



STATE *of the*
UNIVERSITY
ADDRESS *by*

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“UMB as a Public Good”

WEDNESDAY | MAY 9, 2018

SCHOOL OF MEDICINE, MSTF LEADERSHIP HALL





Good afternoon, everyone. As always, it's a pleasure to welcome you to my State of the University Address, and I thank you all for coming out.

We're delighted to be joined today by Baltimore City Councilmen John Bullock and Eric Costello.

USM Chancellor Robert Caret is with us today, as is Maryland Secretary of Higher Education Jim Fielder. Thank you for coming.

From our UMB Foundation Board, we have Marco Chacon, Hal Chappellear, Pat Florestano, Carolyn Frenkil, Brian Gibbons, and Jeff Johnson. University of Maryland Medical System President and CEO Bob Chrencik is with us, as is Dr. Mohan Suntha, president and CEO of the University of Maryland Medical Center.

To our valued partners — Tim Regan of Whiting-Turner, Kirby Fowler of the Downtown Partnership, Michael Seipp of the Southwest Partnership, and Robert Thomas, from Baltimore Public Markets — thank you for coming.

This year, I chose as a theme "UMB as a Public Good." There are a couple of ways to look at that title. There's no doubt that UMB advances the public good, that we serve the public good. We'd better, because the words take up a big chunk of our mission statement.

But "the public good" can be a little esoteric. We have to explain what we mean. We have to finish the sentence. When we talk about our mission to educate the next generation of professionals, we must explain why broad access to these professionals matters; why it matters to health, wellness, and justice; why it matters as much as anything else. And in that same vein, when we talk about our clinical care and counsel, we must emphasize how and why we target underserved regions, and rural communities, and vulnerable populations.

When we talk about our research, we must explain the benefit in terms of lives saved, and families strengthened, and communities enriched. When we talk about our service, we must explain how investing in historically disinvested communities actually strengthens Maryland as a whole. We have to finish the sentence.

Because when people talk to me about what UMB means to them, they don't talk to me about our research enterprise—the grants and contracts we win, which I'll talk about later—or the number of professionals we graduate.



Instead, they talk to me about their sister, their mother, their friend who was saved from a breast cancer death sentence by the trailblazing, ceiling-shattering work of the late Angela Brodie.

They rarely talk to me about the diploma they saw on their provider's wall, but they do talk to me about how that provider made them feel — important, reassured, worth listening to, worth caring about.

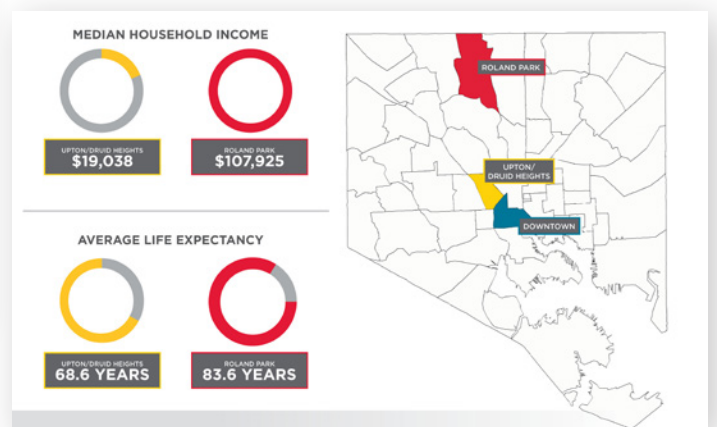


I met a man whose decayed tooth caused him terrible pain. With no home of his own — much less access to dental care — he resigned himself to this daily torment. Until he saw hundreds of our dental students and faculty crowded into the Convention Center, taking good care of more than 900 of our neighbors—x-rays, fillings,

extractions. That was care and compassion he never thought he'd receive.



How about the man from El Salvador who found his way to Carey Law's Immigration Clinic? Escaping persecution in his home country, he had reason to be afraid. Only 4 percent of El Salvador's asylum seekers have their petition granted. The rest are sent back to their home country to face brutality and trauma often worse than when they escaped. The clinic won asylum for the client, ending his deportation proceedings and restoring some semblance of peace to his life.



A few years ago, I'd put this map up on the screen. And I'd talk about the health disparities that plague a city like Baltimore. I'd talk about the social determinants of

health, and how the environments in which we live, learn, work, and play influence how long — and how well — we live. That's why life expectancy is about 84 in Roland Park, but five miles away in Upton/Druid Heights, it's only 69.

The General Assembly just charged UMB with staffing a task force on the social determinants of health here in Baltimore. The multisector group will explore the factors that have imperiled generations of city residents and will work to restore equity.

But now I have another stat to share on this map. Through social work's Promise Heights initiative in Upton/Druid Heights, we collaborate with the city health department and other partners in a program to give every infant the best start in life.

Upton/Druid Heights used to have one of the city's highest infant mortality rates — 15 deaths for every 1,000 live births — many of them caused by unsafe sleeping: a crowded crib, or maybe no crib at all. Well, now Upton/Druid Heights has gone four years with no sleep-related deaths. And the neighborhood has cut its infant mortality rate by 33 percent. It now has the exact same infant mortality rate as Roland Park.

So when I say that we serve the public good, these are the stories I'm talking about. This is what matters.



But indulge me in some semantics for a moment. Because the title of this talk doesn't mention the public good. It says a public good. And that means something rather distinct, which I need to address.

A public good is defined by two characteristics: non-excludability and non-rivalry.

Non-excludability
Non-payers cannot be excluded from consuming the good.

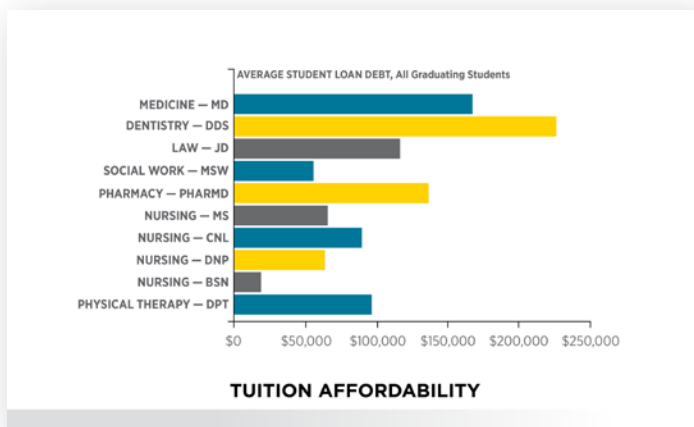
Non-excludability means that we don't prevent non-payers from consuming the good. The Fire Department is a common example. Its services are provided to everyone, and everyone benefits. Well, higher education, in general, and UMB, in particular, fall short as a "public good" on that measure. As a university, we actually have a couple of barriers to access: qualifications and tuition. Students must be qualified to gain entry to our programs, and they must pay tuition to enroll.

