



[Robina Foundation](#)

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ROBINA FOUNDATION
Board Meeting

January 28-29, 2008

New York City

Minnesota Department of Natural Resources

500 Lafayette Road • St. Paul, MN • 55155-4037



January 17, 2008

Mr. Gordon Aamoth
Robina Foundation
4900 IDS Center
80 South Eighth Street
Minneapolis, Minnesota 55402

Dear Mr. Aamoth:

I was very pleased to hear that the donation of the Robina Foundation property in western Hennepin County has been completed. On behalf of the Department of Natural Resources, I want to thank you for making this exciting project happen. It was through the Foundation's desires to keep this area natural and undeveloped that the citizens of Minnesota now have this outstanding treasure to enjoy. This property will be a permanent wildlife legacy to James H. Binger for the enjoyment of present and future generations.

As you know, the property is a wonderful mix of wetlands, shoreline, and uplands including a mix of old growth maples, oaks, and basswood trees. The acquisition of this property is critically important to preserving the land and adjacent waters to Robina Lake in their undeveloped state and to protect both the aquatic and terrestrial plant and animal communities inhabiting the area. Undeveloped land such as this provides the natural habitat needed for bald eagles, waterfowl, deer, and other resident wildlife. We greatly appreciate the Foundation's desire to protect the natural beauty of this land in perpetuity, as well as provide an area that can be enjoyed by all Minnesotans.

This was the most valuable donation of private land that the DNR has ever received. We will make every effort to match this donation through the Reinvest In Minnesota Critical Habitat Matching Program as matching funding becomes available. We will also be in contact with you on developing the appropriate news releases announcing this exciting new wildlife management area.

My sincere thanks to the Robina Foundation for its dedication to Minnesota's critical natural resources and for making this tremendous donation possible.

Yours truly,

A handwritten signature in dark ink, appearing to read 'Mark Holsten'.

Mark Holsten
Commissioner

MH/KH/jls

c Mr. David R. Schad, Director, Division of Fish and Wildlife
Mr. Kim Hennings, Land Acquisition Coordinator, Division of Fish and Wildlife
Mr. Timothy P. Bremicker, Regional Wildlife Manager, Central Region

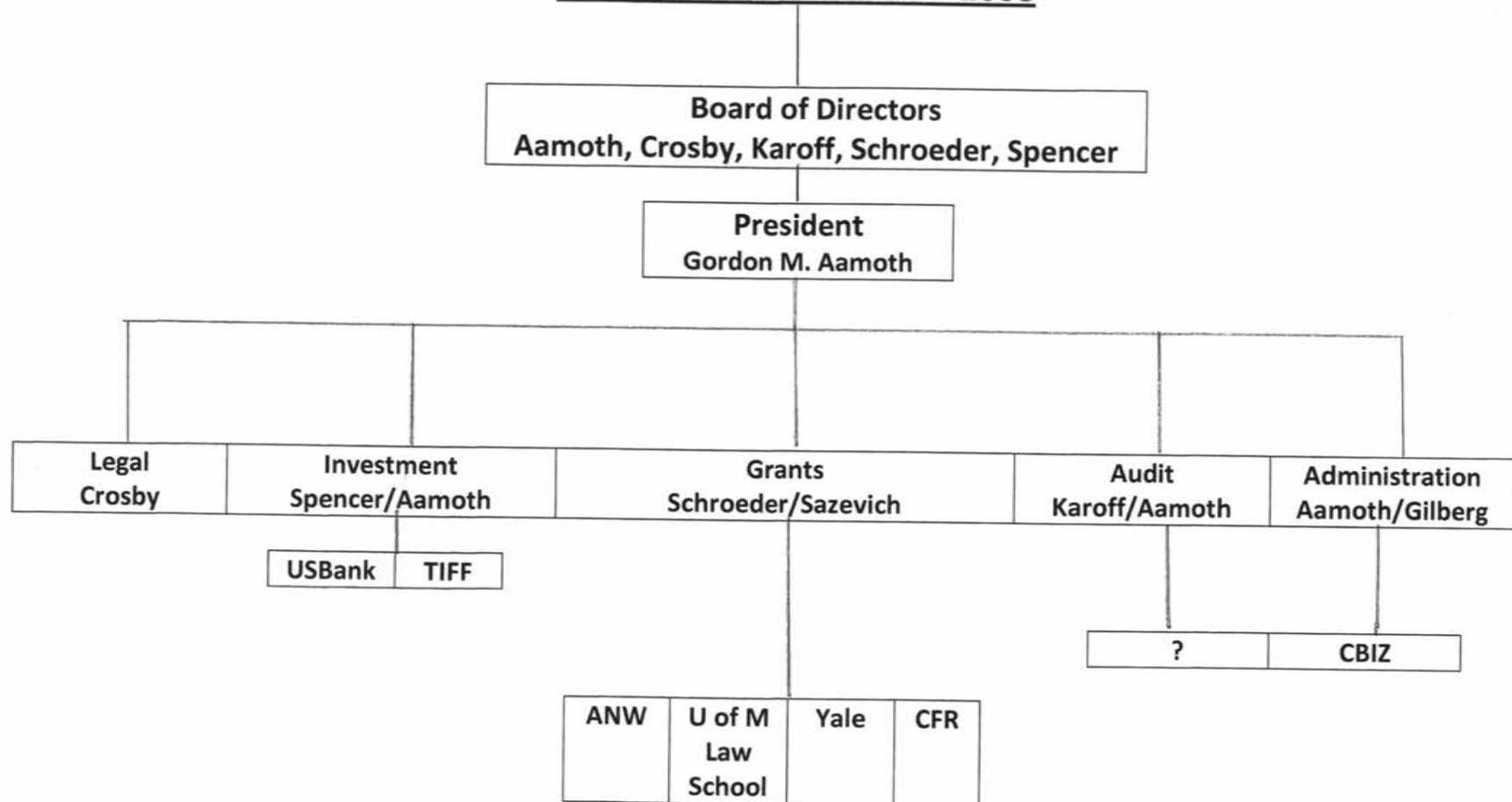
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The Robina Foundation – 2008





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News Releases

FOR IMMEDIATE RELEASE

Land donated for new west metro wildlife management area (January 29, 2008)

Nearly 200 acres of prime wildlife habitat about half an hour from Minneapolis will be preserved as public open space thanks to the legacy of a Twin Cities leader who died more than three years ago.

Located between the cities of Delano and Independence on Highway 12 in western Hennepin County, the new Robina Wildlife Management Area (WMA) is a picturesque mix of wetlands and wooded uplands with old maples, oaks and basswood. The WMA includes more than one mile of undisturbed shoreline on Robina Lake. It will be open to the public for hunting, wildlife viewing, hiking, birding and cross-country skiing.

The property, valued at more than \$4 million, was donated to the Department of Natural Resources (DNR) by the Robina Foundation, which was founded by the late James H. Binger to encourage and financially support significant and innovative projects at four institutions: Abbott Northwestern Hospital, the Council on Foreign Relations, the University of Minnesota Law School and Yale University. A well-known philanthropist, former Honeywell chairman and theater entrepreneur, Binger died in November 2004.

"This is a gift of enormous value to the people of Minnesota," said DNR Regional Wildlife Manager Tim Bremicker. "With the state's population increasingly concentrated in the growing metro region, protecting wildlife habitat and outdoor recreational opportunities close to where people live is vital to the future of conservation."



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RSS

Giving back to the land is a growing death wish

• Bequests are swamping Minnesota's DNR, whose matching-gift budget can't keep pace.

By MARY LYNN SMITH • msmith@startribune.com

Rolling through Minnesota as a train engineer for 36 years, Winton Hagstrom watched with dismay as the landscapes he loved were swallowed up in urban sprawl. So when the avid hunter and angler died last year at age 86, he left \$215,000 to the Minnesota Department of Natural Resources to preserve open space for wildlife.

"You can't take anything with you when you go," said Hagstrom's nephew, David Hagberg. "He's just giving back to the Earth and the next generation."

Bequests and potential donations now are posing a pleasant problem for state officials: Generosity that is threatening to outpace the main source of revenue used to match the gifts.

The DNR's land acquisitions coordinator has been contacted by people and groups interested in beginning discussions about as much as \$10 million in proposed cash or land donations.

mpls, mn

Star Tribune

12/27/07

Giving back to the land is a growing death wish

◀ GIVING FROM A1

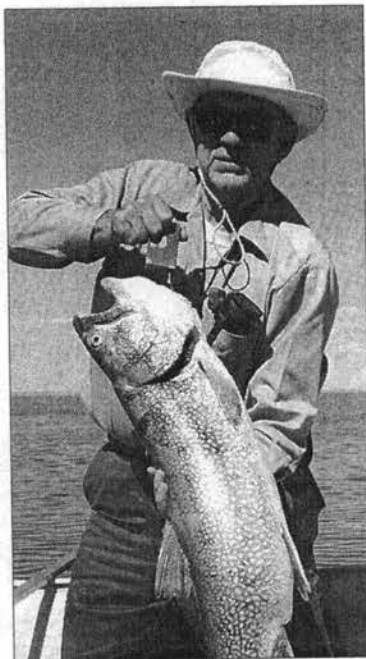
They could come to fruition any time during the next several years. Critical-habitat license plate sales, which provide matching funds, bring in only about \$3.5 million each year.

The DNR doesn't expect to have to refuse any of the donations, because in the past the Legislature has supplemented plate sales by special infusions of bond or lottery revenue. So the agency is welcoming all gifts and hopes more Minnesotans will follow Hagstrom's lead.

"Generally we're not in that first line of thought of who to leave money to," conceded DNR Commissioner Mark Holsten.

When it happens, it's "uplifting," Holsten said. "It's such a selfless act of giving. ... It's one way they can give back to that natural environment and back to the public. ... And they're looking for that security that the state can provide them."

Hagstrom's is one of two large bequests the DNR received this year and only one of a dozen the state agency has received since 1986. The DNR also received \$117,400 this year from the estate of Len and Louise Swenson of Montevideo.



Family photo

Winton Hagstrom, who spent his life hunting and fishing when he wasn't riding the Burlington Northern as an engineer, left

"We don't have the cash to match it," Hennings said. "But we told Robina that we'll match it as funds become available."

Leaving a legacy

While donations from last wills and testaments are few and far between for the DNR, they make up nearly 40 percent of the donations received by the Nature Conservancy, an international conservation organization. The Conservancy promotes the idea of bequeathing money for conservation, something the DNR hasn't done but may consider.

In Minnesota, 450 people have informed the Nature Conservancy that it is included in their wills, said Sherrie Beal, the group's gift planning officer. "It's part of their life legacy," Beal said. "It comes from knowing that you're going to make a significant impact and your life is going to count for something significant. Often times people refer back to their own childhood and that nature had a great influence on them," Beal said. "And now they're really seeing the world change dramatically and they're really concerned about the future of the natural world. And that's what spurs those gifts."

Scott Swenson said \$117,400 from his parents' estate already is being used by the DNR to purchase 80 acres to add to



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Robina Foundation Board of Directors Meeting

January 28-29, 2008

New York City

Council on Foreign Relations – Harold Pratt House

58 E. 68th Street, New York, NY 10021, Contact: Suzanne E. Helm, VP, Development, Phone: 212-434-9781

Time	Agenda Item MONDAY, JANUARY 28, 2008	Tab #
8:30 a.m.	Continental Breakfast	
9:00 a.m.	Welcome and Call to Order – Aamoth	
9:05 a.m.	Disclosure – Aamoth	
9:10 a.m.	Minutes of November 27, 2007 Board Meeting – Schroeder - Action Item	1
9:15 a.m.	President's Report – Aamoth A. President's Reports to Board B. Robina Real Estate C. Office	2
9:45 a.m.	Committee Reports Finance – Spencer 1. USBank 2. TIFF 3. Fourth Quarter Financial Statement (CBIZ report enclosed) – Sazevich - Action Item 4. Proposed 2008 Operating Budget (Draft) – Sazevich – Action Item	3 4
10:15 a.m.	Break	
10:30 a.m.	Council on Foreign Relations – Richard Haass, President, Suzanne Helm, VP for Development, Stewart Patrick, Director of the Program, Gary Samore, Director of Studies, Sebastian Mallaby, Director of Geoeconomic Studies (Jan Murray, COO and Treasurer, lunch only)	
Noon	Lunch	
12:45 p.m.	Committee Reports (Continued) Grants – Schroeder 1. Abbott Northwestern 2. University of Minnesota Law School 3. Council on Foreign Relations	5
2:45 p.m.	Break <i>Intro</i>	
3:30 p.m.	Yale University – Richard C. Levin, President, Inge Reichenbach, VP for Development, Dean James Bundy	
5:00 p.m.	Adjournment	
6:30 p.m.	Cocktails & Dinner – Lotos Club	

	Agenda TUESDAY, JANUARY 29, 2008	
8:05 a.m.	Continental Breakfast	
8:15 a.m. 900	Committee Reports – Continued Grants (continued) - Schroeder 4. Yale University Legal Update – Crosby	5
10:15 a.m.	Executive Director Annual Review	
10:45 a.m.	Break	
11:00 a.m.	TIFF – John Merrill and Dick Flannery, CEO	
11:45 a.m.	Other Business	
12 noon	Adjournment	

1

Board Minutes
November 27, 2007

2

President's Report

3

Committee Reports
Finance

4

Committee Reports
CBIZ
Proposed 2008 Budget

5

Committee Reports
Grants

**Robina Foundation
Meeting Minutes
November 27, 2007**

DRAFT

A meeting of the Board of Directors of the Robina Foundation, a Minnesota nonprofit corporation, was held on November 27, 2007 via conference call.

The following Directors were in attendance at the meeting: Gordon Aamoth, Thomas Crosby, Edson Spencer, Peter Karoff, Steven Schroeder.

Jean Sazevich, foundation consultant, was also present and served as recorder.

There were no Directors absent.

Call to Order

Gordon Aamoth, President, called the meeting to order and welcomed board members.

Conflict of Interest Policy and Disclosures

Board members were asked to disclose any conflicts of interest that may exist with regard to Foundation business. There were no disclosures by board members of situations that would pose a conflict of interest with their service on the board.

Minutes

The minutes of the August 28, 2007 board meeting were reviewed by the Board. There was one correction. Peter Karoff noted that the size of the Lake Robina property owned by the foundation was incorrect. The correct size of the property is roughly 186 acres. The minutes were amended to reflect this change.

A motion was made and seconded to approve the minutes as corrected. A vote was taken and the motion passed unanimously.

President's Report

Gordon Aamoth reported on some of the recent activities he has undertaken as Executive Director. These activities are summarized in written reports included in the board materials. He will continue to provide written updates to the board on a bi-monthly basis.

- Gordon informed the board of a request by former Robina Foundation board member and President, Jane Mauer, to be reinstated to a position on the Robina Foundation's Board of Directors. Ms. Mauer resigned from the board during the mediation process of the Foundation's law suit against her. Since the law suit has now been settled, Ms.

Mauer was free to approach the board with this request. After discussion, the board unanimously agreed not to reinstate Ms. Mauer to a seat on the Foundation board.

- The Foundation has secured larger office space on the same floor of its current office. The move to the new office will occur in December.
- The gifting of the Robina Lake property to the Minnesota Department of Natural Resources (DNR) is almost complete. This gift was approved by the board at its August meeting. The gift will include the following conditions: 1) provision of a life estate to Tim Harrison on a section of the property for use in his landscaping/nursery business; and 2) a reversionary clause that will require the DNR to give the property back to the Foundation if it cannot be used for intended purposes in the future. The board discussed and concluded that the Foundation is not bestowing a material benefit to Mr. Harrison as a result of the land donation to the DNR. The life estate agreement is being made directly between the DNR and Mr. Harrison. Moreover, Mr. Harrison is not a disqualified person with regard to the Foundation. The transaction will be completed before the end of the calendar year.
- Gordon has attended two recent educational seminars in his role as Executive Director of the Foundation. One seminar was hosted by the Minnesota Council on Foundations in Minneapolis and the other was hosted by the Association of Small Foundations (ASF) in Chicago. Both were very informative. Gordon was especially impressed with the quality of the ASF programming. The board encouraged Gordon to attend additional ASF trainings in the future.
- Gordon, Tom Crosby and Jean Sazevich met with the Dean of the Yale Law School, Harold Koh, when he was in Minnesota recently to deliver a lecture on human rights. The purpose of the meeting was to introduce the idea of a possible future grant to Yale, one of the designated grantee institutions of Robina, which would support the Yale Law School's work in the field of human rights. Dean Koh was very receptive and floated the idea of a grant directed for longer-term fellowships for students who work in the field. He stressed that a small grant could have a significant impact by creating a cadre of new professionals who will choose to stay on in their positions and work on key issues. The board agreed that future discussions with Koh about his idea should take place in early 2008. Steve Schroeder noted that he knows Dean Koh from their past work together on the Board of Overseers at Harvard.

Finance Committee

The board reviewed the Foundation's financial statements for the quarter ending September 30, 2007 and accepted them for the file.

Tom Crosby informed the board that the Foundation has received a partial distribution of \$27 million from JP Morgan, which manages the Binger estate. The final distribution agreement did not require the Foundation to place the funds in reserve as proposed in an earlier version.

Ed Spencer, Treasurer, noted that the Foundation currently has roughly \$36.5M in assets. He then reviewed a memo included in the board materials that recommends transferring \$6 million to the Foundation's Multi-Asset Fund (MAF) account at The Investment Fund for Foundations (TIFF). The balance of investable assets available to the Foundation will be held and managed by US Bank. Ed proposed having US Bank hold one year's worth of grant requirements in a money market fund and the rest invested in fixed income vehicles that will return above money market rates.

Ed noted that the performance of the MAF account managed by TIFF has been excellent in 2007, with a return year to date of 12.3%.

Ed further proposed that the Foundation budget up to \$24 million over a three year period (2008-2010) for grant disbursements. This will allow up to \$8 M per year for grantmaking. Grants are expected to be paid from funds held at US Bank. The Foundation will not need to take distributions from the TIFF account, so gains there can be reinvested.

It is estimated that the Foundation could theoretically receive an additional \$120 million from the Binger estate in future years. The final amount and timing of future distributions will depend on the results of the IRS audit and resulting settlement.

