ongoing per current policies (<https://ictr.johnshopkins.edu/coronavirus/>). Library access for research is permitted. All employees who can work from home, should continue to work from home. All undergraduate and most graduate courses will be held online this Fall. If there is a course that needs to be held in-person, all requests for such courses will be vetted through a special group. On the Homewood campus, there are less than 100 students living in dorms (where normally there are 2,700 students). The continued focus across campuses to stop the spread of COVID-19 are: Masking, Distancing, Hygiene and Room ventilation. In addition, the Prodensity screening app (<https://prodensity.jh.edu/home>) is now University-wide. Anyone coming to campus is expected to utilize this app. COVID-19 screening questions are answered and you are given a green or red pass. A green pass means you are cleared to come to campus; a red pass means to call the JH COVID call center and do not come to campus. The pass lasts for 12 hours. Flu vaccine is mandatory for all JHU affiliates who will be on campus. It will be offered free of charge. JHU and JHHS are not conducting testing-on-demand at this time, but it is available widely via a Walgreen's partnership. There are currently four active pathways for COVID-19 testing:
  1. All Faculty/Staff/Students who have symptoms concerning for COVID-19 are managed through the JH COVID Call Center (Johns Hopkins COVID-19 Call Center at 833-546-7546, seven days a week, between 7 a.m. and 7 p.m). This testing is healthcare provider administered nasal swab.
  2. Surveillance: All students and teachers who are on the Homewood campus can participate in an IRB Research study with the goal of assessing on-campus compared to the Greater Baltimore and Maryland prevalence. Testing is performed via observed deep nasal self-collection.
  3. Public health surveillance: for the students who required dorm housing. Twice a week testing via observed deep nasal self-collection.
  4. JHMI patients referred with an order for testing by their care teams pre-procedure or for symptoms (<https://www.hopkinsmedicine.org/coronavirus/testing-and-care.html#locations>)
- IV. Kevin W. Sowers, M.S.N., R.N., F.A.A.N., President of Johns Hopkins Health Systems; Executive Vice President of Johns Hopkins Medicine; Financial Status Update for Johns Hopkins Medicine.** Mr. Sowers started by giving a heartfelt thanks to each and every faculty member who helped care for the COVID patients during the first surge of this pandemic. "It took each and every one of us to come together to care for the numbers of patients that we did care for." We are not at a peak right now and numbers are favorable right now, but in our community the numbers are rising (especially in Baltimore City and Baltimore County). Hence, plans are being executed to be ready for a "second surge". It is believed that the institution has sequestered enough PPE. Mr.

Sowers is working with Dr. Peter Hill to hire an estimated 70-80 new providers and Deb Baker to hire an estimated 150 nurses above the vacancy rates. This is in preparation to be able to run COVID and non-COVID specific medical care simultaneously and avoid shut-downs in medical services. We are currently running 2,500 tests a day and we will be up to 3k tests in the coming weeks. The institution has agreed to purchase another piece of equipment that will allow us to perform 7k tests per day with same day results. Multiple sites of testing are in place for symptomatic and non-symptomatic testing. An additional five testing sites are opening imminently across the region to support our providers, patients and families who commute to East Baltimore. Also setting up in-home testing for people who require home care. In addition, testing is still conducted at the field hospital, in partnership with the University of Maryland, approximately at a rate of 1k tests per day. The field hospital is increasing capacity as to the types of COVID positive patients that they will care for. This will help with bed capacity across the state of Maryland. Investigating options for “hospital at home” programs to allow people healthcare at home and increase bed capacity as well. Johns Hopkins has set-up additional testing sites in at risk areas. Currently focusing on the 21224 zip code where there is a 35% - 45% positivity rate. In collaboration with University of Maryland, we are staffing the Lord Baltimore Hotel to offer support to those in multi-person households who need a place to quarantine as well as the homeless population that have tested positive in the homeless shelters. Our goal is to keep surgery units and centers open and active but this is dependent upon how the second COVID surge impacts Baltimore City and Maryland. Mr. Sowers encouraged everyone to take care of themselves, their families and team members. Regarding the finances for FY20: JHM ended the year with a loss of \$183 million. Causes for the loss include: cancellation of surgeries, procedures and care within the outpatient setting. This impacted both the medical system and the practice groups (for example there was a loss of an estimated \$147 million in professional fees). In response to the SOM monetary loss, obtained unanimous approval from the Board of Trustees to transfer \$50mil from JHHS to SOM for Faculty supplement payments and address lease costs for practices in FY21. The CARES Act funds received from the federal government will also be used, but are far less than the losses and require a team to oversee the use and distribution of funds to be in compliance. Holding faculty retirement contributions and merit increases for one year helped address the losses. GBR model was partially protective within Maryland centers (versus peer institution losses), but All Children’s Hospital suffered a significant loss due to surgery cancellations and cancellation of services. All Children’s has re-acquired its certification from CMS (Centers for Medicaid and Medicare Services). The heart program has started back with level 1 and level 2 procedures successfully and with growing volume. Sibley Hospital saw the same type of impact with the ceasing of surgeries, procedures and outpatient visits. Other concerns being addressed are the liability premiums. These have increased dramatically and represent a major financial burden. Additional items addressed by Mr. Sowers:

