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The Academic Exchange
A Place for Scholarly Conversation at Emory



Battling the Demons

Students, mental health,
and the specter of violence on campus



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MENTION COLLEGE students and mental health in the same sentence these days, and you're certain to evoke flashbacks of the televised terror at Virginia Tech and Northern Illinois University and the less-

publicized shootings at Louisiana Technical College. Beyond the debate about the role that mental illness played in the first two tragedies (very little has come out about the background of the killer at Louisiana Tech) are questions of how the shootings have changed life and thought

on college campuses, what impact they've had on institutional processes to identify students at risk for harming themselves or others, and how to intercede before they do. "What changed very quickly after Virginia Tech was that 'weird' began to be perceived as

threatening, and that's not the truth of the matter," says Mark McLeod, director of Emory's student counseling center. "We get students who are very bright, and also some who seem pretty weird, but weird doesn't mean dangerous; it just means weird. I think the entire community is now responding differently to students like that."

After Virginia Tech, the number of calls to the counseling center about students increased, but not by much. The bump hinted that as a group, faculty had either become more attuned to warning signs or perhaps more likely to voice existing concerns. According to Carolyn Livingston, special assistant to the senior vice president and dean for campus life, the same jump in call volume happened in her department, and she notes that faculty "radar" is more sensitive to aberrations. "They're definitely more alert, more concerned about the behavior of others," she says, though certainly not preoccupied with the prospect of campus violence. In reality, the odds are considerably greater that a student will harm himself or herself than strike out at others.

"Nobody I've talked to at Emory is particularly worried about violence in the classroom," says Matthew Payne, an associate professor of Russian history. "I haven't run across anybody who thinks, Gosh, that kid in my class could be the next shooter. We're worried a lot more that students, who are under enormous stress, will bend too far under the load and fall behind."

It's a similar story for Regine Jackson, an assistant professor in the Graduate Institute of Liberal Arts, whose personality and teaching style, combined with typically small class sizes, has made her naturally sensitive to signs that a student may be struggling with emotional demons, such as prolonged, unexplained absences from class or a precipitous decline in work quality. Jackson also recognizes the importance of acting

quickly on a student's behalf. "It's important for faculty and graduate students [who teach undergraduates] to know who to call if they see alarming behavior or a student exhibiting signs that things may not be right," she says. "I tell people to trust their gut. If something doesn't seem right, I tell them call in someone else."

INTERVENE QUICKLY

EMORY HAS PLANNED for reaction to and pre-emption of violence on a number of fronts. The Office of Critical Event Preparedness and Response (CEPAR), established last spring, coordinates the development of emergency protocols for numerous catastrophic scenarios (ranging from a chemical spill to a flu pandemic), including a campus shooting. The newly formed Threat Assessment Team (TAT), chaired by Craig Watson, Emory's chief of police, is tasked with identifying students who may pose a threat to themselves or others and to make sure the right authorities intervene quickly. (Plans for CEPAR date back to 2006; the official announcement shortly after Virginia Tech was coincidental. The TAT is a by-product of Virginia Tech.)

"If you look at the rehashing of Virginia Tech, one of the big themes is the need to get the right information to the right people. That's what the threat assessment team is designed to do," says Amy Adelman, Emory's associate general counsel and a member of the TAT. She also clarifies some legalities: "I think some faculty have misperceptions that they have to keep everything about a student confidential. That's not true. The legal risk—and the human risk—is not taking action and not doing something we should have." Sufficient action can be as simple as a phone call to the counseling center or a dean's office; there's no need for faculty who are not comfortable broaching personal topics with students to step beyond their comfort zones.

The Virginia Tech tragedy and other shootings increased awareness of just how serious and widespread mental illness has become among college students. According to the Emory Mental Health Task Force Report issued in December 2005, about 8 percent of Emory students are treated at the counseling center each year, even though an estimated 20 percent of adolescents experience mental health problems whose severity warrants professional attention. The report states, "The intensity and volume of requests for service at the counseling center is rising rapidly." During the 2004–2005 school year, there were an average of four mental health crises per week, and student hospitalizations for psychiatric emergencies increased by about 50 percent. A similar rise in intensity and volume was recorded for faculty and staff by Emory's Faculty-Staff Assistance Program.

It's a national phenomenon. College counseling centers are almost universally overworked and understaffed. The Emory Task Force noted that "current benchmarking data indicates that Emory lags behind top-rated 'destination' universities in the amount of resources devoted to mental health prevention and treatment." McLeod readily acknowledges the problem, adding that the deficiencies are being addressed through staff and budget increases and other measures.