Non-rivalry
Additional people consuming the good does not diminish its benefit to others.

Non-rivalry means that additional people consuming the good doesn't diminish its benefit to others. This, too, presents some problems, especially for a professional and graduate university like UMB. The education we provide would be compromised should we start admitting considerably more students; our resources would be strained. Plus, we'd be negligent to produce more professionals than the marketplace demands. Graduating an overabundance of dentists, lawyers, or pharmacists doesn't benefit our students — or the public.

So people who are rigorous with their words tend to tell the less rigorous among us that higher education isn't, in fact, a public good. That, instead, it has "positive externalities." And this we know to be true: that many benefit even when only some receive a UMB education; that our graduates — apart from the good they do in care and counsel — create more and better jobs for everyone.

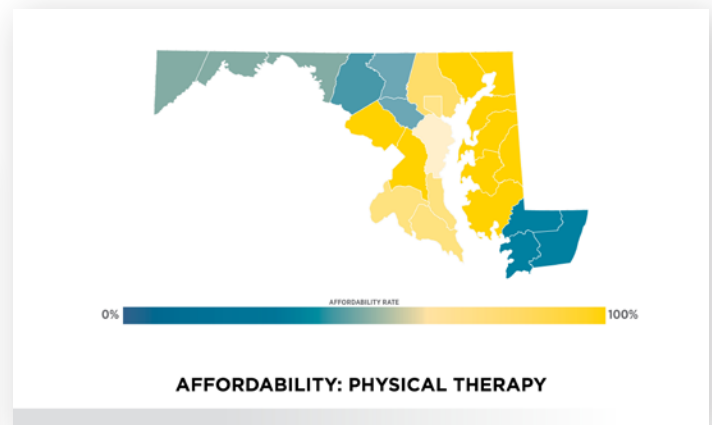
So, yes, UMB has positive externalities. But here's where the distinction matters. Many people who say that higher education is a public good argue that students shouldn't have to pay for it at all. Because society, as a whole, benefits. Now, while I don't know that the U.S. could achieve fully subsidized higher education across the board, what I do know is that our students need help with tuition. And that if they get that help, we all benefit.



I've talked about tuition affordability in years past, how we need to help students out from under their debt. Now we have some very preliminary findings to share. We've engaged an analytics firm to give us a data model that allows ongoing analysis of student debt and repayment, and some tools to estimate affordability under various post-graduation scenarios, like job field, location, and salary.

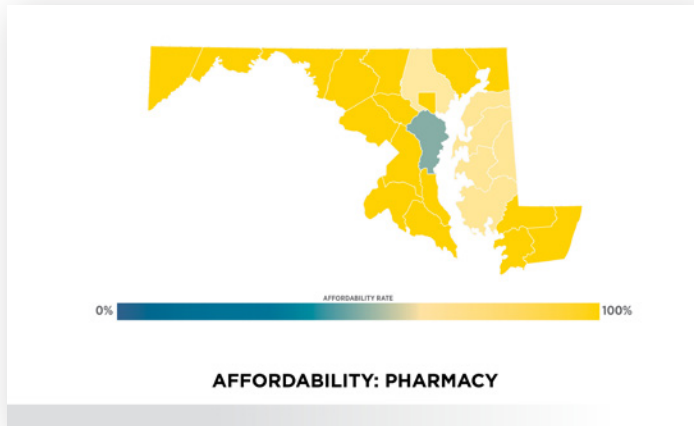
In general, we've found that UMB's degree programs are affordable. Student debt at graduation is increasing at a slower rate than the cost of attendance. And while the absolute dollars students repay each year varies widely by degree program, repayment ratios — the proportion of the remaining debt they pay down each year — are pretty consistent.

But we've learned that underrepresented minorities, especially African American graduates, consistently have far greater debt than their fellow graduates. This is true across schools and programs. And, of course, affordability is influenced greatly by where our graduates practice. The findings were idiosyncratic across professions, and hard to generalize.



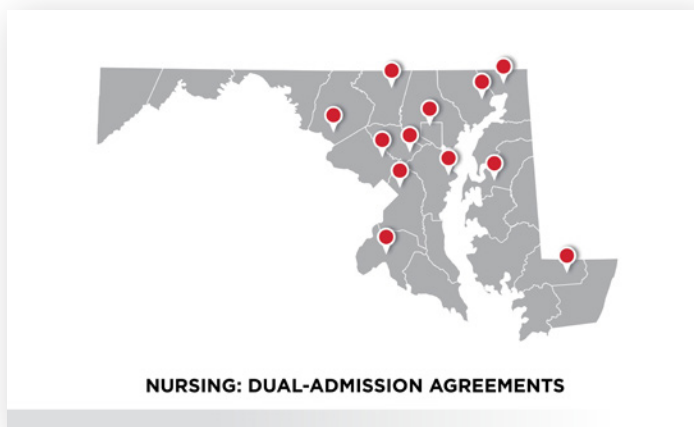
So I'll give just one example. Here's a map showing affordability for physical therapy graduates. At a salary in the 75th percentile, with 30 percent of discretionary income dedicated to loan repayment over 20 years, you

can see what counties are affordable (in yellow) and what counties aren't (in blue).



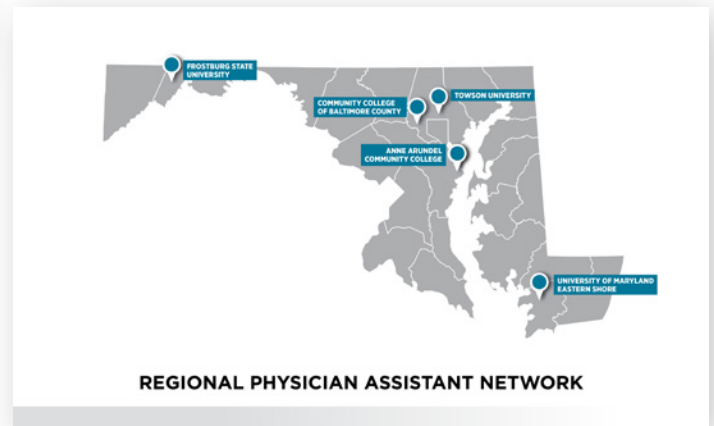
But with those same criteria applied to pharmacy graduates, most of the state is affordable.