Ms. Carolyn C. Carpenter is the recently appointed President, National Capital Region, Johns Hopkins Health System

A Green Spring-like facility is being planned on I-270

In discussion with Wellspan and continued development of programs with Highmark and Allegheny

Increasing the efficiency of the call center

Supporting innovative ways to grow clinical services (faculty are encouraged to share ideas)

Studies conducted on effectiveness of various masks within JHU; will seek this data to be shared with faculty

The childcare and homecare resources being provided and considered to JHU are also being provided to JHHS.

- V. **Andrew S. Douglas, PhD, Vice Provost for Faculty Affairs for Johns Hopkins University; Update on [University Pandemic Academic Advisory Committee \(UPAAC\)](#) and [Assembly of Faculty Body Leaders Committee \(AFBLC\)](#)** – The UPAAC is the first time since early 1980s that elected representatives from faculty bodies are working directly with the Provost, President and Deans. It is a very effective forum. An example of impact is that the UPAAC was very influential in forming the decision to have virtual classes in Fall 2020. Other schools within JHU are involved and UPAAC helps give all schools a voice and encourage pan-university discussion. Another pan-university committee is the Tenure Advisory Committee for 7/9 schools.

- VI. **Amanda Brown, PhD, Associate Professor of Neurology, Co-Chair of the Faculty Recruitment Development Subcommittee of the Diversity Leadership Council and member of UPAAC introduced [Stanley Andrisse, MBA, PhD, Assistant Professor, Howard University](#); “[College Behind Bars: Supporting Higher Education in Prison](#)” – [From Prison Cells to-PHD \(P2P\)](#).** The United States has the highest rate of incarceration in the world and highest rate of solitary confinement; which according to the United Nations is a means of torture that is used in wartime on prisoners to extract information. The US accounts for 5% of the world’s population yet 25% of those individuals are incarcerated. Statistically, 1 in 3 Black men, 1 in 17 White Men and 1 in 6 Latino Men in the USA will be incarcerated. As for women, 1 in 18 Black Women, 1 in 111 White Women and 1 in 45 White Women in the

USA will be incarcerated. This program helps people tap into their innate potential through higher education provided during incarceration. The goal is to give people in prison the opportunity to earn a college degree. Data shows that any amount of education reduces recidivism dramatically, and a conferred degree essentially eliminates re-incarceration. Some examples of success are of the 100 students who were awarded a college in prison position (25% acceptance rate), 79.5% matriculated with a median GPA of 3.75. They were recently part of the team awarded a large NSF grant (STEM Opportunities in Prison Settings (STEM-OPS)) The P2P program has been running for four years and has a footprint in 22 states. Standard contracts are in place with Maryland Department of Corrections. They are now seeking partnership from JHU faculty. For those who are interested in working with this non-profit, please get in-touch using this [link](#).

**VII. Miscellaneous/Other business:** The Office of Wellbeing will issue a survey to faculty soon.

With no further announcements, Dr. Mahesh thanked everyone and adjourned the meeting at 5:03 PM. The Faculty Senate will meet next on September 16th via Zoom.

Respectfully submitted,  
Jaishri Blakeley, MD  
Faculty Senate Secretary  
Monica Guy  
*Recording Secretary*