VOLATILE STUDENTS, HELICOPTER PARENTS

BECAUSE GRAVE academic troubles may be rooted in emotional turmoil, a student who is having trouble literally making the grade and ends up in the college's Office for Undergraduate Education can expect to have the counseling center recommended to them, says Thomas D. Lancaster, former senior associate dean of undergraduate education (who was interviewed for this article before his recent resignation). "I'm a professor in

political science. The biggest surprise I had in taking that administrative job, bar none, has been the amount of time I spent learning about students and mental health.” He and six assistant and associate deans oversee all things academic at Emory College, including honor code issues, which also means they consider student behavior from a different angle.

“Our job is to get information to students about their academic work, and sometimes the message we have to deliver is not one they want to hear. One conviction for an honor code violation can keep someone out of medical school or law school. You could see how that could be potentially explosive,” says Lancaster. “Sometimes we may want to leave our office door open or not meet with a student unless another dean is present. Those kinds of things are always on our minds.” His staff has debated whether to install surveillance cameras and even a “panic” button hooked directly to the Emory police. The heightened caution about security, he explains, arises from a generally more volatile student populace, at least among the subset whose academic careers face damaging penalties. “It’s the nature of an increasing number of very aggressive students and parents,” Lancaster says. “I spend more time than ever talking to parents about why Johnny is in danger of being kicked out of school, but the parents don’t know we are already dealing with an honor code violation and that he has already threatened a dean.”

Lancaster laments, and marvels at, “helicopter parents”—hovering, a cell phone call away, primed to swoop to the rescue at a hint of inequity, and who seemingly don’t use the word “no” when speaking with their children. In Lancaster’s view, the combination of unrelenting vigilance and leniency robs students of the invaluable lesson of falling down and getting up again. A “B” on a biology test can provoke a full-court press from angry parents who insist it must be some sort of mistake.

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Getting help for troubled students

What legal constraints come into play when faculty encounter a student who exhibits troubling behavior, and for whom they would like to get additional help? According to legal authorities at Emory, there’s probably more latitude than generally believed. One thing they stress: The only truly wrong choice would be to do nothing.

“If a faculty member is concerned about a student’s behavior or well being, there are no rules, regulations, or statutes that prohibit that faculty member from sharing information about the student with other appropriate individuals at the university,” according to Associate General Counsel Amy Adelman.

It may also come as a surprise to some that faculty are within legal bounds to approach a student and inform them (privately and discreetly, of course) about the support system at Emory for dealing with a variety of personal issues. Emory, says Adelman, would rather see faculty err on the side of preserving an individual’s safety and health than to be overly focused on privacy concerns.

“Our obligation as an institution is to create a safe environment, and the privacy issue is very important,” Adelman says. “But the safety of the student and the community comes first. We don’t want faculty and others walking up and down the hall talking unnecessarily about their students’ mental health issues. However, if a faculty member is concerned about a student, he or she should do something—call the counseling center, speak to the student, express concern, make sure the student is aware of resources on campus, or call the dean’s office. It’s legal to do so.” Adelman adds that the general counsel’s office welcomes calls from faculty who have questions about whether disclosure of information is appropriate.

Video: Dealing with students at risk

A short video dealing with students at risk for mental health problems was released at the end of March and can be viewed on the Web. The three-and-half-minute video was produced in response to requests from both faculty and mental health experts at Emory, according to the email announcement of the video from Mark McLeod, director of the student counseling center, and Santa Ono, vice president for academic initiatives and deputy to the provost, whose offices collaborated on the production.

“Whether we like it or not,” the email message began, “we are all on the front lines in helping to identify and find support for students with emotional problems. In recent months the possible consequences of failure to do so have become painfully apparent, as we think of the students and colleagues who have fallen at Virginia Tech and Northern Illinois University. . . . We appreciate your attention to this important task, and firmly believe that watching this video may save lives.”

To view the video, visit: www.emory.edu/PROVOST/media/facultyresources.php. RealPlayer software is needed for viewing.

Today a student walks out of a math test and picks up the cell phone, and Mom knows immediately how the test went. Parents haven't cut the apron strings, and many little issues get blown out of proportion.