To really make the most of this platform, we need better wage and repayment data, and we're doing that deeper dive now. Still, we know that relocating to the lower Eastern Shore or Western Maryland is a non-starter for many graduates. Not because they don't want to practice in underserved regions, but because they can't afford to. If UMB is going to drive health, law, and human services equity in Maryland, then we have to close these geographic gaps in access, and we have to work with the state on policies and incentives that allow our graduating students to go where they're needed most.



But, you know, sometimes access means that we have to go to our students. The School of Nursing has a dozen dual-admission agreements in force or in development with two-year colleges across the state, meaning that students can complete two years of coursework at their local community college and then transition seamlessly into our bachelor of science in nursing program.

This kind of system doesn't open access only to education; it opens access to care, because once these students graduate, they often go back to their hometowns and serve in their own communities.



This is the same reason we're developing a regional physician assistant training network to serve the Eastern Shore, Western Maryland, and Central Maryland. By partnering with local programs in these areas — including those in planning with UMB, Frostburg, Towson, and the Community College of Baltimore County — we have a better shot at growing Maryland's primary care workforce and retaining these professionals in high-need regions.

The statewide demand for primary care providers and for PA education is well-documented. The joint program we operate with Anne Arundel Community College gets 900 applications a year for just 40 seats.



Sometimes, too, it's not only about meeting students where they are; it's about giving them what they want. The Graduate School is developing a slate of professional master's programs in health sciences education and administration, in health and social innovation.

They're for students who see a shrinking job market for PhDs, or never wanted one in the first place. They're for career-changers and ladder climbers. They're for students who know that lifelong learning is essential to success, and for students who always expected to engage with us well beyond their graduation date. These are students who want flexible, more affordable programs and stackable credentials — from us — that allow them to customize their own career path.

I had some students over to my house for brunch maybe a month ago, and I asked one what was missing from her education at UMB. She said she wanted an independent practice, but she had no idea how to establish one, how to run one, how to make it successful. She wanted coursework in business principles and processes. And she said she didn't need — or even particularly want — a full-time faculty member to teach it. She wanted to learn from an alumna who actually has a successful independent practice.

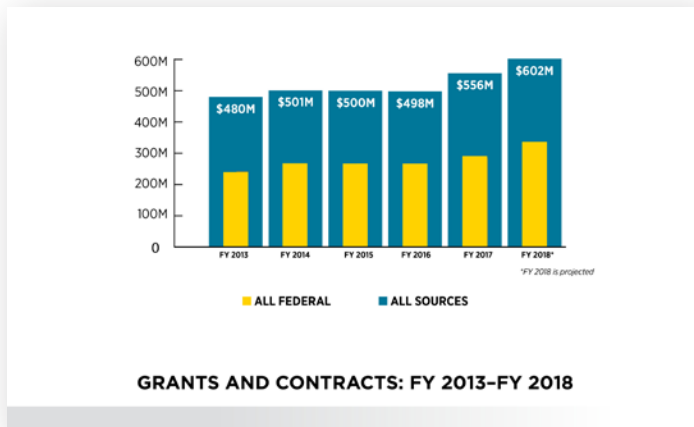
Business long ago learned how to operationalize (and monetize) continuing education, how to keep students connected and engaged. We're looking to take a page out of their book, establishing a Continuing Education Center for Lifelong Learning that would provide courses, certificates, and credentials for professionals at all stages of their careers.

The Graduate School would provide a central infrastructure for program design, marketing, recruiting, and administration, and faculty from the participating schools — along with subject-matter experts from industry — would teach the courses themselves. If we're not stepping up to this sort of opportunity — an opportunity our students tell us they want — then I guarantee you we're missing out.

You know, this is part of the Graduate School's evolution. It's coming into its own. It just took 100 years. The Graduate School is adding faculty, and soon we'll be bringing the school's people together. They've been separated for years — some in the Campus Center; some in the Lexington Building. We're going to make the Lexington Street corridor, which we're still working hard to develop, into a kind of "graduate hub."

It's something our very first Graduate School dean, Charles Appleman, would be proud of. In a speech to the Board of Regents in 1940, he said, "The Graduate School

has been called ‘the invisible university.’ It permeates nearly all divisions and departments, but there are very few signs of its existence.” When the Graduate School celebrates its centennial this fall, I think you’ll find that that assessment is finally, permanently put to rest.



I want to pivot here to research, because we’re seeing such strength in our research enterprise. Last year’s grants and contracts totaled \$556 million. That total was the third-highest ever recorded by UMB and, for that matter, the third-highest ever recorded by a USM institution. With less than two months to go in the fiscal year, you can see that we’re expecting a milestone in 2018: more than \$600 million in grants and contracts.

Part of this success is due to HSF III, where we already have renowned research faculty working. And over the past couple of years, we’ve seen strong growth in federal research funding, from NIH and other agencies. You know, that’s a story in itself. Congress passed the omnibus in March, giving a \$3 billion bump to NIH, along with increases to other health programs. And while the NIH increase wasn’t surprising, the amount of it was. We thought the agency would get a third of that, maybe two-thirds.



But with good advocacy, science research is an area on Capitol Hill — maybe the only area on Capitol Hill — that tends to enjoy bipartisan support. Because lawmakers understand what flows from research: the products, processes, and practices that advance human health and well-being. Maybe more to the point, they understand the money that flows from research, the fact that it creates not just jobs but sometimes whole industries.

So we bring our congressional delegation to the BioPark, and show them the companies that grow from the ideas hatched in our labs. We talk to them about the public benefit — the positive externalities — of a robust research enterprise.

And when we talk about the premise — and promise — of discovery, we “finish the sentence,” as I said earlier. How about the fact that our School of Medicine has established the country’s only Center for Cardiac Xenotransplantation Research, with a \$24 million grant from United Therapeutics. With human organ transplant wait times extending to months, sometimes years, xenotransplantation offers a solution — genetically modifying and transplanting animal organs into humans.