A motion was made and seconded to approve the Finance Committee's recommendations for investment of Foundation assets with TIFF and US Bank. A vote was taken and the motion passed unanimously.

Jean Sazevich noted that a draft operating budget for 2008 will be presented at the January 2008 board meeting. It is expected that a number of 2007 expenses will be reduced in 2008, specifically legal fees and technology related expenses.

The board discussed the payment of Directors' Fees for 2007. Fees will be paid to all Directors in December of 2007. Tom Crosby noted that he will, in turn, remit his payment to Faegre and Benson as payment towards the legal services he provides to the Foundation.

Grants Committee

Steve Schroeder, Chair of the Grants Committee, led the board in a discussion of pending grant requests. Discussion included a review of funding criteria laid out by Jim Binger, specifically noting that grants made to institutions should have a positive impact that extends beyond the institution receiving funds to include the broader society.

After lengthy discussion, the board agreed on the following next steps regarding pending requests:

- 1) Defer the request from the University of Minnesota Law School. The current request is disjointed and is not a good fit with funding criteria of Robina. A new proposal will be developed in conversation with the new Dean of the Law School, to be named in December of 2007. The board also discussed the possibility of proactively making a grant in the range of \$250K to support the new Dean's discretionary needs and priorities in early 2008.
- 2) Send the Abbott Northwestern proposal to external reviewers for analysis.

3) Send the Yale proposal to external reviewers for analysis.

A complete proposal from the Council on Foreign Relations (CFR) will be presented at the January board meeting in New York City. The board will meet with representatives from CFR at that time. Representatives of Yale will also be present at the January board meeting.

The board determined that payment in the range of \$1,000-\$2,500 should be offered to external reviewers as a one time consulting fee. The Foundation will send letters to prospective reviewers recommended by board members. The letters will lay out issues/questions of the board regarding the proposals, request a written analysis, and explain terms and payment amount offered to reviewers. The reviews should be completed in advance of the January board meeting when the board anticipates making decisions on the proposals.

The board agreed that the Dean of the Yale Law School, Harold Koh, should be invited to submit a more formal proposal to Robina after the January 2008 board meeting when the decision on the proposal from the Yale Drama School proposal should be completed.

It may be that the foundation would have sufficient resources to be able to fund both the Yale Drama School and start-up activity for the Yale Law School.

Steve Schroeder disclosed that he has been invited and has agreed to give the keynote address at the 2008 annual meeting of Allina, the parent organization of Abbott Northwestern Hospital. Steve stated that he will not accept the honorarium offered by Allina, although it was decided that it would not pose a conflict of interest with his service on the Robina Foundation.

Audit Committee

Peter Karoff, Chair of the Audit Committee, reported that there will be no audit of the Foundation conducted for the current fiscal year. However, an audit of FY 2008 will be conducted.

Jean Sazevich explained that during 2008, she will begin soliciting bids from local auditing firms that specialize in auditing private foundations.

Legal Update

Tom Crosby provided an update on the status of the IRS audit of the Binger estate. He noted that the case has been assigned to a woman in the St. Paul office of the IRS who is known to be "tentative" in her approach but also likes to come to decisions easily. The primary issues involved are related to discounts and valuations. The settlement with Jane Mauer will also be reviewed by the IRS.

Tom recommended to the board that the Foundation communicate directly with JP Morgan and their law firm, McDermitt, Will and Emery, that the Foundation does not want the audit and settlement with the IRS to be a lengthy battle. Rather, he recommends that the Foundation stress its desire to conclude the process quickly. This will hopefully reduce the legal fees involved in the settlement process that are paid by the estate. The trade-off of a faster settlement process may be a slightly smaller refund from the IRS to the Binger estate. A face to face meeting with JP Morgan to communicate this message seems appropriate.

Future Board Meetings

The board reviewed the dates set for 2008 board meetings. The next meeting is in New York City on January 28-29. Accommodations have been arranged at the Lotos Club.

Adjournment

There being no other business, the meeting was adjourned.

Respectfully Submitted,

Steven Schroeder, Secretary

ROBINA FOUNDATION

4900 IDS Center
80 South 8th Street
Minneapolis, MN 55402
Phone: 612-333-2313
Fax: 612-333-0182
www.robinafoundation.org

December 6, 2007

Mr. Rocco Landsman
Jujamcyn
246 W. 44th Street
New York, NY 10036

Dear Mr. Landsman:

Thank you for returning my phone call. I have spoken with your assistant and we look forward to dinner and a show on January 27, 2008. I am also happy for you and New York City that the stagehand strike is over!

On another issue, I am sending you a copy of the Yale proposal for a Robina grant titled, "The Yale Center for New Theatre Proposal." If you would be so kind as to read it and comment on the idea, its merits, is it transformative and new, and any constructive criticism you might offer. I would appreciate getting your thoughts prior to January 15, 2008 so that when our Board of Directors meet in New York City on January 28th, we could use them in our consideration of the proposal. This is not a formal request to review, but rather your personal friendship with Jim and your knowledge of theatre would be of great help.

I look forward to meeting you on the 27th of January. Happy Holidays to you and your family.

Sincerely,

Gordon M. Aamoth, MD
President and CEO

Enclosure

ROBINA FOUNDATION

DATE: January 3, 2008
TO: Robina Board Members
FROM: Gordon M. Aamoth
SUBJECT: **PRESIDENT'S REPORT - DECEMBER 2007/JANUARY 2008**

Office Administration/Management

The office is good. I have had a yearend evaluation and discussion with Jean and Nancy, both very positive. The office is now in a new location with new furnishings and out of the back office without windows or air conditioning.

I am very pleased with our office, year to date, we have an excellent professional and involved Board of Directors, a well functioning office that is maturing as we go along, we have given our first major gift (Robina land), we have \$30,000,000 in the bank and invested through TIFF, we've settled the lawsuit, and we are now functioning as a Foundation. Moving forward, we can focus on our mission of giving money to the well deserved institutional programs before us.

Grantmaking/External Relations

I have met with the leadership at ANW and the Law School at the University of Minnesota. I have met with Dean Koh, the Yale Law School Dean, and Richard Levin, the President of Yale to discuss their proposed grants and as a matter of introduction. All of the constituents of our giving program are now personally acquainted with the Robina Foundation.

ANW was informed that we will send their proposal for outside review and I forewarned them that our concerns are the high costs of a small pilot project, the shift to The Institution for Health and Healing, and the place of this project amongst others in this field. I reassured ANW of our continuing interest.

Jean has been in contact with Yale and informed them of the outside review and our continuing interest.

The University of Minnesota Law School proposal was underwhelming compared to Dean Guy Charles' presentation at our August Board Meeting. I spoke to Tom Sullivan, Provost at the University and former Dean of the Law School, advising him that their proposal will be on hold until the new Dean, David Wippman, is in place and involved.

The CFR will present their proposal in New York. Their preliminary ideas were consistent with our mission and vision and we look forward to this discussion.

I have asked Peter Karoff to direct our discussion of human rights which we will try to develop through collaboration of our designated institutions, especially the University of Minnesota Law School and Yale Law School.

Foundation Assets and Expenses

Ed Spencer will present the financial report. At the New York meeting we will have a Spending Statement, and begin developing our Investment Statement. The gift to the DNR of the Robina Land will cover our 5% requirement and shortfall gifting of last year.

Robina Estate and Land Holdings

On December 20, 2008 we closed on the gift of the Robina land, which included a lease to Tim Harrison of eleven (11) acres for thirty (30) years. This culminated extensive work and meetings between the DNR, Tim Harrison, and Robina. In the end, Robina gave the land to the State DNR for wildlife preservation, the eleven acre parcel was leased to Tim to operate his landscaping and tree husbandry business, and Robina got a deal that was what Jim Binger would have wanted.

Future Board Meetings

Our next Board Meeting will be Tuesday, May 20, 2008 via conference call, and the Annual Meeting will be August 26-27, which is a week before the Republican National Convention in Minneapolis to be held September 1-4, 2008.

YALE UNIVERSITY

OFFICE OF THE PRESIDENT

105 WALL STREET, PO BOX 208229
NEW HAVEN CT 06520-8229

December 19, 2007

Mr. Gordon Aamoth
c/o Faegre & Benson LLP
90 S 7th Street
Minneapolis, MN 55402-3901

Dear Gordon:

It was a pleasure seeing you, albeit briefly, on my whirlwind day in Minneapolis last week. Thank you again for your encouragement of Yale's proposal to the Robina Foundation. Your support is very important to the University, and I am personally grateful for the opportunity to demonstrate the strength of our initiatives in new theater at the Yale School of Drama.

I look forward to seeing you again in January when the Foundation meets. Until then, I send you my best wishes for the holiday season.

Sincerely yours,



Richard C. Levin

RCL:mg

Giving back to the land is a growing death wish

• Bequests are swamping Minnesota's DNR, whose matching-gift budget can't keep pace.

By MARY LYNN SMITH • mlsmith@startribune.com

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When it happens, it's "uplifting," Holsten said. "It's such a selfless act of giving. ... It's one way they can give back to that natural environment and back to the public. ... And they're looking for that security that the state can provide them."

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Family photo

Winton Hagstrom, who spent his life hunting and fishing when he wasn't riding the

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Leaving a legacy

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Accounting, Tax & Advisory Services, LLC

1700 Campbell Mithun Tower
222 South Ninth Street
Minneapolis, MN 55402-3382

MEMO

To: Robina Foundation
From: Anne Ledwein
Date: October 15, 2007
Re: Contribution of Land

Robina Foundation required to make "qualifying distributions" of approximately 5% of the fair market value of its assets.

The contribution of the land to the state of MN DNR will meet the requirement of a qualifying distribution.

In addition to contributions made to charitable organizations, most administration expenses incurred by the foundation will meet the requirements of qualifying distributions.

It is my understanding that the foundation will incur approximately \$285,000 of administration expenses during 2007.

At the beginning of 2007, the foundation had a remaining distribution requirement of \$297,753.

In addition, it is assumed that the foundation will have a distribution requirement of \$550,000 for 2007.

This assumption is based on the foundation holding the land at the \$1,400,000 value for the entire year in addition to holding about \$9,600,000 in cash and securities.

Note that we are O.K. using the \$1,400,000 value of land in the calculation. The \$1,400,000 is based on the appraisal prepared at Mr. Bingers death. The IRS allows the foundation to use that value for 5 years.

To the extent that the foundation makes the distribution of land on October 1, the distribution requirement would be reduced by only about \$17,500.

Assuming a value of \$3,000,000 for the land and the \$285,000 of administration expenses, the foundation will have qualifying distributions of \$3,285,000 – which is more than enough cover the remaining required distributions for 2006 and satisfy the 2007 required distribution.

The excess contributions of \$2,437,247 (\$3,285,000 - \$297,753 - \$550,000) will be carried over and used to satisfy the distribution requirements for the next 5 years.

In the event that the appraised land value is (based on the limited use conditions placed on the land), the amount of the distribution will obviously be reduced as will the carryover to future years.

Schwar

To the extent that this communication and any attachments contain any federal tax advice, such advice is not intended or written to be used, and cannot be used, for the purpose of avoiding penalties that may be imposed under the Internal Revenue Code or promoting, marketing, or recommending to another person any transaction, arrangement or matter addressed herein.

A HIDDEN EPIDEMIC

Mental illness and smoking, but growing awareness

Virtually everyone knows about the connection between smoking and health. Smoking causes 440,000 deaths a year in the United States (50,000 of which are from exposure to secondhand smoke) and 5 million worldwide. It shortens smokers' lives by 10 to 15 years, and those last few years can be a miserable combination of severe breathlessness and pain.

But few are aware that smoking is concentrated among people with mental illness, often compounded by substance-abuse disorders such as alcoholism. Go to most Alcoholics Anonymous meetings, and the room will be so full of smoke that you can cut it with a knife. Ask the members, and they will tell you it was much easier to stop drinking than to stop smoking. Indeed, nicotine, the addictive component of tobacco smoke, is as habituating as cocaine or heroin, and it has a similar effect on chemical receptors in the brain.

The facts about smoking and mental illness are stark. Almost half of all cigarettes sold in the United States (44 percent) are consumed by people with mental illness. This is because



STEVEN A. SCHROEDER

often being traded for goods or sexual favors as a form of currency.

Another factor is that many clinicians who work with people with mental illness have themselves recovered from psychiatric conditions, including substance

abuse, but have not been able to stop smoking. They feel hypocritical about trying to help patients quit when they are unable to do so themselves.

After years of tolerating, and even encouraging, smoking among people with mental illness, mental health professionals are beginning to recognize the hazards of smoking. Two things have been especially powerful: the spread of facts about the dangers of secondhand smoke and a recent analysis showing that people with chronic mental illness die 25 years earlier than the rest of the population, with many of those lost years attributable to smoking.

Earlier this year a landmark meeting in Virginia brought together representatives of mental health clinicians and advocates for mentally ill people; the goal was to see whether a consensus existed about the need to help people stop smok-

tings. There is a growing trend to make mental health hospitals smoke-free, both indoors and on their campuses. For the first time ever, more than half of these institutions in the United States are now smoke-free, and those numbers are increasing. Predicted complications of increased violence and the need for disciplinary actions in the wake of going smoke-free have proved false. In fact, removing smoking as a cause of staff-patient friction has meant fewer

Almost half of all cigarettes sold in the U.S. (44%) are consumed by people with mental illness. This is because so many people who have mental illnesses smoke (50% to 80%, compared with less than 20% of the general population) and because they smoke so many cigarettes a day



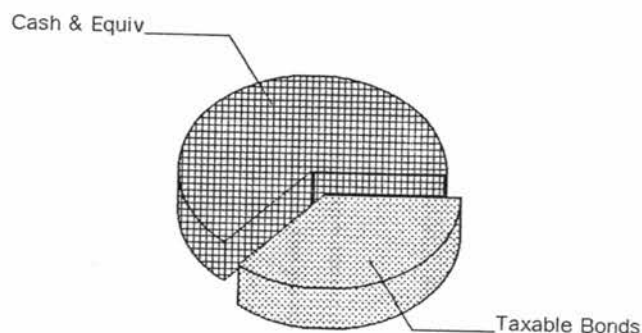
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This statement is for the period from
December 1, 2007 to December 31, 2007

ASSET SUMMARY AS OF 12/31/07

Assets	Current Period Market Value	% of Total	Est Annual Income
Cash & Equivalents	17,888,271.77	63.70	811,719.44
Taxable Bonds	10,179,876.22	36.30	492,451.88
Total Market Value	\$28,068,147.99	100.00	\$1,304,171.32



YOUR INVESTMENT OBJECTIVE IS ALL FIXED

MARKET VALUE SUMMARY

	Current Period 12/01/07 to 12/31/07	Year-to-Date 01/01/07 to 12/31/07
Beginning Market Value	\$28,054,298.29	\$9,500,000.00
Taxable Interest	61,938.99	516,237.28
Paid To/For Beneficiaries	- 75,000.00	- 475,000.00
Cash Receipts		27,000,000.00
Cash Disbursements		- 8,500,000.00
Change in Investment Value	26,910.71	26,910.71
Ending Market Value	\$28,068,147.99	\$28,068,147.99



THE INVESTMENT FUND FOR FOUNDATIONS

Four Tower Bridge
200 Barr Harbor Drive, Suite 100
West Conshohocken, PA 19428

Phone: 610-684-8200
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**TIFF Mutual Funds
Account Statement
December 31, 2007**

Average Cost Basis

	Total	Per Share
MAF	\$9,130,204.22	\$17.70

Average cost basis is calculated for all shares owned, assuming shares are sold at the average cost per share at the time of sale.

Robina Foundation

Dr. Gordon Aamoth
President
Robina Foundation
4900 IDS Center
80 South 8th Street
Minneapolis, MN 55402

Summary of Current Mutual Fund Holdings

	Beginning Market Value	Current Month's Activity			Ending Share Balance	NAV	Ending Market Value	% of Total
		Purchases	Redemptions	Distributions*				
MAF	\$8,609,237.75	\$0.00	\$0.00	\$606,157.46	515,783.954	\$16.65	\$8,587,802.83	100.00%
Total	\$8,609,237.75	\$0.00	\$0.00	\$606,157.46			\$8,587,802.83	

* Distributions may be reinvested or paid in cash at the election of the member. See the Detailed Transactions section for information specific to each fund investment.

Note: Detailed year-to-date transactions and average cost basis are provided on the following page.

Member Account Performance

	Current Month	Year- to-Date	Trailing 12 Mos	Trailing 3 Yrs*	Trailing 5 Yrs*	Trailing 10 Yrs*	Inception- to-Date*	Cumulative Inception- to-Date	Account Inception Date
MAF	(0.25%)							5.03%	5/22/2007
CPI+5%	1.01%							4.89%	
Constructed Index	(0.42%)							3.81%	

Note: Performance is reported on a total return basis. Member account returns are reported net of fund expenses including advisory fees, but do not reflect the impact of any applicable entry and exit fees. These returns reflect the specific time period that the member is invested in the fund. Performance at the fund level is calculated using standard SEC methodology, and quarter-end performance can be found in the Marketable Investments quarterly report. The benchmarks are defined in the TIP prospectus and quarterly reports. The current month's return for CPI + 5% per annum is estimated. When comparing fund returns to their benchmarks, fiduciaries should be aware that truly passive (indexed) investors cannot earn an index's full return due to custodial, rebalancing (i.e., trading), and administrative costs. Performance data reflect past results; future returns could be quite different. Investment return and principal value will fluctuate with market conditions, and a member's shares, when redeemed, may be worth more or less than their original cost. Performance is calculated from the last business day of one month to the last business day of the next, which may not always coincide with calendar month-ends.

* Annualized.