—THOMAS D. LANCASTER, FORMER SENIOR ASSOCIATE DEAN, UNDERGRADUATE EDUCATION

The Academic Exchange: *Do faculty seem more sensitive to issues of student mental health?*

Thomas D. Lancaster: I can't say we're getting more phone calls, but I do know that more students are coming in with mental health issues. Emory is very well equipped for taking a proactive approach to these issues. If a student has a serious psychological problem, we hope they talk to someone at the counseling center. If a faculty member says, I have a student who hasn't shown up in three weeks, we send one of the deans or academic advisors out to inquire

and find out what's going on. Our faculty should know or learn over time that we do care about students and that we have a built-in system to support them. What an individual faculty member may not know, because they don't have a way of communicating, is that the same student is missing other classes. The Office for Undergraduate Education is in the middle.

Ultimately we try to pull together the story of what's going on with a student. If a student needs time away from Emory we work with them; we're very accommo-

dating about such leaves. But by being away from Emory they're often outside the support system they need, such as mental health counseling, which Emory provides because they are a student. Students not attending Emory have to find their own way to get that support. That's a delicate balance.

AE: *Are you concerned about security in your office?*

TDL: We had conversations within the Office for Undergraduate Education and with campus police about security. One of our deans deals with the college honor code.

The thing you're most worried about is not someone going out and shooting people. . . . Suicide, eating disorders that can lead to heart attacks, alcohol and drug abuse that lead to accidents—those are the ways we lose students.

—MARK MCLEOD, DIRECTOR, STUDENT COUNSELING CENTER

Academic Exchange: *How did the Virginia Tech shootings affect perceptions about students?*

Mark McLeod: Virginia Tech changed a lot in terms of how everyone, and particularly universities, looks at students. At every level, Emory gets students who are very bright and who can also be seen as pretty weird. Some of them are just different. I kind of like that about working at Emory and about universities. What changed very quickly after Virginia Tech is that weird began to be perceived as threatening, and that's not really the truth of the matter. The thing you're most worried about is not

someone going out and shooting people. It doesn't happen very often. Suicide, eating disorders that can lead to heart attacks, alcohol and drug abuse that lead to accidents—those are the ways we lose students.

AE: *Describe Emory's approach to helping students with mental health issues.*

MM: It's a wonderful thing about Emory that everyone talks to everyone else when it comes to helping students who may be in trouble, in danger, or a danger to someone else. I can't talk to anyone about a student I'm seeing in therapy. That's not going to happen. But if

there's a kid in a residence hall who has a gun, that information isn't confidential. I'll be involved; police, residence life, campus life—all will be involved. The support system is very strong here, and that kind of connection has been going on for many years. It's more likely that new faculty will get this type of information during their orientation and disseminated in a more systematic way.

AE: *What warning signs can faculty and staff look for in students?*

MM: If I went to any departmental faculty meeting and asked for a list of what would raise red flags about a student, the list they'd

That's not an easy issue. Students convicted of an honor code violation can be potentially explosive. One conviction can keep you out of medical school or law school. We've also had conversations about installing security cameras in this building. That's not a direct consequence of the recent shootings elsewhere, but just the nature of the times.

All faculty are sensitive to the fact that all universities, and Emory specifically, are very much concerned about the nature of a university—that we have to be open. When you start imposing security, you're going to cut off the essence of what makes a university unique.

AE: *You've mentioned that parents have changed. How so?*

TDL: The "helicopter parent" is a national trend. It's amazing to me that people of my generation, who attended college in the late sixties and early seventies—the do-your-own-thing generation—have

become the very parents who micromanage their own children. We've gone to the other extreme. When I was in college I would never have thought to have my parents call the dean or professor and give them an excuse for why I got "B" on a paper. Today a student walks out of a math test and picks up the cell phone, and Mom knows immediately how the test went. Parents haven't cut the apron strings, and many little issues get blown out of proportion. I think there's a loss of perspective in terms of the very way we're raising our children. If you scrape your knee, you learn it hurts to fall. Parents are now preventing their children from scraping their knees.

AE: *Are socioeconomic factors at play?*

TDL: That's a fair hypothesis. Fifty percent of Emory College students are paying the full freight, and that's not a small penny. The parents are very successful people who can afford to send children

here, and if mom and dad are successful, damn it, Johnny is going to be successful even if he doesn't want to be. There's also a sociological phenomenon that is well documented in the higher education literature of what students expect from a university, particularly elite private universities like Emory, and it's one of the reasons why tuition continues to rise. It used to be that you moved into the dorm, and the dorm was OK, but it wasn't the best place. Now during campus tours, parents and potential students expect to see a country club-like atmosphere. We're building a huge freshman village, which I'm very supportive of. Today's students expect their housing to be like a Hilton in order to choose us over Duke, Vanderbilt, Harvard, or Yale. It's a higher education arms race, and that's what's generating higher costs. ^{de}

Lancaster was interviewed for this article before his resignation in April.

come back with would be wonderful: a student used to be doing well in school and now they're not; a drastic change in school work; writing in morose, strange, violent language; they appear needy and show up at my office all the time; they look sad; they look like they haven't slept in a week; they're not coming to class.