You know, we didn’t get this center by accident. It wasn’t a gift. It wasn’t a surprise. We got it because we have deep and longstanding capabilities in both

transplantation and genomics. Across the board, our success today is built on hard work and investment over decades.



In the last 14 years, UMB has won more than \$1 billion from PEPFAR to combat HIV/AIDS in the developing world. In Africa alone, we're in Ethiopia, Botswana, Kenya, Nigeria, Rwanda, South Africa, Tanzania, Uganda, and Zambia, creating the health infrastructure a nation needs to test, educate, and care for people with HIV. Because of this work, more than 1 million Africans with the disease are being treated with antiretroviral drugs today.



And because of this longstanding work, because of our close collaborations with our in-country partners,

because of the trust and track record we've established, the CDC just selected the School of Medicine's Institute of Human Virology to lead a \$100 million project to measure the reach and impact of HIV prevention programs in Nigeria — the largest population-based HIV survey ever conducted in a single country. We think this project could shape more effective HIV prevention and treatment, not only in Nigeria, or even Africa, but globally as well.



And we are so proud that our own Dr. Robert Redfield, among those who started this work, is now leading the Centers for Disease Control and Prevention, the country's foremost public health agency. Dr. Redfield was among several faculty who met on campus with staffers from the Senate Foreign Relations Committee to talk about our international work with PEPFAR. I guess the staffers put in a good word for Bob.



In that same vein, I'd like to mention Dr. Jody Olsen, confirmed last month as Peace Corps Director — and more importantly, our Commencement speaker next week. While heading our Center for Global Education Initiatives, Dr. Olsen was a passionate advocate for global experiences, for understanding the world as an interconnected set of nations and peoples and issues.



Every fall, I meet with students who've spent their summers abroad on interprofessional projects. They tell me how the experience has changed them. They're asking questions they might not have asked before; they're challenging assumptions they weren't even conscious of. They tell me their approach to vulnerable populations in the U.S. is informed by their work overseas. It's more nuanced. It's more compassionate. They understand that the persistent health and justice

disparities we see in this country aren't inevitable. They're borne of the same inequities and deficiencies in policy and programming that they see around the world.



And so I'm thrilled that this summer, UMB will enter the American Council on Education's Internationalization Lab. It's an 18-month lab, and we'll come out of it with a plan to integrate global experiences into the fabric of this University and to make sure that our global activities inform and support our work in local communities.



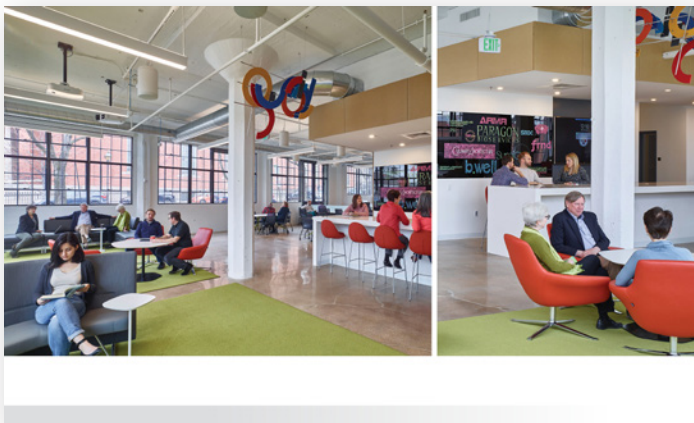
This is so important, especially as the U.S. and its leaders increasingly turn inward, as isolationist rhetoric gains ground, as the countries and people we care about so deeply are demeaned and ridiculed on the national stage. In this political climate, I'm proud that our first instinct, always, is to connect rather than condemn.

And I'll mention here that UMB was one of 80 institutions to sign onto an amicus brief last month arguing that colleges and universities are irreparably harmed by the Administration's decision to end DACA, that our campuses are enriched by these students, and that we suffer — as they do — when we strip others of protection and of agency and opportunity.

I want to jump on this theme of connecting for the public good.



I talked last year about the Grid, the innovation center we just opened in the BioPark's Lion Brothers Building. In five months, we've had nearly 4,000 students, faculty, staff, startups, and neighbors drop into the Grid for workshops and meetings and pitch events; to get advice from Carey Law's Entrepreneurship Clinic; to share the co-working space.



The Grid was always conceived as a place to bring design thinking to urgent health and social challenges. And so this spring we piloted Empathy to Action, a series that explores the ways that empathy can induce people to act, expose faults in the system, and catalyze social innovation. It explores the ways that empathy plays a role in careers dedicated to understanding and serving others. Speakers from around the region reflect on what motivated them — and what can motivate others — to take risks and make change.

I do think there's a culture of daring at UMB right now and a real sense of community among the risk-takers. We've started a health technology accelerator with Johns Hopkins and Plank Industries. With USM, Hopkins, and the state, we've created a program to grow and strengthen Baltimore's entrepreneurial talent and connect them to academic innovators. Together, we've begun a networking series to get the city's tech community together every month.



And we're putting our money where our mouth is. Three years ago, UMB started investing in our own startups. Our first equity investment was in Harpoon Medical, promising to revolutionize mitral valve repair and reduce surgery and recovery times for patients. Harpoon was just acquired by Edwards Lifesciences for \$250 million, so we probably should've taken a bigger stake.



Our latest investment is in Next Step Robotics, developing a robotic boot to help people walk following a stroke or traumatic injury. We've invested in seven companies, total, and two of them have already been acquired. Those profits are going right back into our discoveries. Through commercialization grants and equity investments, we're supplying about \$1 million a year to our startups and securing another \$1-2 million from the state and federal governments. We're putting money and work into de-risking our most promising technologies and shrinking the time between idea and impact.



I want to talk about that impact, and how eager and energetic collaboration deepens it. During the legislative session, we hosted MPower Day in Annapolis to celebrate our partnership with our colleagues in College Park and to show the lawmakers who approved the funding where the money's going.

But the real beauty of MPower Day is that people find one another there. They find people working on projects that could have implications for their own. So they start talking about the possibilities they didn't even know existed when they walked into the Senate building that morning. Someone described it to me as a nerd-fest. On the slide up there, you'll see me — the nerd — in a virtual reality headset. There's a story behind it.