**Robina Foundation
Budget 2008
Draft**

Expenses

Administration

Contract Services

Gordon Aamoth 175,000 (TBD)

Jean Sazevich 55,951

Baker Management for 27,420

Nancy Gilberg

External Consulting 10,000 268371

Directors' Fees 40,000

Bank Fees 500

Legal Fees 30,000

Accounting/Tax prep/Audit fees 15,000

Rent 18,000

Telephone/Internet 3,600

Office Equipment/Furniture 3,000

Office Supplies 1,000

Office Expense - other 500

Postage and Delivery 500

Parking and Mileage 1,500

Printing/Web Design and Maintenance 1,000

Membership Dues 500

Publications and Subscriptions 500

Insurance

Directors and Officers 5,000

Property 0 5,000

Board/staff meeting expense 20,000

Board Education 2,500

Professional Development 5,000

Taxes

Excise Tax 10,000

Property Tax 0 10,000

Miscellaneous 1,000

Subtotal - Operating Expenses 427,471

Grants

Paid

Pledged 0

Total Expenses

427,471

(36,000,000) =

Robina Foundation
Budget Narrative
1/01/08 – 12/31/08
(Prepared 1/10/08)

Operating Expenses

Administration

Gordon Aamoth – annual contract at \$175,000 beginning January 1, 2008

Note: amount is currently budgeted at same level as 2007, pending future board review.

Jean Szevich – annual contract billed at hourly rate, contract period April 1 – March 31.

Note: amount represents 3 months at \$125 per hour and 9 months at \$130 per hour; a 4% increase. Total hours for 2007-08 and 2008-09 contract are estimated 420 hours annually.

Baker Management - contract employer for Nancy Gilberg, \$2,285/mo x 12 months.

Note: contract amount represents 12 hours per week in salary and benefits, plus administrative fee to Baker Management; a 20% increase for same amount of contracted hours.

External Consultants - technology, grant due diligence, etc. estimated at \$10,000

Directors Fees: \$40,000 for four Directors receiving annual fee of \$10,000; no change

Bank Fees: estimated at \$500 annually; less than 2007 based on actual

Legal Fees: estimated at \$30,000; significantly less than actual in 2007 due to conclusion of law suit

Accounting/Audit Fees: estimated at \$15,000 for 2008; no change

Rent: ten months at \$1,800 per month; significantly more than 2007 due to change in office space

Telephone/Internet: monthly charges of roughly \$300 per month; based on 2007 actual

Office Equipment/Furniture: significantly less than 2007 due to initial office set up

Office Supplies: estimated at \$1,000/year, based on 2007 actual

Office Expense: (not related to supplies or equipment) estimated at \$500/year

Postage and Delivery: amount based on actual in 2007

Parking and Mileage: reimbursements for Gordon, Nancy and board members budgeted at \$1,500 annually

Printing, Web design and maintenance: estimated at \$1,000 per year for external vendors; less than 2007 budget due to initial set up costs

Membership Dues: \$500 represents MN Council on Foundations membership for 2008; less than 2007 due to the Foundation not paying out cash grants in FY 2007

Publications and Subscriptions: estimated at \$500/year; no change

Insurance

Directors and Officers: annual premium of \$5,000

Property: property insurance will not be renewed due to donation of property to State of Minnesota

Board/Staff Meeting Expense: board meetings/retreats, grantee visits, staff meetings with advisors, estimated at \$20,000 for 2008, same as 2007

Board Education: includes conference fees for board members; estimated at \$2,500/yr

Professional Development: includes conference fees, skill development for the Foundation's team of professional consultants, estimated at \$5,000/yr

Taxes

Excise Tax: estimated at \$10,000 for 2008; amount will be finalized in May 2008 by tax advisors

Property Tax: the Foundation will not be assessed property taxes in 2008 due to donation of Lake Robina property; however back-taxes will be due and payment will be sought from Binger estate.

Miscellaneous: budgeted at \$1,000 for 2008

ROBINA FOUNDATION GRANTS AND GRANT REQUESTS

January 17, 2008

ORGANIZATION	Date of Request AMOUNT REQUESTED	PURPOSE	STATUS OF REQUEST	PROJECTED PAYMENTS Future Years
Abbott Northwestern	11/14/07 \$5,244,500/3 years	Project: Transforming Health Care Delivery	Pending	\$1,748,167 per year 2008-2010
Council on Foreign Relations	1/14/07 \$10M/5 years	Project: International Institutions and Global Governance	Pending	Approximately \$2M per year 2008-2012
U of M Law School	11/15/07 \$500,000 \$2,500,000	Project: New Directions in Legal Education	Declined 11/07	<i>Unknown/awaiting new proposal</i>
Yale University	11/15/07 \$2.2M/3 years	Program: Yale Center for New Theatre	Pending	\$733,334 per year 2008-2010
TOTALS				2008-2010 = \$13,444,500
				2011-2012 = \$4,000,000

Review of Abbott Northwestern Hospital proposal on Transforming Health Care Delivery

Thomas Bodenheimer MD, MPH
Professor of Family and Community Medicine
University of California, San Francisco
TBodenheimer@fcm.ucsf.edu

December 24, 2007

Summary of comments

This proposal advocates an important concept for health care delivery system reform, but the probability of the proposal actually achieving its goals seems remote, and the funding appears excessive for the work that is planned.

The importance of the project and the issues it seeks to address

This is an important project, seeking to strengthen primary care in order to enhance the patient experience, improve clinical outcomes, and reduce costs by preventing unnecessary emergency department visits and hospitalizations. This concept is becoming increasingly popular in the multiple discussions about every patient having a "medical home," which is in essence a restructured primary care practice that takes responsibility for the care of a panel of patients and truly coordinates care throughout the health system.

Other institutions that have completed or are conducting similar projects. How does this project compare to others?

Many institutions are discussing similar restructuring of the health care system, investing more dollars and resources into the primary care team which, in partnership with the patient, becomes the centerpiece of each American's health care experience. Many organizations are considering similar transformations, though the details vary greatly. Abbott Northwestern Hospital (ANW) lists some of these organizations in its answers to the Foundation's questions. Some of the organizations implementing reforms that have some similarity to the ANW proposal are integrated delivery systems such as Kaiser Permanente, Group Health of Puget Sound, and -- most pertinent to Minnesota -- Health Partners Medical Group. Geisinger Health System in Pennsylvania is a national leader in developing an integrated system with a more rational financing mechanism that incentivizes primary care over expensive hospitalization. Some nonprofit hospital systems have similar concepts in mind, for example the Sutter system in Northern California, with the most prominent example of delivery system innovation within the Sutter system being the Palo Alto Medical Foundation. Peace Health in Oregon and Washington State is implementing innovations in particular for high-cost patients with multiple chronic conditions. Many federally qualified health centers (FQHCs) through the Health Disparities Collaboratives have improved the care of patients with diabetes

and other chronic illnesses, though not generally in association with a hospital-based system. University of Chicago Health System has put forward a plan for a fully regionalized structure with primary care sites supported by community hospitals with the University of Chicago Medical Center as the tertiary care facility. There are probably dozens of other hospitals and hospital systems engaged in the kind of thinking put forward in the ANW proposal.

What is the likelihood that the project will yield significant new or additional information that will lead to larger systemic change?

The series of Medicare demonstration projects over the past few years have failed to yield data supporting larger systemic change in health care, even though overwhelming evidence demonstrates that a stronger primary care base to the health system improves quality and reduces costs. The Medicare medical home demonstrations, which have not yet begun, may be more successful or may also fail. The problem with these demonstrations is that even though they may be well-designed, they are often poorly implemented (which is my serious concern about the ANW proposal). If these Medicare projects did not help to create data supporting the transformation of the payment-delivery nexus, it is unlikely that the ANW proposal will succeed in doing so.

The only systems that have been truly successful are integrated systems, often merged with or closely associated with health plans, with non-fee-for-service financing structures that fundamentally change the incentives away from overuse of expensive procedures and specialists toward strengthened and resourced primary care. It is doubtful that the top-heavy structure of the US health care system -- with too many resources in the specialist and tertiary sectors and massive underinvestment in primary care, chronic care management, and prevention -- can be altered in a hospital-based fee-for-service environment, which is one theoretical reason why the ANW proposal is likely to be unsustainable and ultimately to fail. The proposal may well generate some short-term gains for some patients, but -- unless a more drastic experiment is considered -- not a sustainable change.

What are the major strengths of the project?

This proposal fits within a genre of innovations that seek to improve and intensify the delivery of primary care services to patients with chronic diseases in order to determine whether such improvement/intensification leads to better outcomes and reduced costs. While health services research literature appears to provide ample evidence that better primary care can reduce hospital use and therefore costs for patients with chronic conditions, neither the Medicare program nor private insurers have invested in primary care improvement. It seems that these payers want more evidence that strengthening the primary care base of the health care system will reduce their costs. If this proposal is funded and successfully implemented, it does have the potential to contribute to the work needed to persuade payers that investment in primary care will bring a return on investment in addition to improved outcomes.

The project is well written, seeks to strengthen primary care for patients with diabetes and CHF in Phase I and more patients in Phase II, is realistic in starting relatively small to test the innovations, and projects a vision for the future that is admirable. The healing guide concept is a good one, similar to the health coaching idea being tried in San Francisco (for a description of health coaching that is far more specific than the healing guide concept put forth in the ANW proposal, see Bodenheimer and Laing, The Teamlet Model of Primary Care, *Annals of Family Medicine* 2007;5:457). Another strength is the evaluation team led by the experienced researcher Jon Christianson.

What are the most significant shortcomings of the project? How could they be best addressed?

When one examines the details of the ANW proposal, serious questions emerge as to whether this proposal can truly deliver what it promises. Here are 4 major concerns:

1. This is a primary care-based intervention, yet the leadership of the proposal is devoid of primary care clinical expertise. Not a single person in the Project Leadership Team is an experienced primary care clinician. The closest is Dr. Wieland, an internist who has been a hospitalist and physician leader. Perhaps in the past Dr. Wieland served on the front lines of an ambulatory primary care practice, but the brief CV in the proposal does not demonstrate such experience. If I were the funder for this project, it would be a deal-breaker not to have a project leader with significant time dedicated to the project who has been a clinician working in primary care – someone who understands from the front lines how primary care works (and doesn't work). Primary care is such a complex process that only people who have worked in it – not only one half-day per week, but a serious time commitment – can truly understand its problems and how to address them.
2. The co-PIs are more interested in alternative medicine than in traditional primary care. Alternative medicine (which together with traditional medicine makes up integrative medicine) has little evidence to support much of it. To have PIs who wish to turn this proposal into an integrative medicine approach, working with 4 primary care practices that may not believe in integrative medicine at all, could spell doom for the project. A paradigm clash of major proportions might ensue, derailing the positive features of the project. In my opinion, there needs to be a change in PIs for the project.
3. The 4 practices from which the patients will be chosen seem to have little or nothing to do with the proposal. The proposal states that Phase I will be housed at the Institute for Health and Healing (IHH). It is difficult to understand why the healing guides are employees of the IHH, and what the IHH is doing as part of this proposal. It is becoming more and more evident that disease management companies that separate chronic disease self management support from the primary care medical home are not very effective. Self management support must take place within the primary care setting, with day-to-day communication and teamwork between the healing guide and the clinician. Perhaps IHH should train the healing guides, but to house Phase 1 in IHH would appear to be a recipe for trouble. The healing guides should work in and be an integral part of the primary care practices. This would require the physicians in the 4 practices to sign on to the proposal

and to the concept of healing guides – which is a major stretch for many physicians. The proposal states that at least 3 of these practices “welcome this opportunity.” However, without seeing a written statement of support from each of the practices, and ideally from each of the participating physicians, I would have reservations about funding this proposal.

4. There is little in the proposal that explains the nature of the healing guides. What is their expertise? What is their training curriculum? How will they be oversighted and mentored? What competencies do they need and how will those competencies be tested? What responsibilities will they have? How will they interact with the patients’ clinicians? Where will they work? How will their patient encounters be documented and made available to the patient’s clinician? Will there be a “teamlet” relationship between one healing guide and one clinician to ensure a cohesive working relationship? What is the clinical paradigm (philosophy) under which they work – alternative medicine or more traditional western medicine including medication intensification for uncontrolled diabetes, hypertension and CHF? The healing guides might be similar to the teamlet coaches described in Annals of Family Medicine article cited above, but they might be quite different, with little training in a collaborative caregiver-patient relationship and little clinical knowledge of diabetes and CHF. It would seem that a teamlet approach – a close day-to-day, hour-to-hour, relationship between clinician and healing guide – might make more sense than the organizational separation of the clinician and healing guide. Moreover, the name “healing guide” could be problematic because chronic disease doesn’t get healed in the sense of cured; the proper paradigm is that the patient and the clinical team are partners in which the goal is to assist the patient to become an informed, activated self-manager of the chronic disease. Chronic disease patients need hard, concrete information and need to learn disease-specific skills (including a full understanding of their medications) in order to self-manage their conditions; will the healing guides have the knowledge and approach to impart these things to patients?

In summary, the philosophy, organizational structure, and leadership of this proposal is of major concern. For me to be satisfied that the implementation of the proposal will realize the proposal’s lofty goals, I would need to see some major changes in philosophy, organizational structure, and leadership.

Are there specific financial characteristics that stand out in your review of the budget?
Any red flags?

Overall, the proposal requires a great deal of money to support a relatively modest intervention and an elaborate evaluation. This raises a question about the true goals of the proposal: in addition to the stated goals, is an unstated goal to provide salary support to existing personnel who need salary support? The amount of funds requested contrasted with the limited scope of the intervention makes one wonder if some of the funds will be used for other purposes. It might be worth trying to sort this out.

I am leary of projects with patient incentives. Patients will do things for money that they won’t do in real life. Even though the incentives are in part for participating in the

evaluation, which is reasonable, there should not be patient incentives for participating in the care. Moreover, the statement that patients will be "heavily involved in focused discussions and model development..." is questionably realistic; most patients aren't interested in doing this kind of activity; they just want good care. One often gets a few "professional patients" to engage in this kind of activity and they may not be representative of the target population.

\$65,000 per year for healing guides seems high. A community health worker generally receives about \$25,000 plus benefits per year, which is low, but \$40,000 plus benefits (which might come to \$50,000 total per year) seems plenty. If one is trying to involve high-paid professional-level healing guides, that is not sustainable as usual care and doesn't seem necessary.

As noted above, it isn't clear why IHH is playing such a prominent role in this proposal. I feel that IHH should not be the central institution around which the proposal revolves. IHH is receiving the money, I suspect both for the healing guides and for expanding IHH capacity, total over \$1 million. It seems a lot.

Excellian funds seem appropriate (assuming Excellian is the right product, and I am not an expert in the EMR area), but why over half a million for the technical build staff? If Excellian is so inadequate that it needs advanced technical supplements, perhaps Excellian is not the right product. Also, why would it take 2 people full time 3 years to do this work? This seems highly excessive unless there are considerations I am not aware of. Not only is the technical build staff needed to get Excellian to work for this project, but 1.5 report writers are requested for 3 years at another \$380,000. These 3 budget items seem either highly excessive.

The combination of the research team and process evaluation is proposed to consume over \$800,000 which seems considerably overfunded. Developing the outcomes has been done by many organizations and this proposal just needs to borrow work from others. Probably a half-time researcher could do this in 6 months for developing the outcomes and one year for doing the data analysis. This would be closer to \$200,000 rather than \$1 million. The evaluation is very well funded but probably not excessive.

At the same time that many individuals -- if the proposed is funded as proposed -- will be celebrating their financial success, the primary care practices (whose patients the proposal is supposed to help) receive no assistance except for Excellian. It is well known that practices require considerable assistance and reduce patient productivity for several months after implementing an electronic record in order to re-design information flow and re-formulate team functioning and division of labor.

In sum, this budget has a number of red flags that need careful probing.

Comment on the overall feasibility of the project

As noted in the shortcomings section above, it seems highly unlikely that the leadership, organizational structure, and philosophy of this proposal will lead to large systemic change. Costs will probably go down somewhat because almost any improvement in primary care will reduce some hospitalizations and emergency department visits, and outcomes will probably improve somewhat because of the more intensive patient touches from the healing guides. But once the money has been spent, everything is likely to return to the status quo ante. That would be considered a failure in most people's opinion.

What advice would you give the applicant?

The applicant should see this report and consider whether the leadership team and organizational structure need substantial change.

What advice would you give the Foundation?

I would suggest that the Foundation require that the health plans paying for the care at ANW enter into serious dialogue with ANW and the Robina Foundation about major change in how health care is paid for in the ANW system, moving from fee for service to more bundled payments (whether case-based or capitation or global budget) with major investment in primary care as a way to improve care and reduce costs to those health plans. The health plans would need to invest in primary care practices, which currently are unable to do what primary care should be doing -- due to overly large panel sizes and insufficient development of well-trained teams -- and to share savings from reduced hospital care and emergency department visits with the primary care practices.

In addition, I would suggest that the Foundation strongly consider whether the PIs are the best people to lead the project, and whether separating the healing guides from the primary care practices is a good idea. The training of the healing guides needs to be further specified. The primary care practices need to be engaged, need to buy into the process, and should probably be involved in the project leadership at the highest level.

Since I am not in Minnesota, and do not know most of the personalities involved in the project, I think that the Foundation should consult with someone who is independent of ANW but who knows some of the people involved, in particular the IHH and the PIs. For example, the Foundation might check out the personnel in the project with Dr. Leif Solberg of HealthPartners, who is both a primary care clinician and highly-respected researcher and has been in Minneapolis for many years.



GroupHealth

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January 11, 2008

Gordon Aamoth, MD, President and CEO
Robina Foundation
4900 IDS Center
80 South 8th Street
Minneapolis, MN 55402

Dear Dr. Aamoth:

Thank you for the opportunity to review Abbott Northwestern Hospital's proposal for the Transforming Health Care Delivery Project. Below please find my responses to the questions you outlined in your December 10, 2007 letter. I am happy to discuss any of these topics further and can be reached at wagner.e@ghc.org or at (206) 287-2877.

1. Comment on the importance of the project and issues addressed.

The general inadequacy of chronic disease management both clinically and from the perspective of patients and families has been recognized and made a national priority for nearly a decade. Some progress has been made, but much more needs to be done to improve the quality of chronic illness care in communities. Most of the progress to date has been in ambulatory care systems or safety net hospital-clinic systems such as the Veteran's Administration or the Los Angeles County Department of Health Services. Community hospitals have not, with some notable exceptions, been major participants in national efforts to improve the care of the chronically ill, focusing instead on patient safety and hospital-specific issues such as nosocomial infections.