AE: *What should a faculty member do if they're worried about a student and suspect mental health issues?*

MM: The only mistake they can make is not to call the support system we have here. Worried about a student? Call the counseling center. If you're worried about a student and are wondering, Should I call, shouldn't I call? Just call. Worried about a colleague or yourself? Call the Faculty-Staff Assistance Program. We'll be available to refer the student, help you with what to say, and how to approach him or her. Our lives are full of gray. It's never black and white, and we always err on the more conservative side—on the side of wanting to

protect people. We're OK with going into court with live bodies angry at us. We don't want anybody to die.

AE: *Are students having more trouble relating to one another?*

MM: I would agree, based on my own interactions with students and observations on campus. I don't know if there's good research to support that. I want to emphasize, though, that a large majority of our students are wonderful people who know how to relate with their peers, and they learn about those very skills during their four years here. If you compare freshmen to seniors, there's a remarkable growth, and I think that's the same as it's always been in college.

AE: *How is Emory addressing the added strains on the counseling center?*

MM: We've hired two new licensed therapists in the past five years and increased psychiatric coverage by about a half-time position. We've also added two postdoc psychologist positions during that time that we share with the Faculty-Staff Assistance Program,

though they primarily work with students. We plan to hire another psychologist for next year, and over the next three to five years we expect to make additional hires using the new mental health and wellness fee just approved by the Board of Trustees (\$50 per semester per student). We now have the equivalent of 10.5 licensed professionals, with an additional 5.5 postdocs and predocs in training.

Requests for services are increasing annually, and we think they will and should increase more rapidly with efforts to reduce the stigma of seeking help for mental health. While our past budget has not been adequate or up to par with other schools, we expect to bring our budget figures closer to those of peer institutions. With or without extra resources, the increasing mental health-related challenges of our students does put a strain on our and other college counseling centers, and on the entire Emory community. ^{de}

Sustainability and Scholarship

Rethinking the separation of academics and engagement at Emory

PEGGY BARLETT, PROFESSOR OF ANTHROPOLOGY

IN THE EARLY 1990s, when I completed my study of the farm crisis in Georgia (*American Dreams, Rural Realities: Family Farms in Crisis*, UNC Press 1993), explorations to find a site for my third anthropological fieldwork wouldn't gel. I realized that I wanted something more. As a medical researcher and sustainability leader at another institution told me, "I'd written hundreds of papers and killed thousands of rats." His desire for a new direction echoed my own.

At the same time, a sense of urgency for change was gathering around this campus. Billy Frye, then our provost, shared with me his concern that if we didn't slow acid rain within ten years, it might be too late to save many vulnerable forest ecosystems in North Georgia, his treasured home. The negative health effects of Atlanta's smog and suburban sprawl were front-page news. Reducing acid rain or smog means changing consumer use of energy and the emissions of dirty, coal-fired power plants—both personal and political challenges. I felt strongly that "someone should do something," but as I've written about in *Sustainability on Campus: Stories and Strategies for Change* (MIT Press



2004), I was reluctant to take the lead. On reflection, however, it seemed that with the privilege of tenure, my position as full professor, and recognition within my field, if I could not set aside the mandates of "publish or perish" for a time to engage in public scholarship, who could? Plus my years of committee service at Emory gave me strong networks around the university. Looking back, I see that I made a slow transition to a new role and to feeling comfortable thinking with others across the

country about how to transform higher education. For Emory to become a truly sustainable institution requires rethinking the separation of academics and operations, rethinking the meaning of research and service, and broadening our definition of teaching.

This new direction had deep roots in my earlier work. I began as an economic anthropologist, interested in Latin American economic development. By the mid-1990s, many Latin American governments and nonprofits were embracing

Sustainability at Emory: A Timeline

1990
Committee on the Environment established by University Senate

1999
Ad Hoc Committee on Environmental Stewardship formed

Friends of Emory Forest founded

2000
Faculty Green Lunch Group formed

2001
Campus-wide "Nurturing a Green University" workshop held

University Senate adopts Environmental Mission Statement

Piedmont Project launched

2002
Whitehead Biomedical Research Building becomes Emory's first structure certified through the U.S. Green Building Council's Leadership in Energy and Environmental Design program

environmental issues as an essential part of economic development. This came as something of a surprise to me, because the notion of environmental health as a component of development was quite invisible in the United States. As an anthropologist, I had long recognized that the high consumption of resources in industrial countries was not viable in the long run, and anthropology textbooks offered examples of other lifeways. I saw that these Latin American groups were articulating a new paradigm, a major challenge to our definition of a desirable future.