Dr. Sarah Murthi in our School of Medicine and Dr. Amitabh Varshney, dean of the College of Computer, Mathematical, and Natural Sciences at College Park, started collaborating on a project whereby physicians could wear headsets like these during high-risk procedures. Instead of looking away from their patient to see medical imaging on a distant screen, they can see everything they need while keeping their eyes on their patient — and on the procedure being performed.



And then the two universities started collaborating in a project using virtual reality to help Prince George's County police officers uncover their own unconscious bias. The virtual reality mimics on-the-job scenarios, as officers confront people of different races, genders, and ages, people with disabilities. College Park's theater students actually acted in those roles. We measure the officers' stress levels to see how their reactions differ when confronting, for instance, a black man vs. a white man. Because once you understand your bias, you can begin to dismantle it. Our law school is joining this effort, training police officers across the country on de-escalation and mediation.



We're using virtual reality to study pain management without the use of opioids. Basically, you put patients into an immersive virtual environment, and that

environment distracts and relaxes them to the point that they need fewer opioids during painful procedures. I actually served as a test subject for Dr. Luana Colloca, and I can tell you that it worked for me.

Another project uses virtual reality to induce in patients the expectation of pain relief. Because, incredibly, just this expectation of relief accounts for at least half of the pain reduction brought on by morphine. Not all the opioid projects involve virtual reality. We're looking at the use of placebos to extend time between opioid doses.



We're looking at the long-term effects of opioids on babies who are exposed in utero, so that we can devise better programs not only for these babies but for their mothers, too. We're looking at how women who are addicted and pregnant are handled in the criminal justice system. Nearly one-third of all clients in U.S. drug courts are women—and many of these courts ban all psychoactive drugs, even if they're prescribed for treatment. Is this really scientifically sound? Does this have the effect of imperiling women and their babies, when we're actually trying to save them? We're even studying the soothing effects of human cuddling on babies who are born addicted.

These projects — just in opioids alone — involve a dozen schools and centers at both of our universities. And that shows just how much this partnership has matured, how

we're exploring obvious (and not obvious) collaborations and finding a home for them.



One of the MPower projects is UM Scholars, and when it started, a handful of science and public health students from College Park would come up here over the summer and work with faculty in our School of Medicine. It was a one-way program with a specific outcome in mind. Now we've got 100 students from both universities traveling to the other. Our students are going down to College Park and working on IP for quantum technologies, and immigration policy, and gun violence prevention, and cancer therapies, and human trafficking, and, yes, opioid use. This is the blossoming of our partnership with College Park. This is the power of collaboration.



And that kind of collaboration is happening inside UMB as well. I've spent a bit of time talking about opioids. And there's a reason for that. In the first three quarters of last year, more than 1,500 Marylanders died from an opioid overdose. That's more than five people a day, and that death toll is nearly double what we had just two years ago. This is a public health crisis, and it's taking far too many of our loved ones from us.

There is no university better equipped to address this epidemic than UMB. With our mix of health, law, and social work, we can be the state's go-to ally in research, care, and advocacy. Not only can we treat addiction, we can interrupt the path to it. And we're focused on both.

Our Center for Addiction Research, Education, and Service (CARES), co-led by our schools of pharmacy and social work, is a UMB-wide effort. All seven schools. Together, we'll train a workforce dedicated to substance use disorders. We'll develop new models of care. We'll gather and analyze data on addiction to get ahead of the problem. We'll advise policymakers on science-based prevention and intervention.

We're very excited about Dr. Andy Coop's promising new drug, UMB 425, an opioid painkiller that reduces the risk of addiction, but we also know that drug development isn't the only answer, that we need to attack this epidemic from every angle.

And this work isn't divorced from our work in West Baltimore. Headlines might have spiked once addiction surged in the suburbs, but the problem of addiction isn't new to our city neighbors. And I promise you that if we don't address issues that are risk factors for addiction, including poverty, in the neighborhoods near our campus, then we won't make headway in anything else. If we don't address unequal opportunity — unemployment and underemployment — we're just applying Band-Aids to a gaping wound.



So every Wednesday, at the Community Engagement Center, we recruit and screen residents for jobs. We connect them to job training and to employers. But I'll be honest, not many of the people we help are coming to UMB.

Of the 300 neighbors we've had come through our Workforce Wednesday program, only 13 have found jobs at UMB or at the medical center. Aiysha Harris, who now works in our Housekeeping Department, said that getting hired at UMB is like cracking the Da Vinci Code. And that's because these are jobs that a lot of people want — and that a lot of people keep for many years. Last summer, we got 354 applications for six security officer positions. So unless you're fairly perfect on paper, your chances here are pretty slim.

Lisa Rawlings

lrawlings@umaryland.edu

Our Human Resources office is working on getting our neighbors into the jobs we have. But we need your help. When you're hiring for a position you think a member of our community might qualify for, send the position description to Lisa Rawlings, who runs Workforce Wednesdays. I know Dean Kirschling has done this. I know Kate Tracy and Gary Viola have done this. Most people land their jobs through someone they know. So we have to be that "someone" to our neighbors.



And I have another request. A few years ago, in this forum, I talked about our local purchasing efforts. I said that we were spending point-zero-one percent of our catering dollars at businesses in Southwest Baltimore. Point-zero-one percent.

Well, guess what? Last year, our catering spend in Southwest Baltimore exceeded 15 percent. That's better. We have to be intentional. Bill Crockett, in Campus Life Services, will accept reimbursement forms only for caterers on our Southwest list. And if those caterers don't have what you're looking for, then you have to explain why.

This, too, isn't easy. Just by the nature of what we do here at UMB, we're stretching our community businesses beyond what they're used to. We're tough customers, and I don't apologize for that. We demand quality, and delivery, and credit card payment, and online menus, and

boxed lunches. We ask caterers to set up the food ahead of time and take it away afterward.

So I thank our caterers for stepping up to the challenges of serving us, and I thank all of our employees who've gone to food fairs and food tastings and educated themselves on how to spend locally. I talk about this a lot because this work happens only if people know about it, and because if we can take a risk on economic inclusion, then I guarantee that other organizations can, too.

You should know that I decided to put all of my asks into one section of the speech, so bear with me: I've got one or two more.