Community hospitals play central roles in the medical life of their communities, and could and should be leaders and critical resources in improving the care of the chronically ill. This proposal is refreshing in that regard. However the approach proposed by Abbott Northwestern does not appear, in its current form, to provide a national model.

2. How does the project compare to others?

It is difficult to compare the project to other important chronic care improvement efforts because they differ based on where in the care continuum the improvement efforts are targeted. For example, the VA's successful effort to improve chronic

care focused on the primary care clinics of its system. Other successful hospital-based programs have focused on the transition of hospitalized patients (congestive heart failure being the major clinical focus) back into the community. In this proposal, it not clear where the clinical improvement effort will be focused or where the patients' medical homes will be. Patients will be recruited from affiliated internal medicine practices, but much of the proposed "care team" appears to be based in the hospital or its Institute for Health and Healing. Is the proposed program an attempt to improve primary care or is it creating a hybrid model where patients get some services from the hospital and others from primary care? Such models have been employed in Europe for some time, and there is general tendency to move away from them, instead focusing improvement efforts on strengthening primary care.

The proposed model rightly emphasizes patient-centered care. In fact, there are a number of groups and institutions trying to make care more patient-centered, as evidenced by the consensus renaming of the new models of primary care proposed by the ACP, AAFP, and AAP—the Patient-Centered Medical Home. The use of healing guides or coaches, a central feature of the proposed model, could be compared to the patient navigator notion that is now increasingly used for patients with cancer. Kaiser Permanente and other systems use health coaches to support behavior change and self-management. Assuming that the healing guides are appropriately trained to accomplish their objectives, they could be a useful complement to care, but hardly innovative.

The information technology aspect of the proposal has some interesting features that are mentioned but not spelled out. For example, a shared care plan accessible to patients as well as all relevant professional caregivers is an important idea piloted in the Bellingham Pursuing Perfection project, but we're unaware of any feasible, sustainable implementation of an electronic shared care plan at this time.

In summary, the proposal outlines a variety of features, not all of which are evidence-based or innovative. The volume and range of different features make overall comparisons to other well-regarded quality improvement programs difficult.

3. a) What is the likelihood that project will yield significant new information?

It is unlikely that, as proposed, the project will yield important new information.

With all the additional attention that this small group of selected patients will receive, they are likely to be more satisfied - unless they resent the added complexity of their care. While patient satisfaction is an important outcome, payers are unlikely to fund interventions that can't improve clinical outcomes as well. The proposal does not provide enough detail about the intervention's critical components (healing guides, care teams, IT, complementary medicine) to suggest specific ways in which clinical outcomes could be improved. Most

importantly, the proposal does not indicate how patients will be more likely to receive evidence-based clinical treatment and patient self-management support that will impact important healthcare and lifestyle behaviors.

It is also extremely unlikely that the intervention will positively impact healthcare costs. Most short-term cost evaluations of diabetes improvement efforts have shown no reduction in healthcare costs despite improvement in clinical indicators. Some CHF programs have been shown to save money when they target hospitalized patients at high risk of readmission with specific clinical and behavioral interventions.

b) What is the likelihood that the project as proposed will lead to larger systemic change?

Even if the evaluation of Phase 1 is positive in terms of clinical outcomes, we doubt that the model as proposed will be sustainable or attractive to others for three major reasons:

1. It is inconsistent with the increasingly important notion of the primary care based patient-centered medical home. The effort does not focus on redesigning and improving primary care, rather it appears to be an effort to create a complementary care home within the hospital. Creating a duplicative, albeit coordinated, medical home is unlikely to be attractive to payers or many primary care practices.
2. This is a very expensive intervention targeting a relatively small number of patients, and, as mentioned above, it is unlikely to reduce healthcare costs.
3. The intervention seems to be tangential to the hospital's major patient care activities. There is no mention how the intervention would affect inpatients or emergency room or outpatient clinic patients with these conditions.

We believe that there is an urgent need for creative hospital systems to articulate a model that describes how a hospital can contribute to better chronic care in its community, but it would, in our view, be a model that describes how a hospital and its resources could aid in care redesign and improvement in the outpatient settings where most patients get their care.

4. What are the major strengths of the proposal?

The proposal does have many strengths.

- Hospital leadership appears to be genuinely committed to improving chronic care.
- Linking clinical and complementary care in an integrated way would be attractive and reassuring to many patients.

- The healing guide role, if more clearly delineated, could be a valuable resource for complex patients.
 - An electronic shared care plan is an exciting idea.
 - Sharing hospital IT infrastructure and, perhaps even more importantly, expertise with local primary care practices would be a major contribution to community health if it's the right IT. The right IT must help practices perform the functions listed at the bottom of p.18 of the original proposal.
- The Evaluation team is very strong.

5. What are the significant shortcomings and how might they be addressed?

We have already mentioned some of the shortcomings in response to question 3 above. Additional areas for improvement are described below.

The patient population of interest is not sufficiently specified. Patients with diabetes and CHF vary widely in disease severity and in the ability and confidence to manage their own illnesses effectively. The proposal seems to assume that all patients with these conditions will need multiple new resources. It would be far more sustainable and cost-effective to assess patients and limit the intervention to higher risk patients, or tailor the intervention based on patient severity and needs. The obvious group of high-risk patients would be those hospitalized for the two conditions. Focusing on hospitalized patients justifies a hospital-based component, assures greater patient disease severity, and increases the likelihood of improvements in outcomes including costs. To get adequate numbers of high risk patients, they might need to involve patients from more primary care practices.

The proposal emphasizes the "facilitation of care teams" and defines care teams as follows: "for chronic disease patients, care teams will include additional chronic care and palliative care providers." For the majority of patients who are in reasonable control, multiple providers are likely to add enormously to the costs of care, will increase the coordination of care demands, and potentially add to medical "homelessness" without much evidence that it will improve care or outcomes. We would urge that a primary goal of the intervention be the strengthening of and coordination with the patients' existing primary care teams. This is where most patients with chronic conditions get their care, especially in Minnesota where the robust primary care may well be a principal explanation for its Medicare quality and cost advantages compared to states like Florida.

We would suggest that the intervention, even if it begins in the hospital with a hospitalized patient, try to integrate with and strengthen primary care teams, and make new resources and expertise supplied by the hospital available to the patients' primary care, or community-based specialist practice.

The healing guide role is interesting but inadequately fleshed out. The healing guides appear to have a wide variety of responsibilities: helping patients navigate

the system, making appointments, empowering patients, helping with behavior change, securing patient resources, easing transitions and coordinating care. In other interventions, these are roles divided among individuals with very different clinical backgrounds and training. The authors should specify what the key roles of the healing guides are, and what kind of background and additional training might be required.

If the goal of the healing guides is to help improve clinical outcomes, which we propose it should be, then the most important roles for them will be providing self-management and behavior change support. Individuals must be trained to perform these roles effectively. These are roles assumed by clinical care managers, usually nurses. Nurse care managers have been repeatedly shown to improve care and outcomes in complex patients with diabetes (Shojania et al., JAMA 2006;296:427) and CHF (Phillips et al., JAMA 2004; 291:1358), yet this literature is never referred to, nor are the similarities and/or differences between the proposed healing guide role and the care manager role considered. It would greatly strengthen the proposal if the intervention could be built on proven building blocks.

The outcomes for the evaluation of Phase 1 are too heavily focused on feasibility. We believe that there is little justification for taking a complex, expensive intervention on to subsequent phases if it can't demonstrate that it improves clinical outcomes.

The complexity of the proposed intervention contributes to its expense and may contribute to care coordination problems. We suggest that the core elements of the intervention be distinguished from "nice-to-haves." Some "nice-to-haves," such as home electronic monitoring equipment, add considerably to the budget.

The proposal would greatly benefit from at least a few references that indicate that the project team is aware of the growing body of evidence about what works and what doesn't in improving chronic care.

6. Are there any financial "red flags"?

The biggest financial red flag is the cost per patient of this proposal.

7. Comment on the overall feasibility of the project.

Given the small number of patients and generous budget, feasibility should not be a problem, although one wonders how enthusiastic the outpatient physicians will be about some aspects of the intervention.

8. Advice for the applicant.

- Intervention Design – there is good evidence as to intervention components that contribute to improvements in diabetes and CHF outcomes. The intervention should build on these bases. Be selective about the new features that you add to the basal intervention, so you can assess their impacts on costs and outcomes.
- Patients – begin with hospitalized or recently hospitalized patients and focus the intervention on assuring a smooth transition back to primary care, and helping primary care improve its care.
- We believe that the VA and the IOM Quality Chasm report had it right. To improve the quality and patient-centeredness of care, especially for the chronically ill, one must assure that patients have a “continuous, healing relationship” and redesign the practice where that relationship resides. Hospitals could do far more on both accounts, and it would be exciting to see an innovative hospital system develop and test models for accomplishing this.

The potentially most innovative components are the healing guide and the shared care plan. These might be given more prominence and more careful description.

- Give more thought to developing intervention models that could potentially transform chronic care throughout the hospital’s patient care settings.

9. Advice to the Foundation

From the above, it is clear that we have serious concerns about the proposed intervention and the likelihood of significant benefits given its high cost. However, the proposal also highlights a number of assets, not the least of which is an enthusiasm to improve chronic illness care. Perhaps funding the team for a short period of time (e.g., 6-12 months) to research and produce a more robust, evidence-based intervention model and evaluation design could harness both the team’s enthusiasm to improve care and the literature’s many lessons learned.

Sincerely,


Ed Wagner, MD MPH


Katie Coleman, MSPH

To: Robina Foundation Board

From: Dana Gelb Safran, ScD

Date: 18 January 2008

Re: Grant Review

Thank you for the opportunity to review and comment on the proposal put forward by Abbott Northwestern Hospital and Abbott Northwestern Foundation. The proposed project seeks to launch Abbott on a path to transforming their system to a patient-centered model of health care delivery. The proposed patient-centered whole-person oriented model is hypothesized to improve health outcomes, reduce cost, improve patient and family satisfaction and improve professional satisfaction of clinicians and staff. There is a strong empirical basis for suggesting that a patient-centered model of care delivery could, indeed, yield the hypothesized results. So the overarching premise is well founded, I believe. Thus, my comments and suggestions, summarized here, are in the spirit of addressing what I view as the remaining weaknesses in the proposed endeavor. I have divided my comments into 3 sections – major points, minor points and budget.

Major Points:

- (1) One of my primary concerns about the proposal, as it stands, is that the principals appear quite unaware of how much related work has been occurring nationally. In asking “what is really new here” – it strikes me that it is *not* the notion of engaging patients, or of making care more patient-centered with a whole-person orientation, or the idea that doing so will improve outcomes, potentially save money and potentially contribute to improved workforce morale and patient satisfaction. These have been written about extensively and even empirically documented quite extensively. The fact that the proposal does not reference Wagner’s Chronic Care Model, for example, and discuss how the proposed approach resembles that and how it builds upon it, is concerning in that I wonder if the principals are unaware. With the revisions that were made, and the recruitment of Drs. Plotnikoff and Dusek, it seems likely that the team will be aware of the many sizable and related initiatives nationally – but the fact that the revision did not reflect this knowledge was concerning to me. The opportunity to learn from and build upon these other initiatives seems crucial to the proposed ambitious endeavor.
- (2) What does seem somewhat novel about the proposal is the idea of transforming an entire *system* so that it functions in a patient-centered way. While this is not entirely untried, there are only a small handful of organizations that I’m aware of that have attempted this. And because little has been published about it, it seems quite worthwhile to invest, as proposed, in evaluating a system-wide effort of this sort. The evaluation team proposed is highly qualified and brings important expertise to the project. One organization that has attempted something similar and on a similar scale is Harvard Vanguard Medical Associates (HVMA) in Massachusetts. Beginning 2003, this large multispecialty medical group sought to transform from a model of “convenience care” to a model of “patient- and relationship-centered care.” Forging a connection with HVMA (among the small handful of other organizations who have attempted this type of transformational change to a patient-centered model) would benefit the team. Dr. Richard Marshall (then-Chief Medical Officer) would be an outstanding advisor and resource to the Abbott team.

(3) Related to this point, my other major concern about the proposal as it is written is that the principals do not address what will be necessary to engage, motivate and train clinicians and staff in this transformational change. They make occasional reference to the topic – but there is nothing in the budget or in the planned scope that suggests time and resources devoted to this. In my experience working with an organization that sought to make this type of transformational change to a patient-centered model, the clinician and staff engagement, and the culture-change process was absolutely central to the success of the endeavor. While the proposal notes that the model will allow clinicians to return to the ideas of healing that drew them to the profession to begin with, and this is true, in my experience, practicing clinicians are steeped in a very different culture and model of delivery from the one proposed, and it takes enormous leadership commitment, resources, data and dialogue to begin to shift that. My single largest concern about the potential for this initiative to succeed relates to the seeming unawareness that the principals have on this set of issues. Without a single-minded senior leadership of the system – for whom this is an unwavering goal – and without focused attention on building a commitment to this on the front lines (clinicians and staff), I do not think that the worthy ideas and model proposed here can ever take hold in a meaningful or lasting way.

(4) The proposal outlines a central role for the Healing Guides, but it is not entirely clear to me what the role of these professionals will be, nor what type of background/training will be sought for these roles. Given the focus on chronic disease management and improving outcomes, it strikes me that one of the most important roles that the Healing Guides can play is that of “coach” or “adherence support” for these patients. One of the recognized failings of the current model of care – including chronic care – is the absence of person-focused attention on the real-world barriers to adherence to the treatment and lifestyle behaviors that are important to good outcomes. It is well documented that adherence with medication regimens is extremely low, and that adherence with lifestyle changes and healthy behaviors is even lower – and it strikes me that a potentially powerful role of the Healing Guides (given the right skill set) is to work with patients and families to understand their life circumstances and to understand and help troubleshoot what stands in the way of adherence and self-care related to the chronic condition. There are four broad areas of adherence barriers to consider and work through: (i) cognitive (does the patient understand what is being asked); (ii) motivational (readiness to change, etc); (iii) logistical/environmental (are there practical features of the patient’s environment and daily life that make it hard to do what is necessary for the condition – even if the patient understands and is motivated); (iv) financial. I am not clear what else the team has in mind for the Healing Guides – but having them engage around adherence, and learning how each of these 4 domains of barriers figures into adherence problems for the 2 conditions being addressed in Phase I, would be an important advance and contribution to the field.

(5) On a related point, I did not see any discussion or thinking about how the Healing Guides would be integrated into the clinical team. Are the physicians prepared to partner with these other professionals? How will this function on the ground?

(6) The proposed monitoring of how the model affects overall costs of care is good and I would just underscore the importance of this in terms of both how sustainable the model will be once the Robina start-up support is gone, and also how transferable the model will be to other markets. Nationally, with ever-increasing concern about unsustainable rates of growth in health care costs, a model that adds expense without offsetting other expenses is unlikely to get traction – even if it improves health outcomes. Moreover, the savings will need to be shown to accrue in the relatively near-term for there to be genuine interest in and uptake of the model in other markets. This latter point led me to wonder about the proposed extension of the model to those without chronic illness in phase II.

While the concepts are good, the realities of the fact that the new care model, when applied to a “well” population, will not “pay-off” for many years (by staving off disease) will be a hard-sell to employers or to health plans – for whom cost-savings and improved outcomes in the near-term are generally an almost single-minded priority. One way to think about this is: If this model is “wildly successful” – what would this suggest about changes in health care delivery systems nationally? What would it take (in evidence and in funding) for those changes to take hold. It would be useful to have the team lay out their thinking on this.

Minor Points:

- (1) In the “response document” the answer to Question #2 is that Phase I is mainly focused on demonstrating feasibility, and less on evaluating outcomes. However, the revisions to the budget and the text in other sections of the response letter suggest that they have, in fact, increased the emphasis on evaluating outcomes in Phase I. I don’t think that’s a bad decision, it would just be good to clarify this seeming disconnect in how they answered Question #2.
- (2) Given the goals of the project, it seems important to pay attention to the “attrition process” that they describe in the response letter. Who doesn’t stay with the model? Why? It seems that attending to this in a purposeful way will be important to the process of refining the model.
- (3) Now that Drs. Plotnikoff and Dusek have been added, it seems important to think through how their expertise will complement that of the evaluation team from University of MN School of Public Health. The 2 leads on both sides are well qualified and knowledgeable in ways that complement each other and can make for a very powerful team – but it is not clear whether there are plans to have the 4 working closely together throughout the process, whether they have any history of working together, etc.
- (4) On page 4 of response letter (bottom), they name a couple of other initiatives that are related to the proposed work. It would be very helpful to have a table or figure that illustrates how the proposed project goes beyond and fills gaps left by these other initiatives. What is new here and how does the proposed project build on these others.
- (5) Question #6 in the response letter didn’t really get answered. It is unclear what the products of year-1, 2 and 3 will be. What will Robina and ANW have at the end of each project year? It will help crystallize the thinking of the principals if they spell that out.

Budget:

- (1) The budgeting of 4 healers seems high to me. There are only 240 patients in Phase I. This translates into about 31 hours per year per patient – a little less than an hour a week. It's possible that this much is needed, but it would help to clarify how all this time is used.
- (2) It is also not clear to me how the additional staff at IHH will be used. How does their role differ from and intersect with the Healing Guides? Why does IHH need this much new staff to support 240 new patients?
- (3) Similarly, it is not clear to me why 2 full-time "technical build staff" are needed for 3 years to support the creating of an electronic health record for 240 patients.
- (4) I would strongly urge the team to direct some of the existing funding to a team of expert consultants around organizational change, leadership training, clinician engagement and the other activities noted above that appear to be overlooked. As stressed above, these will be fundamental to the project's ability to achieve transformational change in this health care delivery system. This aspect of the work needs planning and resources.

Dana Gelb Safran, Sc.D. Vice President, Performance Measurement & Improvement Associate Professor of Medicine Blue Cross Blue Shield of Massachusetts Tufts University School of Medicine

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December 17, 2007

Gordon Aamoth, MD
Robina Foundation
4900 IDS Center
80 South 8th Street
Minneapolis, MN 55402

Dear Dr. Aamoth,

This letter serves as acknowledgement of receipt of your letter from the Robina Foundation dated December 6, 2007 and also confirms our conversation during lunch this past week.