Intrigued, I began to look around the United States for this new paradigm of what we would today call sustainability. I discov-

Atlanta, however. I could discern no willingness to begin to question our growth ethic. I had become more grounded in Atlanta's environmental movement through involvement in local watershed alliances. Being active in zoning issues and local greenspace preservation efforts also helped me assess whether any of these new approaches might resonate with the Atlanta scene. I was doubtful.

I came to realize, though, that the unit I knew best was not Atlanta—with thickets of politics and players where I had no personal connections—but Emory. And as a “small city,” the university can have considerable impact. Little did I know that today we would be encouraging major

statement to guide campus actions and decisions.

As an anthropologist, I love to watch social action and am always curious about what motivates people. All my research has focused on differences within groups of people—how different farmers with different amounts of land or different personal goals will use their resources, for example—and I continue to wonder which language, which issue, which perspective will motivate new behavior or new understandings around sustainability. For example, during one environmental walking tour with administrators, we stood in a parking lot and learned how the heated water of summer rains harms creek organ-

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in public scholarship, who could?

ered very little on the national level, but local entities were thinking creatively. Sustainable Seattle presented a new way of doing urban planning; the Center for the Evolution of Culture, based in Palo Alto, articulated a new ideology of living on the earth that incorporated biological and geological approaches with some cultural anthropology; the Whidbey Institute offered experiential learning about bioregions and spiritual connectedness with living ecosystems. There were many other such experimental groups.

I didn't think these approaches would gain much traction in

corporations to reconsider the sustainability of their production practices, in order to keep a contract with the university.

The movement to bring sustainability issues into university governance began in earnest in fall 1999, when twenty to thirty faculty, staff, students, administrators, and alumni began to meet as the Ad Hoc Committee on Environmental Stewardship. By December, the group had crystallized two main directions for action: monthly woods walks that built an awareness of the campus's precious forest resources and an effort to develop an environmental mission

isms. Death of these organisms then lowers the ability of the creek to clean itself. The person standing beside me exclaimed, “Wow, I never thought about that.” Her eyes widened, “But of course it would do that.” A pause: “This tour is so important. We need to find a way to bring this to the Board of Trustees.”

In 2000, the faculty Green Lunch Group—a monthly gathering sponsored by the provost, environmental studies, environmental and occupational health, and the science and society program—began bringing one to two dozen faculty members together

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2003

John Wegner, a faculty member in Environmental Studies, appointed Chief Environmental Officer within Facilities Management

Lullwater Management Plan completed

2004

Piedmont Project for faculty extended to graduate students

2005

Campus master plan incorporating land use map is adopted, setting aside 52 percent of campus acreage as protected forests and incorporating a no net loss of forest policy

Strategic Planning Process adopts environmental sustainability as a “core principle” of the university

2006

Sustainability Committee, co-chaired by Executive Vice President Mike Mandl and Professor of Anthropology Peggy Barlett, issues a “Sustainability Vision for Emory.”

Office of Sustainability Initiatives created; director Ciannat Howett hired.

Re-imagining Health Care Reform

From old paradox to new paradigm

ANI B. SATZ, ASSOCIATE PROFESSOR OF LAW

FORTY-SEVEN MILLION Americans have no health insurance, and estimates are that even more may be underinsured. Annual U.S. health care expenditures—more than \$1.9 trillion—amount to 16 percent of the gross domestic product. One recent study suggests that 76 percent of the approximately 2 million individuals affected by personal bankruptcy due to medical debt have health insurance when illness begins.

care crisis is demand for convenient access to high technology health care services, which current distribution systems do not adequately address. High technology care is generally more expensive than traditional health care and involves sophisticated equipment for services such as genetic testing, artificial tissue, organ replacement, and individually tailored medicines.

The problem, reformers say, is simple: More people need access

exceptions for Medicare) fund limited, largely traditional care for select groups. Public and private health plans may restrict benefits under certain cost-saving managed care schemes, which means that high technology services may not be covered or may entail higher rates of coinsurance. Further, most Americans receive health insurance through employers, and such coverage continues to decline without legal recourse for beneficiaries denied care.

Paradoxically, in order to move toward a solution to the health care crisis, legal structures should support greater access to some of the very technologies elevating the costs of health care under the current system.