Camille Givens-Patterson
camille.gpatterson@umaryland.edu

The mayor's office right now has 12,000 young people in the city signed up for the YouthWorks program this summer. That means the mayor needs 12,000 people willing to take on a student intern for five weeks. If you can help, if you might be able to take a YouthWorks intern into your office, your lab, your program this summer, I ask you to email Camille Givens-Patterson.



Maybe the most conspicuous evidence of our work in Southwest Baltimore is our Community Engagement Center in Poppleton. Now 2½ years old, with 20,000 neighbor visits, I think we can safely say the center is a hit. And it's interesting that the biggest growth area we've seen is in the programming we thought we were least equipped to handle: activities for children. We shouldn't be surprised, because this is exactly what our neighbors said they needed: afterschool programming, a summer camp, a place for children to be engaged and active and safe.

One of the most gratifying things to me about the CEC isn't just the way it connects us to the community; it's the way it connects us to each other. I'll give a recent example: Through the Police Activities League, our UMB police officers are teaming up with our School of Nursing to do afterschool STEM projects with students at James McHenry Elementary/Middle School. Before that partnership, before Theo Rodgers, on our UMB Foundation Board, gave us a generous gift toward the PAL program, before funding from the Department of Justice flowed in, the nursing students were buying all of their supplies — gauze, straws, sponges — with a \$125 stipend.

Now they've got thousands of dollars to build the program they want. Now our police officers are engaged in the community, where they're a daily, positive presence. Now we're making connections between people and resources, and leveraging each other in smart ways.

I've said for some time that we need a bigger building for the CEC, that the storefront on West Baltimore Street was never meant to be our permanent home. Well, right around the corner from that storefront is 16 S. Poppleton Street.



16 S. POPPLETON ST.

And on that property sits a historic, vacant building. It's owned by Carter Memorial Church, whose congregants worship just across the street. We expect that, very soon, it'll be ours. We're working with Carter Memorial on a purchase agreement, and then the paperwork has to move through the state and the University System, but we're confident they'll be as enthusiastic as we are. The building is 20,000 square feet, nearly seven times the size of our current CEC. It's been empty for five years, waiting to come alive again.



It has space enough for a dance studio, a multipurpose room for community events, and safe, supervised areas for children to play. We'll install a bigger computer lab, where children can do their homework and play video games, and where adults can apply and train for jobs, check email, and take online courses. The center will be a home for our UMB CURE Scholars, who need more space for their science and STEM projects.

We'll have private consultation spaces for legal and financial counseling. We'll have a family room, where social workers will lead group counseling sessions. An observation room will help us train the next generation of competent, compassionate, and civically engaged providers. Our students will launch an interprofessional health education center to help neighbors with chronic diseases.

The new property's location is just as important as its size. It had to be close to our current center so that we wouldn't lose the Poppleton residents, or the UMB volunteers, who've made the CEC such a success. Plus, it's closer to James McHenry, where we have so many programs and partnerships already.

The property needs a lot of work, and this will be a key fundraising priority for us. But we have a number of public and private partners who want to be part of this project, and we're confident we'll be able to move it forward quickly. Our Community Advisory Board is excited about the possibilities, and they'll be helping us design programming every step of the way.



The Community Engagement Center isn't our only development project in West Baltimore. Some of you might remember this rendering from my State of the University Address way back in 2014. Actually, you wouldn't remember it; the building looks completely different. And I know I'm breaking the cardinal rule of speeches like these: Don't revisit old items unless you've delivered on them. But I'm going to anyway. This is our concept for the Gateway Building at the northwest corner of Baltimore Street and Martin Luther King Jr. Boulevard. It's conceived as a mixed-use development: hotel, residential, labs, offices.

I'd forgive you for thinking we haven't made much progress in four years, but we're actually a lot closer to a real building. We've shown our plans to the mayor, and she's supportive. We have interest from developers.

We call it the Gateway Building because Martin Luther King Jr. Boulevard is a gateway for the city and for us. It's a gateway to UMB, to our BioPark, to West Baltimore. For years, I've talked about the way that MLK divides us from our neighbors. But imagine a landmark building at this critical intersection. Imagine a park alongside it.



Imagine a redesign of Martin Luther King Jr. Boulevard itself that pulls the eastern and western edges closer together, making it easier for our people to cross over into West Baltimore and for our neighbors to cross over to campus. That's actually happening, and we've got federal money to do it.

We'll take away the left turn lane at Baltimore Street as you're traveling north on MLK. We'll widen the median there so that pedestrians have a safer crossing point. Instead of turning west at Baltimore Street, we'll open up Fremont Avenue, long ago closed off to MLK. The yellow arrow up there shows the new turn lane. And now you can see the triangle we've created — for the Gateway Building and for the park. You can see us knitting together these two edges of campus.



I talked last year about the importance of Baltimore Street. I actually called it “the gateway” to UMB. I put up this picture showing Baltimore Street looking toward West Baltimore, and I said that we need to open ourselves up, physically, to the neighbors across Martin Luther King Jr. Boulevard who have — for FAR too long — seen only our backs.

And I said we need to own this powerhouse research corridor. Think about the assets along Baltimore Street. From east to west, on one side of the street: Bressler, HSF I, MSTF (where we are now); on the other side, the School of Dentistry, HSF III, the School of Pharmacy. Across MLK, you have the BioPark buildings. This is a couple hundred yards of world-class research. This is our Gateway.



And it’s going to connect us to so much more. Our BioPark used to be contained to West Baltimore Street — two rows of buildings and properties in various stages of development. Now we’re moving deeper and wider, integrating ourselves into this community in a more organic way. Our new CEC brings us further south, connecting us with the Lion Brothers Building and with James McHenry. A new library at the school, being built by the Weinberg Foundation, will bring more neighbors into our orbit there. We’re excited to explore programs with Carter Memorial’s thriving congregation and with St. Peter’s Adult Learning Center, which serves people with disabilities. And we know there are still more opportunities for our effort and advocacy — maybe a child care center, athletic fields, a rec center.