During lunch you made several observations about our proposal, specifically, you raised concerns about the amount of money devoted to administration, a perceived shift of focus to the Institute for Health and Healing, the sustainability of our project and whether the proposal would result in a true change in the healthcare. You also shared that the Robina Foundation would have approximately \$30 million available to fund its initial round of grants.

In your letter, you informed us of the Trustees' decision to seek an outside review of our proposal. During our conversation, you stated that the review was likely to involve about 5 to 7 hours of reviewer time and that the evaluation would be done in January prior to the next Robina Board meeting scheduled for January 28, 2008. Given the concerns you shared and the importance of the Robina to the future of healthcare in our community and hopefully our country, I would like to renew my offer to have the reviewer(s) (when they are identified) contact or meet with key clinicians and members of our project development team to secure clear and complete answers to any questions that the trustees may have already raised or that the evaluators may develop during the review. Let us know if there is anything else we can do to make sure you and your evaluators have the most complete and accurate understanding of the groundbreaking and revolutionary proposal we have submitted.



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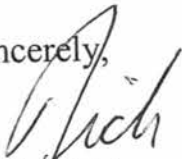
Emily Anne Tuttle

Douglas Yoek, MD

Richard Meyer
President

On behalf of the whole Abbott Northwestern team and our colleagues within Allina, I want to once again thank you and the Trustees of the Robina Foundation for your thoughtful and thorough consideration of our proposal.

Sincerely,

A handwritten signature in dark ink, appearing to read "Rich", written over the word "Sincerely,".

Richard Meyer

President, Abbott Northwestern Hospital Foundation

cc: Penny Wheeler, MD
Jeff Peterson
Chris Morrison

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November 8, 2007

Dr. Gordon M. Aamoth
President and CEO
Robina Foundation
4900 IDS Center
80 South 8th Street
Minneapolis, MN 55402-3901

Dear Dr. Aamoth:

Thank you for this opportunity to respond to questions posed by the Robina Foundation Board after Abbott Northwestern Hospital's presentation on August 28. We have appreciated the chance to be deliberate and thoughtful in undertaking this task, and trust that you and your colleagues will be satisfied with the results.

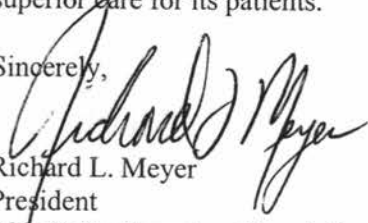
As you will see, we have provided a great deal of specificity in answering the Board's concerns. With the arrival of both Jeffrey Dusek and Greg Plotnikoff, our co-principal investigators for the project, our plans for implementation of this initiative are firmly grounded. The process of gathering information for the Board involved many key participants in deeper discussions about the opportunities and challenges inherent in launching a new model of care.

We have included a revised budget that was prompted by these discussions. There was no need to change the bottom line; we were able to reallocate expenses to reflect a more mature understanding of how Phase I would unfold.

We approach Phase I clear in our intent to set the stage for the expanded and more public Phases II and III. The true transformation of healthcare that we envision will require the continuing investment and commitment of the initial constituents if it is to succeed in becoming a new model of care for the long term. The team we have assembled is looking forward to getting started, and ultimately to fulfilling Mr. Jim Binger's expectation that his gift will transform healthcare at Abbott Northwestern Hospital and the community it serves.

You are welcome to contact me with questions should they arise. Thank you again for your consideration of this proposal in support of Abbott Northwestern Hospital's continuing pursuit of superior care for its patients.

Sincerely,


Richard L. Meyer
President
Abbott Northwestern Foundation

cc: Chris Morrison
Jeff Peterson

Enclosure



Abbott Northwestern
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Robina Question Responses

1. Who is the staff person at ANW who will serve as the PI for this project? Briefly describe his/her credentials, including any prior research experience.

The unprecedented goals of the Robina Initiative inspired a research collaboration that brings together Abbott Northwestern, Allina and the University of Minnesota, Division of Health Policy and Management, School of Public Health to test this innovative model for health care delivery. For Abbott Northwestern and the Institute for Health and Healing, the principal investigators are Dr. Greg Plotnikoff, medical director and Dr. Jeff Dusek, research director, who will serve as co-principal investigators and will be the points of contact for the Foundation going forward. Dr. Heather Britt, manager of the Survey Measurement Unit in the Measurement and Analysis Department of Allina will serve as a co-investigator for the Initiative. Two outstanding faculty members from the University of Minnesota, School of Public Health, Dr. Jon Christianson and Dr. Douglas Wholey, bring their extensive expertise in health care process assessment to the team. Additional information about each of these individuals is included below.

Gregory A. Plotnikoff, M.D., M.T.S., received his bachelor's degree from Carleton College, his master of theological studies from Harvard University, and his medical degree from the University of Minnesota. He performed his residency at the University of Minnesota in the Internal Medicine and Pediatrics Departments. He completed a fellowship in Kampo Medicine at the Keio University School of Medicine in Japan. Dr. Plotnikoff is a clinical scholar in medicine whose focus is cross-cultural and integrative medicine. He co-led the task force that led to the University of Minnesota's Center for Spirituality and Healing in 1997, and served as the center's first medical director from 1997-2002. He remains active as a faculty associate of the University of Minnesota Center for Bioethics and the Center for Dietary Supplement Safety, where he is the sponsor of a FDA Investigational New Drug (IND) and principal investigator of a 180 subject phase II clinical trial. Dr. Plotnikoff has received funding for research and curricular activities from the National Institutes of Health (NIH: 1999-2004), the Kellogg Foundation (1998), the UCare Foundation (1999-2001), the George Family Foundation (2000) and the Bush Foundation Leadership Program (2002-04).

Dr. Plotnikoff will devote 20% of his time to the Robina Initiative and will serve as the clinical lead for the project.

Jeffery A. Dusek, Ph.D., received his bachelor's degree from St. John's University and his doctorate in neuroscience from Stony Brook University. Most recently Dr. Dusek was the Director of Behavioral Sciences Research at the Benson Henry Institute for Mind Body medicine at Massachusetts General Hospital. For the past 10 years, he served as an Instructor in the Department of Medicine at the Beth Israel Deaconess Medical Center at Harvard Medical School. He has been a member of several review panels of Integrative Medicine research at the NIH. He also served as the co-Principal Investigator for a eight year, \$11.5 million CDC-funded program grant to conduct (1) basic science studies investigating the physiological, biochemical, neurological and genomic characteristics of the mind/body therapies on health; (2) a randomized controlled trial to assess the efficacy of reducing hypertension and reducing dependence on anti-hypertensive medications; and (3) outcomes studies to assess the effectiveness of clinical programs to reduce cardiovascular diseases such as coronary artery disease, and metabolic syndrome. In 2008, Dr. Dusek will begin a new NIH-funded study to evaluate the biologic mechanisms of how mind/body therapies reduce blood pressure in older hypertensives.

Dr. Dusek will devote 20% of his time to the Robina Initiative and will serve as the research lead for the project.

Heather R. Britt, Ph.D., received her bachelor's degree from Cornell University, her master of public health from the University of North Carolina and her doctorate in epidemiology from the University of Minnesota. During her doctoral work, Dr. Britt was a Pre-Doctoral NIH Training Grant Fellow (in the area of the behavioral aspects of cardiovascular disease). She completed a fellowship at the Karolinska Institute in Sweden. Most recently Dr. Britt was a Prevention Research Scientist with the Minnesota Department of Education focusing on understanding adolescent health behaviors through survey and focus group approaches. She previously served as a Senior Research Analyst with The Urban Coalition, a community-based non-profit focusing on the needs of low-income communities and communities of color, where she specialized in examining and understanding disparities related to healthcare access and utilization, as well as educational outcomes. Dr. Britt has received funding for research and programmatic activities from the U.S. Department of Education (2004-2005), the Council on Crime and Justice (2004), the McKnight Foundation (2003-2004), the Minneapolis Foundation (2003-2005), and the Minnesota Department of Human Services (2003).

Dr. Britt will devote 50% of her time to the Robina Initiative and will serve as the measurement lead for the project. She will direct the study coordinator and research staff.

The investigator team will be complemented by two senior faculty from the University of Minnesota, Dr. Jon Christianson and Dr. Douglas Wholey, who will lead the process evaluation for the Initiative.

The Principal Investigator for the evaluation team will be Jon Christianson, Ph.D., who is the James A. Hamilton Chair in Health Policy and Management at the University of Minnesota. Trained as an economist, Dr. Christianson is experienced at managing large projects, including evaluations of organizational redesign efforts. He has published a book on chronic illness models of team care, conducted over 20 evaluations in which interview data were collected and analyzed, and participated in numerous large scale evaluations merging impact and process analyses. Professor Christianson has been a senior investigator on Robert Wood Johnson (RWJ)'s Community Tracking Study for 10 years, participating in the collection of interview data in 12 communities. He is one of four senior investigators of a large-scale evaluation of RWJ's Aligning Forces for Quality Initiative, where the evaluation design combines qualitative and quantitative data collection and analysis.

Professor Christianson will devote 20 percent of his time to leading the evaluation effort. In addition to his overall administrative responsibilities, he will lead the process analysis component of the evaluation, participating in and supervising the collection of interview data.

Douglas Wholey, Ph.D., will serve as the co-principal investigator and is a faculty member in the School of Public Health at the University of Minnesota. He is recognized as one of the foremost organizational sociologists in the United States and the U. K. Health care organization and performance is a key focus of his research. He is currently working with the National Primary Care Research and Development Centre at the University of Manchester in England, developing a qualitative study of team integration and patient outcomes in GP practices in the National Health System. He also is experienced in assembling and analyzing large, complex databases. In addition to his work on the organization and functioning of GP practices in the U.K., he is a member of the steering committee for the Center for Chronic Disease Outcomes Research, a VA Health Services Research and Development Center of Excellence. His past and current research will provide a strong foundation for many aspects of this proposed evaluation, and he will have primary responsibility for conducting the care team analyses.

Dr. Wholey will devote 20 percent of his time to the evaluation of the Initiative.

2. What is the specific purpose and goals of Phase I? The board needs to understand if the primary goal is to 1) demonstrate feasibility of the model, or 2) begin to evaluate patient outcomes from using the new model?

The primary goal of Phase I is to demonstrate feasibility of the model. We will begin by jointly developing a model with patients and care teams. For caregivers, the primary aim of the model is to allow for facilitated coordination of care through a shared information platform and dedicated care team members. For patients, the primary aim of the model is to allow for facilitated access to the continuum of care, from wellness through end-of-life. With the Robina Foundation's investment, patients will receive support from healing guides to navigate through systems, make lifestyle changes, integrate holistic medicine, and access necessary additional resources to receive social support. While we expect to begin gathering patient outcomes during Phase I, our primary intention is to understand what characteristics and components of the model are attractive to patients and help to retain their involvement, along with what components of the model are attractive to care teams to help to retain their involvement.

We intend to compile enough data from Phase I to initiate a full-scale randomized trial of the model in Phase II, where we will more extensively evaluate patient outcomes.

3. Explain how the size of the population to be served in Phase I was derived. If the goal of Phase I is to begin to gather credible scientific data on patient outcomes, what is the power calculation to be used for the relevant outcomes?

Since Phase I is designed to demonstrate model feasibility, population sizes were not derived based on statistical power calculations used for detecting significant differences on patient outcomes. Instead, the population sizes were developed to ensure that each clinic had a sufficient, but not wasteful, number of patients retained in the

Initiative to understand feasibility. We anticipate having 15 patients of each disease type retained in the Initiative after three years in each of the four clinics. We anticipate approximately 20% attrition of patients each year, slightly more among diabetic patients, for whom we will also be recruiting family members (inasmuch as we are interested in the pairing of patient and family member remaining in the initiative, not just the patient remaining in the initiative). Below we outline our patient population calculations:

Disease	Number of Patients (Per Clinic) Desired at End of Phase I	Year 2 to Year 3 Attrition	Year 1 to Year 2 Attrition	Initial Patients (Per Clinic) Necessary	Total Initial Patients Necessary
CHF	15	20% attrition	20% attrition	23	94 (We rounded to 100.)
Diabetes	15	25% attrition	30% attrition*	29	114 (We rounded to 120.)
Diabetes Family Member	15	25% attrition	30% attrition*	29	114 (We rounded to 120.)

*We anticipate the greatest attrition of diabetic patients and family members during the Year 1 to Year 2 transition.

Although we expect attrition of patients, our vast experience in retaining subjects in clinical trials will limit attrition. Furthermore we will follow those individuals who choose to leave the study, so that we might obtain their continued medical record data, as well as understand better what characteristics of the model might have resulted in their departure from the study.

4. Provide additional information on the work ANW has done to date to inform itself of similar work being undertaken by other institutions. How will the findings and outcome data of this project add to the field of work being done?

We embark on the Robina Initiative at a time when there is intense national interest, testing and scrutiny around moving our national healthcare system toward the type of care that supports and enables patients to pursue wellness. The Institute of Medicine launched its health care quality initiative, "Crossing the Quality Chasm" in 1996. The 2001 *Crossing the Quality Chasm* report described the breadth of quality challenges faced by healthcare, and outlined six critical aims for healthcare: care should be *safe, effective, patient-centered, timely, efficient and equitable*.

The report also identified ten rules for redesigning healthcare systems: 1) care is based on continuous healing relationships; 2) care is customized according to patient needs and values; 3) the patient is the source of control; 4) knowledge is shared and information flows freely; 5) decision making is evidence-based; 6) safety is a system property; 7) transparency is necessary; 8) needs are anticipated; 9) waste is continuously decreased; and 10) cooperation among clinicians is a top priority. Nationally, the innovations currently being funded by a variety of large national foundations, complemented by CMS and AHRQ, are focused around creating care environments within health settings and the broader community that will facilitate meeting these goals.

The Robina Initiative is a part of that national movement toward innovation and offers a unique opportunity to build and evaluate a model in "Level C" of the American health care system. According to Don Berwick, there are four levels to the American health care system—the experience of patients (Level A), the functioning of small units of care deliver (microsystems, Level B), the functioning of organizations that house or support microsystems (Level C), and the environment of policies and regulations within which the other levels exist and operate (Level D). Abbott Northwestern, with its large size and scope, houses multiple smaller care delivery units and connects with smaller care delivery units. As such, this environment offers a unique opportunity to test a larger care transformation than is currently being tested in the country.

The discussions around and eventual creation of the Robina Initiative have been informed by peer-reviewed literature and institute/academy position papers around the future of care, and the ongoing tests and experiments at clinics and health systems being funded by national organizations and government agencies.

Literature around what it means to be patient- and family-centered informed the Robina Initiative, especially the components of involving patients and families in building the model, and the role of healing guides on care teams.

- "Partnering with Patients and Families to Design a Patient- and Family-Centered Health Care System: A Roadmap for the Future," provided guidance produced jointly by the Institute for Family-Centered Care and the Institute for Healthcare Improvement, with funding from the Robert Wood Johnson Foundation.
- "Advancing the Practice of Patient- and Family-Centered Care: How to Get Started", offered key core concepts and principles and organizational assessment tools that informed our work and will continue to inform our model development.
- Further, a key advisor to ANW on patient-centeredness, Dr. Steve Bergeson (a family physician who practices at the Allina Medical Clinic in Roseville and serves as the Vice President of Quality for Allina Hospitals & Clinics), recently published, along with Dr. John Dean from England, "A Systems Approach to Patient-Centered Care." The work provides guidance on how care delivery microsystems and collections of those microsystems should change in order to better support this approach (JAMA, December 20, 2006). Dr. Bergeson's awareness of the growing field of literature and practice, have informed our conversations around how to successfully integrate patient care across the continuum—from independent referral clinics to outpatient clinics to inpatient units and beyond.
- Recent commentary from The Commonwealth Fund, "Patient-Centered Care: What Does It Take?" has helped us think about leadership and changes necessary to really systematize patient-centered care.

The Robina Initiative will offer ANW an opportunity to share its operationalization of patient-centered care to a national audience, demonstrating the integration of clinic, outpatient, inpatient and other hospital services that contribute to a patient-centered environment.

Much of the literature around patient-centered care includes self-management tools for patients with chronic conditions. California HealthCare Foundation's work in this area guided the development of the communications and home monitoring components of the Robina Initiative. The recent "Patient Self-Management Tools: An Overview", along with "Helping Patients Manage Their Chronic Conditions," have lead us to conceptualize our interaction with patients as collaborative, developing tools and techniques for communication. Clinicians are not in charge of patient care, nor are patients autonomous in their roles; rather, the two groups join together on care teams as collaborative partners, facilitated by healing guides. The Robina Initiative will offer ANW a chance to contribute to the literature around collaborative self-management tools and how they are jointly created and used by institutions and patients.

Physicians, especially family physicians and internists, have understood and promoted the concept of a "medical home" for patients for some time; positing the value and efficiency of a long-term, continuous, team-approach to health care. More recently, the increasingly fragmented nature of the American healthcare system has caused the national physician professional organizations to target position papers on medical home. American Academy of Family Physicians' "The Future of Family Medicine: A Collaborative Project of the Family Medicine Community", along with the American College of Physicians' "The Advanced Medical Home: A Patient-Centered, Physician-Guided Model of Health Care," offer guidance on how medical groups and hospital systems must address chronic disease through an advanced medical home environment for patients. The Commonwealth Fund's recent release of "Closing the Divide: How Medical Homes Promote Equity in Health Care, Results From The Commonwealth Fund 2006 Health Care Quality Survey" notes that medical homes are an underutilized approach that, when employed well, can decrease access disparities between racial and ethnic groups of patients.

We believe the Robina Initiative will allow us to develop a model advanced medical home for patients and test whether it produces increased wellness and better clinical outcomes, along with greater satisfaction and engagement of both patients and care teams. While certain components of the advanced medical home have been tested individually (e.g., use of quality indicators to improve care), tests of the integrated set of components that are implicit in advanced medical home models are currently limited.