Many of the shortcomings of health care access in the U.S. can be traced to the inherent limitations of the dominant paradigms of health care distribution, which seek to provide a minimum level of services to everyone insured or to ration a certain set of services among covered patients. Proposed reforms focus primarily on improving existing schemes but do little to address the underlying problems of access and cost. A new paradigm may result in adequate coverage while simultaneously controlling costs and preserving a reasonable level of patient choice.

THE PARADOX

FUELING THE CURRENT health

to basic services. But that proposition is not as straightforward as it seems. Both traditional and high technology health care may support the goals of basic health care, which include prevention, diagnosis, and treatment or amelioration of diseases and conditions. Accordingly, basic health care plans should allow greater access to both types of services.

Increasing access to basic health care services under current models is costly, however, and it does not adequately address patient demand for high technology health care. Under the usual standard that health care services be “reasonable” and “medically necessary,” many government programs (with some notable

When high technology basic health care services are not provided, patients seek alternatives, which generates inefficiencies and additional costs. Patients may exhaust unnecessary or less effective traditional services before insurers fund high technology services. Other patients may sue their insurers for access to a broader range of basic services or pay for uncovered services out-of-pocket, subjecting themselves to un-negotiated rates and risking personal bankruptcy. Patients denied high technology basic health care may become sicker and ultimately require emergency care that is more costly than the denied benefits.

“Basic minimum” and “rationing” models of health care distribution focus on services that yield direct and immediate benefits; however, the benefits of high technology services are often indirect, delayed, and uncertain. For example, predictive technologies may provide patients with security, comfort, reassurance, and the ability to employ prophylactic measures and treatments as they become available, but current health care distribution schemes are unlikely to fund them for adults.

Paradoxically, in order to move toward a solution to the health care crisis, legal structures should support greater access to some of the very technologies elevating the costs of health care under the

they result from voluntary constraints such as nutrition, education, or career, or involuntary ones such as biological conditions, legal regulation, taxes, or insurance limitations.

For instance, when health care is rationed, a medical resource is presumed to have a particular benefit for most patients. This approach, however, does not account for the fact that some individuals may walk while others wheel for mobility, for example, so that leg surgery to repair a muscle may have different benefits. Current frameworks based on providing a threshold level of services also struggle to account for biological variation, since the same range of services may not meet every patient’s

choice between traditional and innovative health care services seriously, our legal structures must support high technology.

TOWARD A NEW PARADIGM

THE NEW PARADIGM for distributing basic health care services must address a number of issues:

- Both traditional and high technology health services may support the goals of basic health care.
- Patients are demanding access to a greater quantity and a wider variety of services. The paradigm must focus on freedom to choose from among a broad spectrum of basic services—traditional and high technology—with physician guidance.

Patient freedom in medical decision-making should not be confused with “consumer-driven” health care, in which patients determine how to spend a lump sum of insurance money with little or no professional guidance.

current system. Individuals must be able to make trade-offs between traditional and high technology services and choose from among them in order to maximize their health. Their choices would be limited by funding constraints, perhaps by yearly or lifetime caps on spending, and would require physician involvement in making clinically effective decisions.

FREEDOM AND MEDICAL DECISION-MAKING

A NEW PARADIGM for health care distribution must allow patients freedom of choice as well as consider constraints on that freedom. Current approaches ignore the nature of patient choices, whether

health care needs. Treatments for individuals with a given condition may involve enhancement of one biological function in order to compensate for a limitation in another. For example, for individuals with hypercholesterolemia and arterial blockage, gene transfer may be used to produce biological responses that ultimately stimulate capillary formation in order to increase blood flow. It is the biological variation among individuals, rather than the range of available goods, that may determine health status. High technology health care may better advance the goals of basic health care for some individuals by accounting for differences in biology. In order to take patient

■ A distributional framework must both support patient freedom in medical decision-making and serve as a constraint on cost.

■ Patient freedom in medical decision-making should not be confused with “consumer-driven” health care, in which patients determine how to spend a lump sum of insurance money (that is, resources in a health savings account) with little or no professional guidance. The knowledge of health care practitioners is vital to identifying and comparing medical treatments.

■ Predictive technologies may confer valuable basic health care benefits that are uncertain, future, and indirect.

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A new paradigm—basic capability equality of health care—better addresses patient choice of health care services as well as the benefits of effective, innovative technologies. In very general terms, basic capability equality maximizes capabilities, like those enabled by basic health care across a given population. It values freedom to choose from among different sets of possible capabilities, according to a patient's biological and economic constraints. Basic capability equality of health care thus considers patient demand for a broad range of basic health care technologies, including high technology health care services, while operating within health insurance limitations. A patient could choose among traditional or innovative medical technologies, constrained by the benefits of the services and economic considerations such as a yearly or lifetime cap on insurance expenditures.