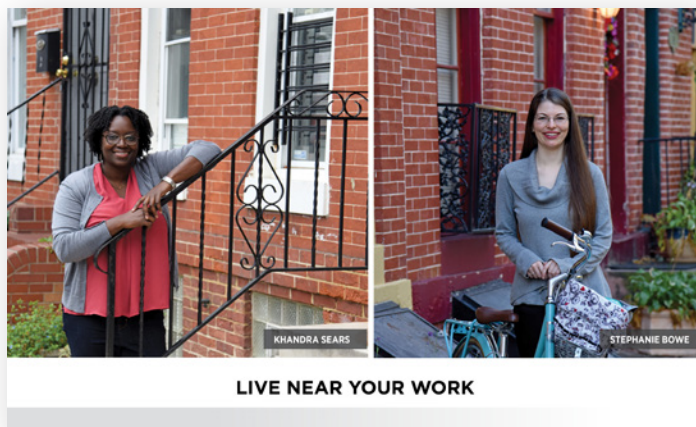


You can see the development going on all around us. You can see the investment in a community that for decades had seen nothing of the sort. There are now cranes on land that for years sat empty and overgrown with weeds.

The huge Center West/La Cité project will eventually add 2,000 residential units to this community. The first round of 260 apartments opens this summer, with 20 percent designated affordable housing, and with that will come parks and retail and restaurants.

The Pratt Street properties to the south, owned by the Abell Foundation, house our own startups, along with training organizations that are developing a local workforce for city businesses.

As I mentioned last year, War Horse Cities is investing in the Hollins Roundhouse neighborhood and in the revitalization of Hollins Market itself. Our BioPark is developing a joint master plan with War Horse, one that connects the two neighborhoods with transportation, meaning new routes for the city’s circulator bus and our UMB shuttle. It means better lighting, better security, new streetscaping and plantings — making that pedestrian experience better, brighter, safer, prettier.



Of course, we know that buildings don’t make a community. People do. We expanded our Live Near Your Work program this year to get more of our people into Southwest Baltimore. Because I’ve said this before: It’s infinitely easier to build communities of strength, communities of mutual respect, communities shaped by a shared destiny, when we work together, and socialize together, and yes, live together.

So we dramatically upped our contribution to the program. Employee homebuyers now get \$16,000 from UMB toward the purchase of a house in the community. That’s up from just \$2,500 last year. With the city’s contribution, the incentive is \$18,500 to put down

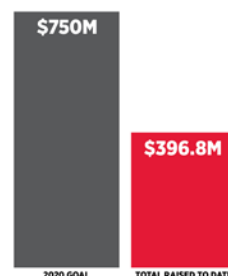
roots right here in our own neighborhood. That’s pretty compelling. Since applications opened in late January, we’ve helped five employees into new homes, and we’re working with four more who close on their houses soon.



This is community-building. And it’s essential, because the more we erase what divides us, the better a University we’ll be. The better we’ll deliver on our missions — in education, and research, and care, and service.

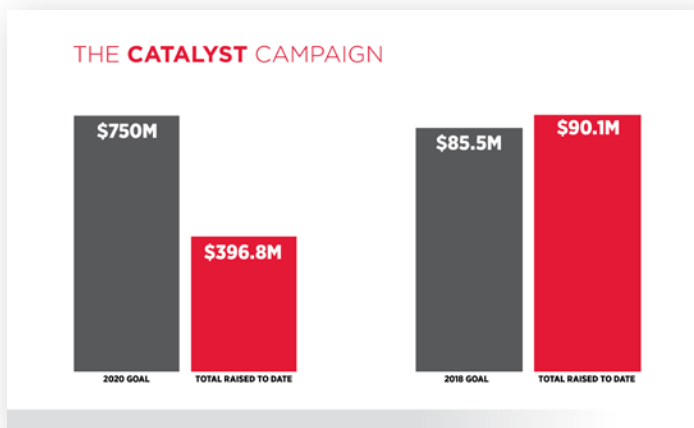
We’ve been calling this little section of Southwest Baltimore our “Community Campus.” And I think that’s just right. I think it calls us to a more expansive definition of “community,” where teaching and learning are bidirectional, where what we share with our neighbors is no more or less important than what they give back to us.

THE CATALYST CAMPAIGN



Everything I've talked about thus far takes money. All of it. Last year, I previewed our Catalyst fundraising campaign, with a \$750 million goal by the end of 2020. Right now, we're at \$397 million. That's more than half of the way there. And that's great.

But if you talk to our philanthropy officers, you find out that for every friend who gives to UMB, you have to have three prospects in the pipeline. For every dollar you bring in, you have to go after three. So we might think we have \$350 million left to raise, but to our development officers, that's \$350 million times three. That's more than a billion-dollar goal. And, fortunately, that's the pace they're on.



Our FY 2018 fundraising goal is \$85.5 million. With 52 days left in the fiscal year, we're at \$90.1 million, comfortably over goal. Almost all of the schools have seen a 10 percent jump this year in first-time donors. And we know that number can be even higher. We have a database of 21,000 people who have the potential to give and who've never been contacted by us. Who've never had the privilege — yes, the privilege — of being asked to join us in our work.

And that's on us. I said last year that we need to get better at telling the UMB story. We need marketing to back up our fundraising. We need to show young, activist donors exactly what their money makes possible.

We've been remarkably fortunate this year. We've had three eight-figure gifts from good friends of the University. One from the Bedford Falls Foundation, run by Bill and Joanne Conway, going to fund full tuition for nearly 450 enrolled nursing students. One from Dr. Robert Fischell to establish the Center for Biomedical Innovation at UMB. One from an anonymous donor to endow the UMB presidency, ultimately helping the president innovate how we fulfill the University's mission.

This generosity is phenomenal, and we've long been humbled to attract transformational gifts like these. The fact is most of our money comes from donors who can afford this incredible largesse. But more than \$100 million of our campaign goal will come from people and organizations of more modest means.

Last month, at the 25th anniversary celebration for SWCOS (the Social Work Community Outreach Service), Dean Barth talked about its founding, how it was established with a gift from the Meyerhoff Family to make sure that students graduate knowing how to serve people in cities like Baltimore. Through the years, that founding gift has grown into a \$2.2 million annual budget, because individuals and foundations throughout the state believe in the SWCOS mission. And with that pool of money, 60 UMB students were placed in schools, libraries, neighborhoods, and homes last year, making a difference in vulnerable communities.