We have also been informed by similar work undertaken by other institutions. The Institute for Healthcare Improvement's "Pursuing Perfection" program resulted in successful implementation of quality improvement initiatives across a variety of systems and settings in this country. While most of these programs have tested a component of an integrated patient-centered model, the Robina Initiative will offer a comprehensive model development test. We seek to complement the work done by HealthPartners (testing depression care improvements) and Regions Hospital (testing safety improvements) locally, as well as to extend the work done by Whatcom County, Peace Health, and the Group Health Cooperative (creation of shared care plans and personal health records with patients).

The American Academy of Family Physicians is funding a national "TransforMED" initiative to test innovation at the level of the family medicine practice. In addition, the Robert Wood Johnson Foundation is currently funding several "Pioneer" projects to accelerate innovations in health and health care, and is jointly funding, with the California HealthCare Foundation, "Project HealthDesign", intended to accelerate improvements in patient-centered tools and spaces within healthcare. Abbott Northwestern will include participants and leaders of these tests and innovations on its national advisory board to ensure that it understands how to best contribute to the ongoing healthcare improvement environment in this country.

5. Provide a specific timeline of activities and budget for each year of Phase I. Note that the current proposal budget can be revised to include expenses necessary for any additional information gathering or research capabilities ANW deems necessary to maximize the impact of this project.

Overview

Year One of the Robina Initiative will consist of a focus on identifying eligibility criteria for patients, finalizing outcome measures, building receptivity of clinics and care team members, jointly creating the model from the caregiver perspective (including the initiation of the technical build for communication across the care team), installing Excellian and training caregivers new to the system, and recruiting patients and family members into the study. Staff for the Initiative will be hired during Year One and measurement discussions and instrument development will begin. "Pre" data collection with care team members and initial patients recruited will occur during Year One.

Year Two of the Robina Initiative will consist of a focus on completing recruitment of patients, building the care team with patients at the table, understanding how care team members and healing guides interact with each other and patients, and implementing ongoing education and communication activities with care team members, patients, families and the extended Robina Initiative stakeholders and audience. Year Two will also focus on collection of process and some impact evaluation data, as well as analysis of these initial data streams.

Year Three of the Robina Initiative will consist of a focus on refining the model that has been developed, obtaining additional process and impact/outcome evaluation data for patients and care teams, as well as understanding fully the feasibility of a full-scale randomized trial of the model in other disease areas.

Specific Activities

A grid is included below that outlines each of the major key activities of the initiative by year, as well as the specific sub-activities for those key activities, along with budget utilization for each activity. We have shifted budget items in order to accommodate additional focus on research support, but are not requesting additional dollars from the foundation for the Robina Initiative at this time. Additional budget utilization (year by year) is included as an attachment.

Year	Key Activity	Sub-Activities	Budget Utilization
Ongoing throughout Years 1-3	During Phase I, develop patient and care team-designed outcomes that have personal meaning. Develop both short-term (i.e., seen within three years) and long-term (i.e., seen within 10-15 years) outcomes with both groups.	• Personal interviews and focus groups with patients and care teams to identify outcomes with meaning • Outcomes refined with research team, pilot tested (where necessary) • Where appropriate, pre-intervention measurement is completed with care teams and patients • Measurement data collection ongoing throughout project • Analysis and presentation, communication and publication of data as appropriate	Research Support (including support for Co-PIs and Co-I): \$1,050,000 To support the investigator team, one study coordinator and three research support staff will be required to implement short-term and long-term outcome data collection and analysis strategies.

	Complement the above outcomes with traditional short-term (i.e., patient satisfaction) and long-term (i.e., clinical outcomes) measures.	• Final identification of traditional short-term and long-term measures • Where necessary, finalize measurement tools and conduct pilot tests • Baseline measurement conducted/performed • Measurement data collection ongoing throughout project • Analysis and presentation, communication and publication of data as appropriate	
	Examine cost savings from the Robina Initiative in a manner similar to the current Centers for Medicare and Medicaid Services approach to estimate savings.	• Conversations with staff from CMS and the University of Minnesota completed to develop fiscal model analysis • Financial and other data collection needs identified • Baseline measurement conducted/performed • Measurement data collection ongoing throughout project • Analysis and presentation, communication and publication of data as appropriate	
	Work with an external evaluation team to evaluate the process of implementing Phase I of the Robina Initiative.	• Formulation of joint Abbott Northwestern-University of Minnesota research team, identification of specific roles and responsibilities • Research staff hired, trained as necessary • Personal interviews, focus groups with care teams, patients ongoing • Baseline, ongoing measurement activities performed • Final report prepared and presented/communicated widely	Process Evaluation: \$390,000 ANW will contract with the University of Minnesota's Division of Health Policy and Management to complete the process evaluation of the implementation of Phase I of Robina. \$130,000/year * 3 years. (This includes a 12% indirect for the University—a lower indirect rate reserved for special foundation grant funding.)

Year	Key Activity	Sub-Activities	Budget Utilization
Ongoing Years 1-3	Create care teams that begin with primary caregivers for prevention patients. For chronic disease patients, care teams will include additional chronic disease and palliative care providers, nursing staff, and adjunct therapy providers such as nutritionists and therapists. Care teams consisting of patients, healing guides and caregivers develop shared care plans. Where appropriate, care teams will work to develop palliative and advanced care plans.	• Current and potential care team members identified • Healing guide roles defined, individuals recruited and trained • Care team members come together for multiple discussion groups to identify roles and responsibilities, appropriate methods for communication and navigation, and to develop broad care team model principles • Implement ongoing care team models • Assess and adjust care team models as necessary based on patient needs and care team needs	Healing Guides: \$780,000 We estimate needing 4 healing guides for the duration of the project. 4 healing guides * 3 year * \$65,000/year for salary. Expanding IHH Capacity: \$375,000 To expand the capacity of the Institute of Health and Healing to provide staff to join the care teams, we estimate \$125,000/year for 3 years. \$125,000 * 3 years.
Ongoing Years 1-3	Recruit 120 diabetic patients and 100 CHF patients (total) from four primary internal medicine groups for involvement in chronic disease management work. For the 120 diabetic patients, recruit at least one family member without chronic conditions for involvement in primary prevention work.	• Work with clinical care team leaders at ANW and clinic leaders to identify eligibility criteria and recruitment approach for patients • Implement recruitment approach with the goal of recruiting at least ½ of the needed patient population in Year One and the remaining ½ in the early part of Year Two • Recruit matched patients within another Allina Medical Clinic (AMC) to serve as the internal comparison group for the Initiative	Patient Incentives: \$187,000 We estimate patient incentives of \$500 per patient for participation in Robina for all patients enrolled. Patients will be heavily involved in focused discussions and model development, as well as personal health assessments and screenings, during the first year and a half of the project. Approximately 340 patients * \$500 incentives + 340 matched patients * \$50 incentive
Year 1	Extend ANW's Excellian system to three primary internal medicine clinics without current service, including direct linkage and training, and expand service and offer additional training to one ANW-dedicated AMC Clinic currently on the system. Implementation will be offered in each office in full compliance with Stark II regulations.	• Work with clinic leadership and clinic IT specialists to implement an extension of Excellian in each of the three independent clinics • Involve all clinic physicians (independent and Woodlake clinics) in Excellian training • Provide ongoing support to newly transitioned clinics and caregivers in implementing and using Excellian	Excellian Installation & Training: \$215,000 We estimate \$26,875 in installation and training costs for each of 8 new providers. (This is 85% of the estimated cost, as we expect providers/clinics to cover the remaining 15%.) \$26,875 * 8.

Ongoing Years1-3	Where recruited patients and family members do not have Excellian records created, co-create an electronic medical record for these individuals, working with all available health care providers who may have patient information.	• Abstract or extract patient chart information into newly created Excellian electronic medical record for all patients not currently included in the Excellian system • Work with patients and care teams to identify necessary components of personal health records, above and beyond MyChart components • Implement personal health records for all recruited patients, including key information such as care preferences, dietary restrictions, spiritual beliefs, living conditions and desired treatment modalities	Technical Build Staff: \$510,000 To complete advanced technical supplements to Excellian, we anticipate needing 2 technical staff. \$85,000/technical staff * 2 individuals * 3 years.
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Year	Key Activity	Sub-Activities	Budget Utilization
Years 2-3	Jointly develop navigation models with patients, healing guides, care teams and ANW social work/UM/case management staff that will enable and extend patients' ability to: • Navigate technically through the health care system (e.g., understanding the movement between clinic visits, outpatient based procedures, and inpatient experiences); • Make lifestyle changes through work with healing coaches; • Integrate holistic medicine into their life and care experiences; and • Access community resources and organizations to extend needed social support.	• Through focus group sessions with patients, care teams and healing guides, identify necessary components of navigation model, ideal communication mechanisms, and implementation process • With a pilot group of 10 patients, test the newly designed navigation model (early in Year Two) • Adjust navigation model based on immediate feedback • Implement navigation model with remaining patients, adjusting over time based on patient feedback	No additional budget utilization beyond what is included above and below.
Ongoing years 1-3	Link patients with their electronic medical record, as well as ongoing opportunities to learn about optimizing wellness (e.g., caring for chronic conditions at home), through electronic means.	• Create the Robina Initiative website through which patients, families and care teams can connect to each other, to information, and to personal and electronic health records • Update website on an ongoing basis to connect all Robina Initiative participants to current information and data	Web Support: \$210,000 We estimate needing an additional staff person to provide web and knowledge material development support. \$70,000/staff * 3 years.
Years 1-2	Utilize off-the-shelf health monitoring technologies targeted to the initial chronic disease conditions.	• Identify characteristics of patients in need of home health monitoring devices • Purchase home health monitoring devices and integrate implementation with website, personal health record, and electronic health record for all identified patients • Collect data as necessary from patients • Implement continuous communication exchange between patients and care teams regarding home health data collected	Patient Health Monitors: \$750,000 We anticipate 150 patients out of the 340 recruited will require health-monitoring technology for their homes/persons. We anticipate spending approximately \$5,000/individual for this technology and presume a partnership with a health-monitoring firm. 150 patients * \$5,000/patient.

Year	Key Activity	Sub-Activities	Budget Utilization
Ongoing years 1-3	Build additional reporting options and leverage existing platforms (i.e. Excellian) for care teams, as well as patients, to view medical record information and better manage patient care planning and interactions.	- Develop, in concert with patients (where appropriate) and care team members, a series of reports from Excellian and the personal health records that offer access to: 1) population-wide reports to help care team members and healing guides respond to overall patient needs; 2) physicians and care team reports that provide clinical personnel with information on their patients, and; 3) patient-level reports on individual care measures and health markers. - Where appropriate, connect these reports to automatic triggers in Excellian, the personal health record, or other communication mechanisms used by the healing guides and care team members	Report Writers: \$382,500 We estimate needing approximately 1.5 additional report writers to meet reporting needs for care teams and patients. \$85,000/report writer * 1.5 individuals * 3 years.
Ongoing years 1-3	Educate and provide information to all constituencies using the new system, including patients and health care providers who interface with and use it at all levels.	- Identify ongoing educational and information needs of patients, care team members, and broader constituencies - Develop educational materials and information sessions (e-mail, website messages, blogs, face-to-face communication, teleconference calls, conferences, lectures) to communicate material to key constituents in the most appropriate manner possible	Educational Support: \$245,000 Telecommunications Support: \$150,000 We anticipate hiring a health educator who will be charged with education work with care teams and patients. We anticipate printing and development costs of \$50,000 for educational materials for care teams and patients. We anticipate requiring an additional \$50,000 in telecommunications support per year to provide education via telecommunication to patients and care teams. \$65,000/year for education staff * 3 years. \$50,000 for development and printing/publishing. \$50,000/year * 3 years telecommunications support.

Year	Key Activity	Sub-Activities	Budget Utilization
Year 3	Adjust patient navigation models and care team models based on learning from Phase I.	• In preparation for larger trials of the model, make adjustments to the final model principles and characteristics based on Phase I evaluation data	No additional budget necessary beyond what is included above.
	Initiate discussions with clinics/patients from other chronic disease areas late in Phase I to initiate tests for Phase II. Enroll adequate patients to rigorously test (in a randomized trial fashion) the effect of Abbott Northwestern's patient navigation models and care team models in a larger population.	• Engage in conversations with key clinical leaders in other disease areas regarding implementation of the Robina model • Develop research proposals for randomized trials of the Robina model in additional patient populations	
	Develop a business model to define mutually beneficial partnerships between health care providers and payers that leverage the care model, and the suite of approaches and tools developed under this grant.	• Identify critical components of the Robina model that may require different funding approaches by payers • Engage in conversations with all major Minnesota payers regarding a new business model for Robina • Invite payer community to participate in Phase II testing	
	Share data on model development with the wider community.	• (Note: Below is outlined a more specific communications plan.) • As data are accumulated for the Robina Initiative, engage in public sharing and release of lessons learned, initial impact and evaluation discoveries • Submit manuscripts to peer-reviewed journals and present at scientific meetings as appropriate	

6. Provide outcome goals and benchmarks for evaluation of each year of Phase I. What will be measured and how?

Critical to the evaluation process is the involvement of patients, healing guides, and care team members in the identification and creation of measures. While we outline key questions we will seek to answer throughout the Robina Initiative, as well as a framework for our approach, the evaluation plan cannot be fully defined until we complete interviews and focus groups with patients, healing guides, and care team members.

Key Questions and Measurement Approach

The key questions we seek to answer through implementation of the Robina Initiative are:

- How do we target and retain patients for participation in the model (and what are the characteristics of those who participate versus those who do not)?
- How do we involve family members in the model development and implementation?
- What's the best way to position the model development to ensure clinician buy-in?
- What makes for the best functioning care teams—what members, what mode/amount of communication, what attributes of individuals, what decision making approach?
- What level of connection with patients works best (more personal, more phone, more electronic)?
- How do we measure care coordination and navigation experiences for patients and care team members?
- To what degree are nontraditional tools and approaches used in the care experience?
- What are the characteristics of successful transitions for patients and care teams?
- What impacts does the experience have on patient and clinician perceptions and expectations?
- In what way is the electronic medical record used as part of the model (what portions are accessed, how is it accessed)?
- What impacts does the experience have on patient clinical outcomes?
- What aspects of the integrative medicine (delivered by the IHH staff) intervention impacts care the most?

We will employ personal interviews, focus groups, surveys, observations, clinical data measures, and cost data review to obtain the information and data necessary to answer the above questions. Patients, families, care team members (including healing guides), and project staff will be involved in obtaining and providing data for the evaluation. All individuals will be asked to participate in some form of baseline data collection, as well as ongoing measurement throughout the Robina Initiative. We are fortunate to have access to two comparison groups for the purposes of identifying the potential impact of the Robina Initiative compared to "usual" care among other patients. The first of these comparison groups will be internal and will consist of matched patients (likely matched on gender, race and ethnicity, socioeconomic status, and disease state from AMC). Matched patients will be asked to participate in the same measures as Robina patients, but will not participate in model development or implementation. The second of these comparison groups will be external and will consist of chronic disease patients who have been participating in the Robert Wood Johnson "Aligning Forces for Quality" study (of which Dr. Jon Christianson is one of the Principal Investigators). The external comparison group will complete comparable (but shorter) set of measures as part of the Robert Wood Johnson study. We will use these external comparison data (in the aggregate) to also understand the impact of the Robina Initiative.

Measurement Targets and Tools

We include below a list of the preliminary measures we will implement with each of the key participant groups in the Robina Initiative—CHF and diabetic patients, family members, care team members, and project staff. These measures include a mix of traditional short-term and long-term outcomes. In addition, we reiterate the role that all Robina participants will play in defining additional measures below.

The CAHPS (Consumer Assessment of Healthcare Providers and Systems) measures are satisfaction and loyalty measures defined by CMS; the PAM measures are patient activation measures; the RWJ-AFFQ measures are the chronic disease measures of care developed for the Robert Wood Johnson Aligning Forces for Quality study.

Measurement Target	Core Measures	Logic Model Measures
CHF Patients Diabetic Patients	• Patient satisfaction (CAHPS measures) • Shared expectations established at start • Patient activation, engagement (PAM measures) • Perception of care (RWJ-AFFQ measures) • Retention (characteristics of involved versus less involved) • Navigation and support utilization • Compliance with medication, therapies • Hospital admissions/readmissions, length of stay • Control of clinical measures (e.g., HgA1C for diabetic patients, LDL for CHF patients) • Stress, anxiety (PSS, STAI) • Cost (system, personal)	The "core" measures constitute only a portion of what will be measured through the Robina Initiative. Patients, family members, care team members and project staff will be involved in a series of personal interviews and focus groups to identify the logic model for the Robina Initiative. This model of what actions will produce what changes will help these groups to identify measures that have personal meaning and importance. This additional set of measures will be added to the existing set of measures for the Initiative. Further, where there are significant concerns about the core measures on the part of patients, care team members, or project staff, we will reconsider instruments and approach.
Family Members	• Patient satisfaction (CAHPS measures) • Shared expectations established at start • Patient activation, engagement (PAM measures) • Perception of care (RWJ-AFFQ measures) • Retention (characteristics of involved versus less involved) • Navigation and support utilization • Stress, anxiety (PSS, STAI) • Cost (system, personal)	
Care Team Members	• Shared expectations established at start • Level of involvement • Functioning, care provision • Coordination of care • Communication • Perceptions of model/system weaknesses • Perceptions of changes effected by model • Ability to adjust to increasing complexity • Likelihood of replicability • Stress, anxiety (PSS, STAI)	
IHH, ANW Staff Project Staff	• Shared expectations established at start. • Integration into operations • Perceptions of model/system weaknesses • Perceptions of changes effected by model • Stress, anxiety (PSS, STAI)	

7. Provide your thoughts regarding a future dissemination plan for the research findings and outcome data collected.

We envision a dissemination plan with a focus on five major audiences—those directly involved with the Initiative, including patients, their families, and care team members; those supporting ANW in clinical roles more broadly; the Twin Cities provider, payer and patient communities; national advisory board members and their organizations; and the national and international healthcare community. Below we outline specific plans for communicating and sharing the Robina Initiative experience with those audiences:

Target Audience	Information Shared	Modes of Communication
Robina Initiative patients, families and care team members	Progress of Initiative, patient and care team stories, initial findings, research and outcome data findings	• Robina Initiative website access, including protected access to the patient/family and care team portions of the site • Monthly e-mail or paper newsletter (depending on individual preference, initiated once all patients are recruited), mirroring updates on website • Quarterly invitations to Initiative roundtables (small group gatherings for stimulated discussion and sharing)
ANW provider community (including nursing and support staff, along with clinicians)	Progress of Initiative, selected patient and care team stories, initial findings, research and outcome data findings	• Quarterly submission to ANW's newsletter (including reference to the Robina Initiative website) • Quarterly submission to Jeff Peterson's weekly e-mail message • Twice yearly invitations to ANW community gatherings (larger group gatherings for planned sharing and some discussion)
Twin Cities provider, payer and patient communities	Progress of Initiative, selected patient and care team stories, initial findings	• Twice yearly submissions to local newsletters, media outlets, and patient advisory groups (including reference to the Robina Initiative website) • Participation in key annual local convenings and conferences (e.g., Minnesota Health Services Research Conference)
National Advisory Board members and organizations	Progress of Initiative, selected patient and care team stories, initial findings, research and outcome data findings	• Robina Initiative website access, including protected access to the patient/family and care team portions of the site • Quarterly newsletter distribution to all members • Twice yearly National Advisory Board meeting/teleconference session presentations
Broader (national, international) healthcare community	Initial findings, research and outcome data findings	• Submission of manuscripts for peer-review publication (including papers about the characteristics of the Initiative, lessons learned during recruitment, implementation stories) • Submission of scientific presentations for national conferences (e.g., National Conference on Chronic Disease Prevention and Control), including reference to the Robina Initiative website

In addition to this structured approach to dissemination, we will work with the Initiative leadership to identify unique opportunities to share findings. As the Initiative progresses and its national audience grows, we expect many such opportunities to arise. In each case, we will explore opportunities to involve practitioners, patients and researchers jointly in discussions of Initiative progress and findings.