This model would entail a dramatic restructuring of the way health care services are provided and reimbursements are determined. Instead of locking patients into a set of health care services, insurance structures would provide patients with a full array of effective basic health care services. Patients, with the guidance of medical providers, would choose from among these services to maximize their basic health. Operating within financial limitations imposed by a national or

other insurance scheme, individuals would make trade-offs among services. Health care expenditures could be controlled by the amount patients are entitled to spend.

Although there would be costs to making more basic health care services available, they could be mitigated by statutorily eliminating current inefficiencies, such as duplicate equipment within small geographic regions.

For basic capability equality of health care to be effective, however, other factors must be addressed, such as duplicate, unnecessary, and ineffective services and inefficient distribution of those services. Mechanisms must be developed to judge the efficacy of new technologies, and resources must be distributed through coordinated care. Physician accountability must also be addressed in order to control waste and costly medical error. The thirty-year studies of John Wennberg and Elliott Fisher indicate that physician promotion of ineffective services is a significant burden on the current system. Patients who are unsophisticated consumers of medical care give significant weight to professional advice. The studies demonstrate that when a greater quantity of physicians serve a population, health care expenditures increase dramatically without improvements in health outcome, which is an indicator of waste. Without physician accountability for the promo-

tion of ineffective services, costs cannot be reduced or outcomes improved. Another aspect of physician accountability is medical error, which has a profound effect on both health outcomes and expenditures. A controversial 1999 report of the Institute of Medicine indicates that, in the U.S. alone, as many as 98,000 people die from medical errors, at a cost of \$37.6 billion a year.

No one questions that the U.S. is in a health care crisis. Now is the time to explore the flaws in dominant regulatory paradigms and to think creatively about health care reform. Clinically effective but costly high technology basic health care services will continue to grow, as will patient demand for such services. Assuming limits on possible overall expenditures and proper physician guidance, allowing greater patient choice from among traditional and high technology health care services paradoxically may be part of the solution to inefficient and costly health care delivery. *ae*

This article is excerpted from "Toward Solving the Health Care Crisis: The Paradoxical Case for Universal Access to High Technology," The Yale Journal of Health Policy, Law, and Ethics (forthcoming winter 2008) and "The Limits of Health Care Reform," The Alabama Law Review (forthcoming 2008).

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Battling the Demons

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That sense of entitlement is bound to affect interpersonal interactions. As Livingston observes, “I think our students could benefit from more communication with one another through traditional means.” McLeod thinks most students relate to their peers and instructors well, but he does have a bone to pick with communication technology. In a telling little experiment, he used to ask peer counselors in training to wander around campus and attempt to make eye contact and exchange a smile with students. A shared smile creates a pleasurable, and chemically measurable, reaction. “It’s a rush,” as McLeod puts it. Try that experiment today, and you’d have to break the iron grip of the cell phone clinging to so many ears. “There’s this wonderful, lovely way that people can use to connect with anybody in the world, but there’s something that’s missing that’s different about our community because of that, and it makes a personal connection much more difficult. You can see it and feel it walking across campus.” — S. F.

Sustainability

Continued from page 7

to hear a research presentation on an environmental issue, to discuss some sustainability-related challenge, or to brainstorm about teaching dilemmas. In 2001, with the help of Arri Eisen of the Program in Science and Society and leaders from Northern Arizona University, Emory launched the Piedmont Project, a summer faculty development program to infuse sustainability and environmental issues across the curriculum. Each summer’s program involves twenty faculty from all units of the university, and this summer will mark the seventh group to carry out syllabus revision, brainstorm teaching meth-

ods, and engage sustainability in fields as diverse as Chinese, public health, law, business, theology, music, chemistry, and psychology. Currently, 120 participants offer more than 150 courses affecting thousands of students a year.

Faculty love the woods walks led by Oxford biology professor Eloise Carter during the Piedmont Project, and even years later they can recount vividly what they learned. When asked what they liked best, most participants echoed the person who said, “The chance to learn from a wonderful group of Emory colleagues.” Another said, “I didn’t realize I was going to enjoy the group so much. It was a really big thing for me.” The meaning of the Piedmont Project included a sense of Emory’s mission as well: “I get a sense of satisfaction of being part of an institutional process dedicated to positive ends. It feels good to be a part of an environmentally-friendly institution.” The positive feedback on the evaluations stimulated me to interview all Piedmont participants, who consistently stressed the intellectual stimulation, experiential learning outdoors, and ties with colleagues across the university as meaningful parts of the experience. Said one, “It really did change the way I think.”