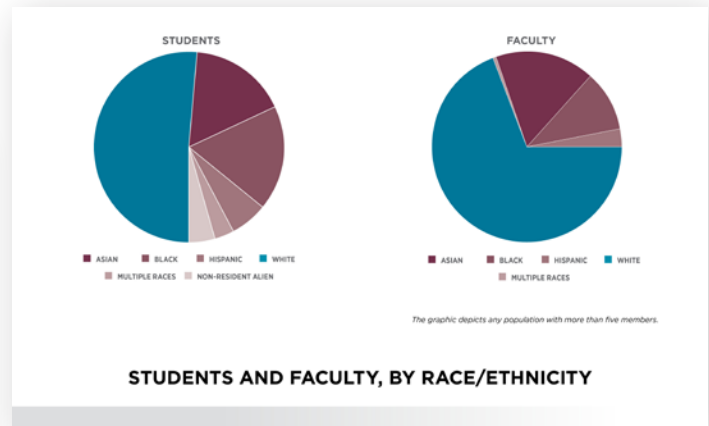
You can help us in this. If you know organizations or people who have the potential and the inclination to give to UMB, the philanthropy team can talk to you about bringing them to campus and showing them our impact. I'm not suggesting you run out and hard sell your friends on giving to UMB. We have professionals for that. But if you know someone whose charitable interests align with our needs, why not reach out to your philanthropy office and see what's possible?

Of course, non-philanthropic support is also essential to advancing our mission, and we're looking forward to a strong fiscal year ahead.



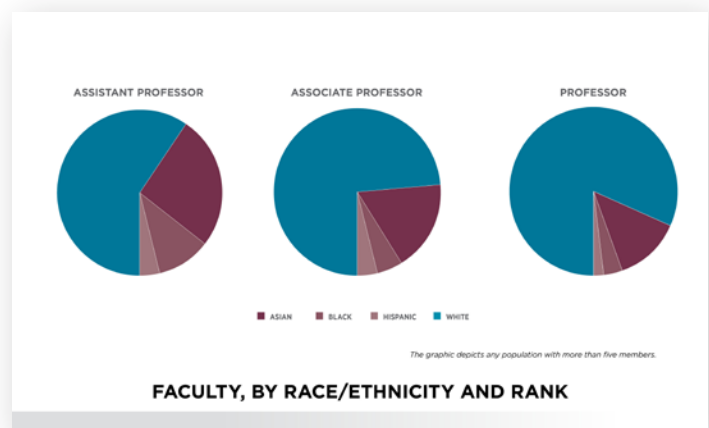
In next year's budget, we have more than 9 million additional dollars coming from Indirect Cost Recovery. That's the result of our very strong research performance. Nearly 7 million new dollars in tuition and fees comes from a growing student body. We saw another uptick in enrollment last year, continuing a good trend. Six-and-a-half million dollars comes from reallocating funds, from lower priorities to higher priorities. I touched on this last year, that we're being more aggressive in our budgeting.

So where do we want to invest our money? Well, for example, more than 2½ million dollars will fund workforce initiatives. This is the physician assistant training network I talked about earlier. We're also looking at an internship program in the School of Social Work to develop a substance abuse workforce that can satisfy the sadly significant need in Maryland. Three million dollars will go into what we're calling a "transformational funding pool." These are discretionary funds to drive our institutional priorities, like faculty diversity.

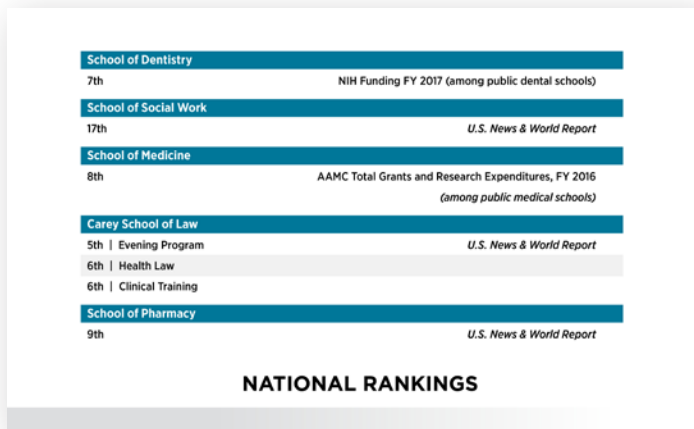


Let me talk about this for a minute. UMB has to get to a place where our faculty look more like the students they teach. This isn't a problem unique to UMB, nor are we unique in trying to solve it. We already know that diversity of background and perspective and experience strengthens the work of any institution like our own.

You can see how the race/ethnicity pie shifts from our students — about half of whom identify as white — to faculty, where that share jumps to 69 percent. We need to get this more in balance. But I've been doing this a long time. I know that balance doesn't just happen. You have to incentivize. You have to give schools some breathing room to fully support these faculty members. We'll fund startup packages, salary support for a couple of years.



Then we have to invest in wraparound services to ensure that these faculty have a support network. We have to invest in retention and promotion, and plug the leaking pipeline that costs us faculty — often faculty of color — as they move up the academic ranks.



So I did this last year. I put up our national rankings and then apologized for my hypocrisy, given my disdain for what I consider a rather arbitrary measure of quality. So I'll change things up a bit this year, and not even bother to apologize.

Dentistry: 7th in NIH funding. Social Work: 17th, according to U.S. News & World Report. Medicine: 8th among public universities in grants and contracts. Law: Three programs in the top 10, as ranked by U.S. News & World Report. Pharmacy: 9th, according to the same list.



Nursing, which needs a whole slide unto itself, in the top 10 for all ranked DNP and master's specialties, including a #1 in Nursing Informatics.



As much as I love these rankings — and I really do; I won't lie — I know this isn't the sum of who we are. I know we're more than this. I know what we mean to people, both at home and around the world, who've never heard our name but were saved or strengthened by our work. I know that our scholarship shrinks the unknown, diminishes the untried, and expands our human capacity — not just for knowledge and technique, but for care and compassion. I know that every day we create a world where questions are welcomed, limitations are tested, curiosity is rewarded, and facts matter.

So rankings? I don't need them. But if these rankings get us the students and faculty and staff, like all of you, who move us ever forward; if they bring us friends and donors, advocates and partners; if they raise our profile so that more people want to contribute to our mission and want to join us in this incredible journey, then I will not quibble with rankings.

I will only thank you for the love, joy, and hard work you put into making this University as powerful and as special as it is. I will thank you for acting, always, in service of the public good. Thank you.