8. Clarify how the project will be fully funded if the Robina Foundation cannot provide full funding of Phase I. Are there expenses that can be covered through other internal or external sources? How does ANW anticipate securing full funding necessary to successfully complete Phases II and III?

In any business endeavor, it takes visionary leadership to create and support a plan for the future that transforms an industry. While both ANW and the Institute for Health and Healing have demonstrable track records of success, the model developed by community forces in response to Jim Binger's challenge to bring transformation to health care is untested. A significant investment from the Robina Foundation was, and remains, essential to developing and launching the model to build up a record of success to present to additional funders, most of whom do not have the familiarity with ANW that Mr. Binger developed during his lifetime.

Investors (and philanthropists) at this earliest stage of project development are considered venture capitalists – willing to take calculated risks in seeking great reward. James Binger's experience with ANW – its history, people and values – led to his naming the hospital as one of his beneficiaries, and he encouraged the "reward" of healthcare transformation that would benefit the community. In a sense, the vision starts out being "privately held" by the Robina Foundation and leadership at ANW. We have initiated prospect research to reveal other potential sources of funding, and most seem more promising as the start-up phase passes; when the model is in place and the focus turns to wider access. At that point in the "business cycle," we will be more successful in launching the Initial Public Offering. As patients are chosen and the development of the model is well underway, a more concrete case for support can be made to other donors – foundation, corporate and individual – many of whom will be cultivated over the coming three years. Research on additional funding opportunities outside of the Robina Foundation is ongoing, with prospects including but not limited to the National Institutes of Health, Commonwealth Fund, Robert Wood Johnson Foundation and the Kellogg Foundation. We will also begin the process of cultivating new individual donors in the community who want to take part in improving healthcare and Abbott Northwestern's service to the community.

We believe that continuing investment from the Robina Foundation will be a necessary part of this endeavor over the coming decade, through Phases II and III, and are equally assured that the investment will reap the benefits Jim Binger envisioned when he issued his challenge. As we gather evidence of this system's efficacy, we expect that funding outside of the Robina Foundation will grow as a percentage of budget. In addition, as patient outcome data grows in years 3- 6, we can build convincing cases for the economic benefits of this kind of care, and traditional payers will be asked to play a more proactive role in funding the model. These parties are still likely to look with greater favor at proposals still attesting to the continuing faith and investment of both the hospital and initial funders. During these years, we will of course cultivate the grateful patients, who like Mr. Binger - in mind if not in wealth - take pride in the quality of healthcare at Abbott Northwestern and want to guarantee its continuation for the good of the community.

The Board of the Abbott Northwestern Foundation is keenly aware of and excited by the Robina Initiative and its implications for healthcare transformation throughout the hospital. Several of these board members had a hand in steering the development of the proposal, but all are committed to seeing it through to implementation in the hospital and demonstrable success. They are aware of the need to raise the visibility of the Initiative in the community and among their peers, and of their responsibility in attracting and stewarding new gifts to fuel its growth and development.

	A	C	D	F	G	H	I
1	Robina Budget by Year						
2							
3		ORIGINAL	PROPOSED	Year 1	Year 2	Year 3	Total
4							
5	PATIENT INCENTIVES	255000	187000	85000	102000		187000
6							
7	HEALING GUIDES	1365000	780000	260000	260000	260000	780000
8							
9	EXPANDING IHH CAPACITY	375000	375000	125000	125000	125000	375000
10							
11	EXCELLIAN INSTALLATION	280000	215000	215000			215000
12							
13	EXCELLIAN TRNING FOR PROVIDERS	40000					0
14							
15	TECHNICAL BUILD STAFF	510000	510000	170000	170000	170000	510000
16							
17	REPORT WRITERS	382500	382500	127500	127500	127500	382500
18							
19	WEB SUPPORT	210000	210000	70000	70000	70000	210000
20							
21	PATIENT HEALTH MONITORS	750000	750000		750000		750000
22							
23	EDUCATIONAL MATERIALS	75000	245000	80000	85000	80000	245000
24							
25	TELECOMMUNICATIONS SUPPORT	150000	150000	50000	50000	50000	150000
26							
27	RESEARCH TEAM	450000	1050000	350000	350000	350000	1050000
28							
29	PROCESS EVALUATION	150000	390000	130000	130000	130000	390000
30							
31	TOTAL	4992500	5244500	1662500	2219500	1362500	5244500

December 6, 2007

Fred L. Morrison, Interim Co-Dean
Popham, Haik, Lindquist & Vennum Professor of Law

Guy-Uriel Charles, Interim Co-Dean
Russell M. & Elizabeth M. Bennett Professor of Law

University of Minnesota Law School
381 Walter F. Mondale Hall
229-19th Avenue South
Minneapolis, MN 55455

Dear Co-Deans Charles and Morrison:

On November 27, 2007, the Robina Board of Directors met to review the grant proposals from the four institutions with whom we have interest. The Law School grant and our questions which you answered have taken a different turn toward supporting the academic Law school rather than "New Directions in Legal Education and Research." Therefore, the Board of Directors has decided to await the arrival of the new Law Dean for his/her perspective on the subject before any further grants are made.

We recognize the sincere, professional proposal and the amount of work you all have put into this project which the Robina Foundation intends to support. The Board of Directors will reconvene quarterly in 2008, and revisit the Law School proposal after the new Dean has had the opportunity to review and engage the proposal.

Sincerely,

Gordon M. Aamoth, MD
President and CEO

ROBINA FOUNDATION

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September 13, 2007

Richard N. Haass, President
Council on Foreign Relations
58 East 68th Street
New York, NY 10021

Dear Mr. Haass:

The Board of Directors of the Robina Foundation met recently to review the Council's request for the proposed International Institutions and Global Governance (IIGG) initiative.

On the whole, the Board endorses the concept and sees great merit in the objectives presented in the prospectus submitted for review. Therefore, the Board invites the Council to submit a full proposal for support of the initial 3-5 year period of the IIGG.

The Foundation Board would like the Council to specifically address the following issues in the narrative of the full proposal:

- How will the Council ensure that the IIGG initiative will adequately represent the multiple and diverse constituencies, especially those that do not represent the United States government's national interests, that are necessary to maximize the desired impact of the project?
- The prospectus lists eleven different issues and sectors of analysis that are relevant to IIGG's proposed work. Are there priorities within this list? Are there certain issues or sectors in which the IIGG believes it could have a greater likelihood of achieving success?
- Provide additional detail regarding how the recommendations for reform developed as a result of the IIGG initiative will be disseminated. Which audiences are most important to reach and how will you do so?
- Provide additional detail regarding the Council's strategy for turning IIGG recommendations into actions and new policies. Are you prepared to lobby for recommended changes with international organizations, the U.S. government, and foreign governments?
- What are some of the most important benchmarks against which you will evaluate the outcomes of the IIGG initiative?

Please also submit a detailed budget for the initial phase of the IIGG with your proposal. There is no specific deadline for receipt of the full proposal.

The Foundation Board looks forward to future discussions with the Council about the laudable goals of the IIGG. We anticipate holding a Board Meeting in New York City this winter, most likely in February or early March, and would like to arrange a meeting with you and the staff of the IIGG at that time.

Please feel free to contact me if you have any questions or need additional information from us.

Sincerely,

Gordon M. Aamoth, MD
President, Robina Foundation

cc: Suzanne E. Helm, Vice President for Development

International Institutions and Global Governance World Order in the Twenty-First Century

A Proposed New Program of the Council on Foreign Relations

EXECUTIVE SUMMARY

The Council on Foreign Relations is seeking to launch (beginning April 1, 2008) a comprehensive five-year program on International Institutions and Global Governance (IIGG). The purpose of this initiative is to explore the institutional requirements for world order in the twenty-first century. The undertaking is motivated by recognition that the architecture of global governance—largely reflecting the world as it existed in 1945—has not kept pace with fundamental changes in the international system, including but not limited to globalization. Existing arrangements thus provide an inadequate foundation for addressing today's most pressing threats and opportunities and for advancing U.S. national and broader global interests. The program will seek to identify critical weaknesses in current frameworks for multilateral cooperation; propose specific reforms tailored to new global circumstances; and promote constructive U.S. leadership in building up the capacities of existing organizations and in sponsoring new, more effective regional and global institutions and partnerships.

To accomplish these tasks, the IIGG Program will draw on the resources of the Council's David Rockefeller Studies Program to assess critical existing regional and global governance mechanisms and offer concrete recommendations for U.S. policymakers on specific reforms needed to improve major multilateral frameworks, both to advance U.S. national interests and to ensure the provision of critical global public goods. Overall, the program will attempt to focus on arrangements governing state conduct and international cooperation in meeting four broad sets of global challenges: (1) Countering Transnational Threats (including terrorism, proliferation of weapons of mass destruction, and infectious disease); (2) Protecting the Environment and Promoting Energy Security; (3) Managing the Global Economy; and (4) Preventing and Responding to Violent Conflict. Given this broad mandate and limits on staff resources, we will necessarily be selective in determining which international regimes to assess for performance and evaluate for improvement. In the cases selected, the IIGG Program will consider whether the most promising framework for governance is a formal organization with universal membership (e.g., the United Nations); a regional or sub-regional organization; a narrower, informal coalition of like-minded countries; or some combination of all three. The program will also consider the potential to use or adapt existing institutions as well as the feasibility of creating new ones. It will also address the question of participation of non-state actors.

This concept note summarizes the rationale for the IIGG Program, describes potential areas of research and policy engagement, and outlines the products and activities that we would hope to achieve under a fully-fledged (and fully-funded) program, subject to the availability of qualified personnel. We believe that the research and policy agenda outlined here would constitute a significant contribution to U.S. and international deliberations on the requirements for world order in the twenty-first century. To our knowledge, there is no similar initiative of comparable scope under way (or being planned) in any other major research institution. The proposed program falls squarely within the Council's historic mission as an independent, nonpartisan membership organization, think tank, and publisher dedicated to being a resource for its members, government officials, business executives, journalists, educators and students, civic and religious leaders, and other interested citizens in order to help them better understand the

world and the foreign policy choices facing the United States and other countries. In fulfilling its mandate, the IIGG Program will draw on the Council's unique attributes as the world's premier think tank on matters of foreign policy; as a prominent forum for convening American and international statesmen and opinion leaders; and as a platform for forging bipartisan consensus on the priorities, terms, and conditions of the nation's global engagement. Throughout the project, the Council will take pains to engage stakeholders and constituencies in the United States and abroad, including governments, non-governmental organizations (NGOs), civil society representatives, and the private sector, whose input and endorsement are critical to ensure the appropriateness and feasibility of any institutional reforms.

RATIONALE AND CONTEXT

The Significance of the Issue

The creation of new frameworks of global governance will be a defining challenge for the twenty-first century world, and the attitude of the United States will be the most important factor in determining the shape and stability of the world order that results from these efforts. The need for a reformed, robust system of multilateral cooperation has never been more obvious. Today's global agenda is dominated by a host of issues—from terrorism to climate change to the proliferation of weapons of mass destruction—that no single country, no matter how powerful, can address on its own. Tomorrow's international and national agendas will only be more transnational in scope. At the same time, existing multilateral institutions are increasingly found wanting and divorced from global realities, hindering their capacity to deliver global public goods and mitigate global "bads."

Since the end of the Cold War, world politics have been transformed in multiple, fundamental ways. As outlined in the accompanying box, these changes include an ongoing shift of the global power to non-Western countries; the rise of transnational threats to the top of the global security and development agendas; a growing concern with state weakness, as opposed to state strength; the emergence of agile and increasingly powerful non-state actors (both malignant and benign) alongside the sovereign state; the evolution of new norms of state responsibility and new criteria for armed intervention; the proliferation of regional and sub-regional organizations; and a growing reliance on ad hoc "coalitions of the willing" as an adjunct to—and sometimes a replacement for—more formal, standing international bodies.

A New World

The point of departure for the IIGG Program is a recognition that the world of 1945 has evolved dramatically, fundamentally, and irrevocably. New rules and institutions of global governance will need to take into account several fundamental changes in world politics. These include:

- *A shift in power to the global "South."* While the United States remains at the apex of the international system, the global distribution of power—political, economic, demographic, technological, and to some degree military—is shifting toward the developing world, driven by the rise of China, India, Brazil, and other nations (and the relative decline of Europe). Core international institutions, from the UN Security Council to the Group of Eight industrialized nations (G-8), have not yet adapted to accommodate these seismic shifts, reducing both their perceived legitimacy and their practical effectiveness.

- *The rise of transnational threats.* While great power war will always be possible in a system of sovereign states, the principal foreign policy challenges of the twenty-first century are likely to be transnational threats—from terrorism to pandemics to climate change. Such challenges will necessitate new forms of institutionalized cooperation and pose particular challenges to the United States, historically ambivalent toward multilateral institutions.
- *The specter of weak and failing states.* For the first time in modern history, the main threats to world security emanate less from states with too much power (e.g., Nazi Germany) than from states with too little (e.g., Afghanistan). The goal of collective security has thus shifted from counter-balancing aggressive powers to assisting fragile and post-conflict countries in achieving effective sovereign statehood, including control over “ungoverned spaces.”
- *The mounting influence of non-state actors.* A corollary to state weakness is the rise of illicit networks that are capable of operating across multiple sovereign jurisdictions. These include groups motivated by political grievance (e.g., al-Qaeda) or simple greed (e.g., Nigerian and Russian crime syndicates). But non-state actors also include more benign forces, such as humanitarian NGOs and civil society actors, as well as “super-empowered” individuals with philanthropic intentions, from Bono to Bill Gates, all of whom are clamoring for entrée into decision-making forums that have traditionally been the purview of states alone. How to integrate these new stakeholders into multilateral deliberations remains a major challenge for global governance.
- *Evolving norms of sovereignty and intervention.* There is growing recognition that each state owes certain fundamental obligations to its own citizens and to wider international society. These responsibilities include an obligation not to commit atrocities on one’s own population; a prohibition against sponsoring or providing a safe haven to transnational terrorist groups; and a duty to prevent the proliferation of weapons of mass destruction. Yet the effort to make these new norms operational and enforceable remains a Herculean challenge.
- *The spread of regional and sub-regional organizations.* Although the UN Charter of 1945 explicitly endorsed regional organizations, such bodies truly began to flower only with the end of the Cold War, both as complements to universal membership organizations and as substitutes for them. The task for U.S. policymakers is to assess the comparative advantages of different institutions and encourage a judicious division of labor (between, say, the UN and the African Union) that ensures effective burden sharing, rather than unwarranted “burden shifting.”
- *A growing reliance on coalitions of the willing.* A recent trend in global governance has been to rely less on large, formal organizations (like the UN), which are vulnerable to paralysis and inaction, than on narrower collective action among like-minded countries, as in the Proliferation Security Initiative (PSI). An ongoing dilemma for U.S. policymakers will be to exploit the flexibility of such coalitions without undercutting formal, large-membership organizations whose technical expertise, legitimacy, and resources the United States will need over the long haul.

Despite these tremendous changes in the context, content, and conduct of international relations, there has been no “act of creation” analogous to the flurry of institution building that occurred in the 1940s and early 1950s. Indeed, many of the central institutions of global governance, such as the UN, the

North Atlantic Treaty Organization (NATO), the World Bank, and the International Monetary Fund (IMF), remain substantially unchanged since the days of Roosevelt, Truman, Churchill, and Stalin. Recent efforts to reform the architecture of global governance, including at the UN High Level Summit of September 2005, have produced at best incremental change. The world community thus makes do with creaky institutional machinery that is increasingly obsolete, ineffective, and unrepresentative, and which makes few allowances for the potential role of the private sector and global civil society in shaping and addressing the global agenda.

The United States and its partners have a critical window of opportunity to update the architecture of international cooperation to reflect today's turbulent world. The creation of a more effective framework for global governance will depend on a clear and common understanding among the world's major nations of the new dynamics and forces at play in world politics, and their recognition that there can be no one-size-fits-all solution to the management of transnational problems. It will also depend on the willingness of the United States to exercise the same creative, enlightened leadership that it exercised in the mid-twentieth century, when it chose to champion and defend new forms of international cooperation.

A New Era of American Leadership?

The most important factor determining the future of global governance will be the attitude of the United States, likely to remain the world's most prominent actor at least until 2050. Historically, Americans have adopted an ambivalent and selective posture toward multilateral cooperation. No country has done as much to create the institutional infrastructure of world order, including the bedrock institutions dating from the 1940s, such as the United Nations, the Bretton Woods Institutions, and NATO. Yet few countries have been as sensitive to the restrictions on their freedom of action or as jealous in guarding their sovereign prerogatives.