After five years of leading the Piedmont Project, I took a sabbatical and traveled around the country to interview sustainability leaders in other schools. I was amazed to learn that Tufts University’s faculty development program, like the Piedmont Project, was still an important stimulus to faculty cooperation and action, though it had been moribund for ten years. I joined with a Tufts faculty member to survey their program’s alumni and compare the results with my own study of Emory faculty. We found a lasting impact on curriculum from these faculty development efforts. In addition, participants reported new directions in their research, collaborative grant efforts, effects on teaching philosophy and methods, and personal impacts on daily life

and public service. The importance of community and ethical engagement with one’s daily work is salient to participants from both schools. Our study is forthcoming in *College Teaching*.

Observing what helped people engage with public scholarship led me to see that stories are as important as facts. This approach contradicts my preferred style as a social scientist, but I found writers from many fields were saying the same thing. I collaborated with Geoffrey Chase, a dean and former English professor, on an edited volume of such narratives, *Sustainability on Campus: Stories and Strategies for Change*. We worked with national sustainability leaders on campuses around the country, insisting they write honest, flesh-and-blood accounts of what steps they took, what worked, and what didn’t. Many folks around the country have let us know the realism in the volume has empowered them, inspired them, and supported their work on campus.

Each step of change at Emory has brought new intellectual challenges for me. As Ciannat Howett, director of our new Office of Sustainability Initiatives begins to implement the strategic plan with a program of sustainability representatives for each campus building (among other efforts), I wonder about the conflicting lessons of applied psychology. As new studies show how green-space affects creativity, mood, and immune function, I wonder how to research the impact of our “green” building program. My current work on sustainable food systems in schools around the country brings me to phenomenology, critical anthropology, and Southern cooking. The work of transformation of higher education toward sustainability still feels urgent, but there are many more of us now with linked arms. I have deeply enjoyed the new partnerships across the campus and the country—and I am deeply grateful for the satisfaction of new scholarly directions. *ae*

Emerson's Anglo Saxonism

Ralph Waldo Emerson towers over the American Renaissance, but not, as he should, as philosopher king of American white race theory. Widely hailed for his enormous intellectual strength and prodigious output, Emerson wrote the earliest statement of the ideology later termed Anglo-Saxonism. We ordinarily locate white male masculine gender panic and spread-eagle Anglo Saxonism in the turn of the twentieth century, but Emerson lays it out half a century earlier. In intellectual treatises and oft-repeated lectures, Emerson portrayed the American as Saxon—Saxon as manly man—and separated the genealogy of the American Saxon from that of the Celt. Deftly and suddenly, Emerson elevated the Saxons and disappeared the Celts. . . . Although Emerson gave American Anglo Saxonism its most eloquent presentation, he did not invent it. Thomas Jefferson, among other Americans, also believed in the Saxon myth, a story of American descent from Saxons by way of England. . . . For Thomas Jefferson, Saxon descent explained political differences between the patriots of the newly formed United States of America and the ruling class of Great Britain. He contrasted what he saw as the Saxon origins of positive English institutions to the Norman origins of the Tories.

—*Nell Painter, Edwards Professor Emeritus of American History, Princeton, from "Ralph Waldo Emerson's Saxons," April 10, 2008, part of the Luminaries in the Arts and Humanities Series sponsored by the Office of the Provost*

Perverse argument

We decided to ask the Supreme Court to review the case [after the Environmental Protection Agency declined to regulate greenhouse gases]. We decided to put the importance of the issue last. A lot of people will come to Supreme Court and say, You should take this case because it's just plain really important; a big injustice will be done if you don't take the case. You should take the case for that reason. I worried that . . . if we come in and the first thing we say is, Climate change is the most important problem facing the world today, we immediately turn some justices off. So what we led with instead were plain statutory and administrative law questions. Notice how sort of perverse that is. You'd think that the thing we would have going for us was that this was the most important issue of our time in environmental terms, and yet we almost just snuck that in. It gives you a sense of some of the awkward choices, and surprising choices, that you might face in litigating these kinds of cases.

—*Lisa Heinzerling, Georgetown University Law Center, from her Thrower Symposium keynote, "Legal Science: An Interdisciplinary Examination of the Use and Misuse of Science in the Law," February 21. Heinzerling argued for the state of Massachusetts in Massachusetts v. EPA, which she won before the Supreme Court last spring.*

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