This ambivalent orientation can be attributed to at least three factors: America's overwhelming power, its unique political culture, and its constitutional traditions. First, given its massive weight, the United States enjoys unparalleled unilateral and bilateral options, as well as a plausible claim to special exemption from some rules binding on others, since it serves as the ultimate custodian and guarantor of world order. Second, the country's longstanding tradition of liberal "exceptionalism" inspires U.S. vigilance in protecting the domestic sovereignty and institutions from the perceived incursions of international bodies. Finally, the separation of powers enshrined in the U.S. Constitution, which gives Congress a critical voice in the ratification of treaties and endorsement of global institutions, complicates U.S. assumption of international obligations.

This instinctual skepticism toward multilateral cooperation, which was particularly pronounced in the first term of the administration of George W. Bush, is unlikely to disappear. Nevertheless, the first years of the new millennium have also demonstrated limits to unilateral U.S. action, military or otherwise, in mitigating the threats and taking advantage of the opportunities posed by globalization. Regardless of whether the administration that takes office in January 2009 is Democratic or Republican, the thrust of U.S. foreign policy is likely to be multilateral to a significant degree.

Multilateralism can come in many forms, however. From a U.S. perspective, the ideal vehicle for international cooperation in a given instance will depend on a number of factors, including whether

other countries share a common conception of the nature of the policy challenge (to say nothing of its appropriate remedy). Although the United Nations has distinct advantages, given its perceived international legitimacy and universal membership, it will not always be the instrument of choice; regional organizations or narrower affinity groups sharing common purposes may have a comparative advantage. The United States and other countries are likely to require a diverse array of frameworks—formal and informal, universal and regional, and functional—to address particular tasks. Accordingly, global governance in the twenty-first century may well come to resemble what Francis Fukuyama terms “*multi-multilateralism*.”

New Thinking for a New Era

The Program on International Institutions and Global Governance aims to assist the architects of U.S. foreign policy and their counterparts in other countries and in regional and global organizations in drafting the blueprints for new structures of international cooperation that are more closely tailored to global realities, consistent with long-term U.S. national interests, and sensitive to historic U.S. concerns about domestic sovereignty and international freedom of action. The program’s approach to global governance will remain a pragmatic and flexible one, emphasizing customized solutions rather than “one-size-fits-all” responses.

The process of formulating policy recommendations will be an open and consultative one. Council research staff will meet with and solicit input from the main constituencies—American and foreign, public and private—with a stake in the relevant deliberations. For example, discussions of strengthening the Organization for the Prohibition of Chemical Weapons (OPCW) would necessarily involve both arms control advocacy organizations and major chemical firms, among others. In a similar manner, deliberations on a post-Kyoto framework to respond to climate change would solicit views from environmental groups, industry representatives, developing country officials and civil society, and U.S. officials at the federal, state, county, and municipal level. Such consultations are imperative to ensure a comprehensive understanding of the stumbling blocks to change, the trade-offs of alternative institutional options, and the feasibility of new arrangements.

The Council recognizes that identifying where current international institutions are deficient and where new ones are appropriate is but one dimension of reforming global governance. The harder chore is to persuade the relevant parties to adopt a new way of doing business, including (in some cases) the loss of current privileges. For this reason, the IIGG Program will include in any proposed recommendations a practical strategy to win multilateral support for needed changes, as well as forging domestic consensus among the major U.S. stakeholders.

PROGRAM DESCRIPTION

The agenda of the Program on International Institutions and Global Governance is potentially vast. To make it more tractable, we have decided to adopt a sector-based approach, in which we will assess the institutional arrangements governing specific global challenges. In each case, the IIGG Program will examine (a) how the nature of this particular challenge has changed in recent decades; (b) what international regimes and frameworks—informal and formal, permanent and temporary, global and regional—exist to regulate behavior or advance cooperation in this issue area; (c) whether these mechanisms are adequate to the task at hand or must be modified; and (d) what institutional reforms

and new divisions of labor would be appropriate, consistent with long-term U.S. national interests, and sustainable within the U.S. domestic context. In conducting this analysis, the program will draw on the expertise of many of the fifty-five full- and part-time fellows in the Council's Studies Program. The Council would also seek out expertise in those areas where it does not currently exist in-house.

The IIGG Program will employ several standards to judge the adequacy and appropriateness of existing regimes, organizations, and other arrangements of global governance. These criteria will include:

- *Effectiveness*, in terms of actual performance in accomplishing the stated objective(s), ideally measured through independent monitoring and evaluation.
- *Legitimacy*, assessed in terms of whether existing arrangements accurately reflect the current distribution of global political power and interest, are consistent with international legal regimes, and reflect broadly accepted procedures for multilateral decision-making.
- *Accountability*, evaluated according to whether the institutional agents can be held to account for their performance and whether the institution provides voice opportunities for expressions of democratic will both in the United States and abroad.
- *Consistency with U.S. interests and values*, including whether the proposed framework promises to advance U.S. national security and welfare, legitimate U.S. purposes abroad, and resonate with the democratically-expressed will of the American people.

Building on this sector-based audit and analysis, the IIGG Program will recommend reforms to a number of "bedrock" institutions of world order—including the UN (particularly the composition of the Security Council), the G-8, NATO, and the Bretton Woods institutions—as well as major regional organizations, such as the European Union (EU), the Association of Southeast Asian Nations (ASEAN), the African Union (AU), and the Organization of American States (OAS).

Recommendations for major institutional reform will thus proceed from (rather than precede) this issue area analysis. Moreover, wherever such reforms are recommended, the Council will include a plausible strategy for winning international backing for this new governance framework.

Issues and Sectors for Analysis

The Council has identified four critical areas of global governance where current frameworks for multilateral cooperation are increasingly outdated. These include (1) Countering Transnational Threats; (2) Protecting the Environment and Promoting Energy Security; (3) Managing the Global Economy; and (4) Preventing and Responding to Violent Conflict. In this section, we highlight what we consider to be the most compelling issues within these four broad clusters, and where the IIGG initiative might add value through its program of policy research and engagement. These clusters include:

(I) Countering Transnational Threats

- *Terrorism*. The struggle against Salafist-inspired Islamist terrorism is likely to be a generational one for the United States and the world community, and an effective response will require a variety of international partnerships. To date, however, the "Global War on Terrorism" has too often borne a "made in the USA" stamp, rather than representing a genuinely multilateral undertaking. The United Nations has made some progress in enlisting member states in the struggle against al-Qaeda and affiliated organizations, including through UN Security Council

Resolution 1373, which established the UN Counter-Terrorism Committee, as well as multilateral efforts to combat terrorism finance. The United States has also expanded its intelligence cooperation on counterterrorism matters with scores of states. Nevertheless, the global anti-terror campaign has been less multilateral than it might be, both in terms of consolidating new norms (e.g., a common definition of terrorism) and ensuring robust operational responses to the threat (including building the counterterrorism capacity of weak but willing states). The IIGG Program will work with Senior Fellow Steven Simon and other Council scholars to review promising multilateral initiatives and needed reforms within both UN and regional organizations that are essential if the struggle against terrorism is to become a more effective effort.

- *Proliferation of Weapons of Mass Destruction.* The spread of catastrophic technologies has placed the ability to kill vast numbers of people in the hands of a growing number of governments and non-state actors. At the same time, the international regimes and institutions charged with controlling the spread of nuclear, biological, and chemical weapons—from the Non-Proliferation Treaty (NPT) to the International Atomic Energy Agency (IAEA) to the Biological and Toxic Weapons Convention—are under increasing strain. Despite high hopes, the Outcome Document of the UN High-Level Summit of September 2005 failed to include a single significant reform to global non-proliferation regimes. Frustrated by the shortcomings of established frameworks to halt proliferation, the United States in recent years has experimented with a number of ad hoc, flexible groupings, such as the Proliferation Security Initiative (PSI). It has also adopted a differentiated response to proliferators – most notable in the case of India’s nuclear program – that grants special treatment to regimes that Washington believes can be trusted. The IIGG Program will work with the Council’s experts in arms control and international security, particularly Vice President and Director of Studies Gary Samore, Fellow Charles Ferguson, Senior Fellow Ray Takeyh, Adjunct Senior Fellow Vali Nasr (with respect to Iran), and Senior Fellow Daniel Markey (with respect to India-Pakistan) to assess needed reforms to existing non-proliferation regimes, including the potential creation of an international facility to provide nuclear fuel to participants of the NPT regime. The program will also evaluate the appropriate balance between such formal organizations and treaties like the IAEA and NPT and narrower, informal arrangements of like-minded parties, such as PSI, the Nuclear Suppliers Group, and the Missile Technology Control Regime.
- *Homeland Security.* The rise of transnational terrorist networks and the spread of catastrophic technologies have made homeland security a priority for all nations, particularly Western democracies. The United States and other countries face a number of common challenges, including policing maritime and land frontiers and national airspace; protecting civil aviation; improving border control; regulating immigration; hardening critical infrastructure; inspecting cargo; and tagging and tracking suspicious individuals and shipments. Effective homeland security increasingly relies on creative multilateral partnerships, such as the Container Security Initiative, which among other things implies the placement of U.S. customs officials in foreign ports (and vice-versa). It also requires deeper intelligence- and information-sharing and more intensive law enforcement cooperation. These innovative partnerships have forced the United States and its allies to tolerate some sacrifice of national sovereignty, reconcile distinct constitutional and legal traditions, and (at times) overcome divergent threat perceptions. The IIGG Program will work closely with Senior Fellow Stephen Flynn, a former Coast Guard

officer and leading homeland security expert, to assess promising areas for expanding and formalizing multilateral cooperation in this arena.

- *Infectious Disease, Biosecurity, and Global Public Health.* Among the most sobering concerns on the global security agenda is the specter of massive death at the hands of naturally occurring or man-made pathogens. Over the past three decades, the world has experienced the emergence of more than thirty previously unknown disease agents, including HIV/AIDS, Ebola, SARS, and avian influenza, for which no cures are yet available, as well as the reemergence and spread of more than twenty well-known diseases, including TB, malaria, and cholera, often in more virulent and drug-resistant forms. At the same time, the U.S. and other governments are increasingly fearful of the purposeful design and release of biological toxins by international terrorists. Unfortunately, as the belated response to SARS revealed, serious shortcomings exist in national and global systems for epidemiological surveillance, preparedness, and response. The IIGG Program will work with Council Senior Fellows Laurie Garrett and Michael Gerson to identify what reforms to current frameworks of global health governance, including the World Health Organization and the U.S.-sponsored Global Health Security Action Group, are required to meet this burgeoning threat.

(2) Protecting the Environment and Ensuring Energy Security

- *Global Climate Change.* New international institutions to mitigate the degradation of the global commons will likely be a defining feature of global governance in the twenty-first century. The global environmental agenda includes a broad array of oceanic, terrestrial, and atmospheric challenges, from the exhaustion of marine resources like fish stocks and coral reefs to deforestation and desertification, the loss of biodiversity and endangered species, air pollution, and the depletion of the ozone layer. Nowhere is the need for a new global compact more imperative, however, than in the case of climate change, which unless corrected will irrevocably alter the biosphere on which all humanity depends. Moreover, the impact of global warming is predicted to hit most strongly poor, fragile, and unstable developing countries least equipped to adapt. Working with Council Fellow Michael Levi and Adjunct Senior Fellow David Victor, the IIGG Program will examine the institutional preconditions for a post-Kyoto framework agreement to which the United States and the major developing countries, including China, India, and Brazil, can agree, as well as a potential expansion of the Global Environmental Facility to create incentives for carbon-neutral development.
- *Energy Insecurity.* The recent dramatic rise in global petroleum prices—combined with the exhaustion of many proven oil reserves, the insatiable Chinese appetite for fossil fuels, political instability in oil-producing regions from Nigeria to Iraq, and the rise of “petro-autocracies” from Russia to Venezuela—has focused the attention of U.S. policymakers on the security of world energy supplies. The United States and its international partners need new frameworks to ensure adequate global production, refining and transportation capacity, and new strategies to prevent potential interruption of supplies. There is also growing awareness that shifting the U.S. economy away from its current heavy reliance on fossil fuels—particularly from the Middle East—makes good strategic sense. New frameworks of multilateral cooperation will be essential components of any U.S. strategy to improve global energy security and create the incentives for international movement toward cleaner and more reliable forms of energy. The IIGG Program

will work with Fellow Michael Levi and Adjunct Senior Fellow David Victor to examine promising steps, including through the International Energy Agency, to improve long-term global and U.S. energy security.

(3) Managing the Global Economy

- *The International Financial System.* The IIGG Program will similarly cast a sober eye on the current framework of global financial and monetary relations, including rules governing exchange rates, proposals to create regional currency unions, and initiatives by individual countries to dollarize or euro-ize. In collaboration with Sebastian Mallaby, Director of the Center for Geoeconomic Studies, Senior Fellow Benn Steil, and Fellow Brad Setser, the Council will evaluate current trends in the global financial system—including strains caused by the twin U.S. deficits, the emerging role of China in the global monetary system, and the rise of alternative reserve currencies (including the euro)—and explore promising means to improve coordination among the world's major governments and central banks in dealing with structural weaknesses. The program will also reevaluate the mandate of the IMF, which has lost much of its relevance and clout with the growth of private capital markets.
- *International Trade:* The stagnation of the current Doha Round of World Trade Organization (WTO) negotiations and the ongoing expansion of bilateral and regional trade arrangements have called into question the commitment of the United States and other major countries to the vision of an open, reciprocal, and non-discriminatory system of international trade and payments. Stumbling blocks in the current WTO round include the resistance of wealthy countries in the Organisation for Economic Co-operation and Development (OECD) to liberalize trade in protected agricultural commodities and the unwillingness of developing countries to quicken their own embrace of Western standards on foreign investment, intellectual property, and trade in manufactures. In the absence of sustained forward movement on global trade liberalization, we are likely to see an increased fragmentation of world trade into regional – and potentially discriminatory and protectionist – blocs. The IIGG Program will work closely with Sebastian Mallaby of the Council's Center for Geoeconomic Studies and Senior Fellow Jagdish Bhagwati in examining the preconditions for a North-South compromise, and in assessing the trade-offs for the United States of bilateral, regional, and global approaches to trade liberalization. In parallel with these efforts, Senior Fellow Edward Alden, an expert on migration policy, will examine the potential for new regional and international frameworks to regulate global labor mobility.
- *International Investment.* The economic gains from cross-border investment are as great as those from cross-border trade, and corporate investment in multi-country supply chains is a large driver of growing trade flows. Yet international investment is not subject to a multilateral investment regime comparable to the World Trade Organization. Instead, the world has a crazy-quilt of bilateral investment treaties together with an effort led by the OECD to set global norms for investment rules. In the 1990s an effort to upgrade this framework with a Multilateral Agreement on Investment was defeated by civil society critics. Working with the Council's Center for Geoeconomics, the IIGG Program will reexamine the case for a global investment agreement, especially in light of rapidly growing sovereign wealth funds in East Asia and the energy-exporting states. The huge capital surpluses that are now in the hands of foreign governments may trigger a political backlash in the countries where these funds are invested. To

manage this tension, there is a need to develop rules for sovereign wealth funds as well as rules for the recipients of their capital.

- *Global Development Policy.* Contemporary policy discourse concerning global development has been dominated by two extreme camps: advocates of enormous expenditures of foreign aid to achieve the Millennium Development Goals, on the one hand, and skeptics of development assistance, on the other, who contend that it is wasteful, redundant (given private sources of investment) and often counterproductive (since it breeds dependency). Often ignored in this dialogue of the deaf is a careful appraisal of what targeted foreign aid can (and cannot) accomplish, as well as a recognition that aid is but one component—and rarely the most important—in development outcomes. The IIGG Program will evaluate the continued relevance and appropriate mission of the World Bank, the regional multilateral development banks, the UN Development Program, and other UN development agencies, with an eye to assessing how their aid windows and technical expertise complement one another and the capacities of donor governments. The analysis will also consider arguments for institutional reforms, such as transforming the governing structure of the World Bank and correcting the fragmentation of the UN's approach to global development. It will consider ways to harness the growing interest of the private sector in corporate social responsibility programs in developing countries: While spending by multinational corporations on development is growing, the sophistication with which these funds are disbursed is perhaps two decades behind that of the public sector. This work will be undertaken in collaboration with Sebastian Mallaby and his colleagues in the Geoeconomics Center.

(4) Preventing and Responding to Violent Conflict

- *Preventing State Failure and Internal Conflict.* In an age of transnational threats, states that cannot control their borders and territory and that collapse into violence pose a danger not simply to their own populations but indeed to the entire world. Unfortunately, the international community continues to struggle in its efforts to prevent states from sliding into failure and internal violence. To date, no major international actor—whether the United States, other major governments, or international institutions like the United Nations, World Bank, and African Union—has made prevention a strategic priority. Notwithstanding the UN's rhetorical commitment to conflict prevention, its actual policy remains modest, ad hoc and reactive, limited in most cases to occasional “good offices” efforts by the Secretary-General. The G8, likewise, has devoted little attention to reducing critical sources of insecurity and instability in the developing world, including cutting the illicit revenue streams that fuel corruption and violence in weak states and conflict zones, curbing illegal trade in weapons, shutting down offshore financial havens for the ill-gotten gains, and insisting on transparent management of natural resource revenues. The IIGG Program, in collaboration with Paul Stares, the director of the Council's Center for Preventive Action, will assess what institutional reforms can be made to improve the capacity of the UN, G8, World Bank, AU and other international frameworks and partnerships to address the underlying sources of instability and mitigate and manage conflict in the world's most vulnerable states through a mixture of diplomatic, economic, political, and military means.

- *The Use of Force.* Today more than at any other time in the past sixty years, the rules governing the use of armed force are up for grabs. The diplomatic deadlock over Iraq during 2002-2003—like the preceding Kosovo crisis of 1999—raised fundamental questions about the recourse available to the United States when disagreement among the Permanent Five blocks Security Council action. In the aftermath of both episodes, some observers have suggested the need for alternative (or surrogate) sources of legitimacy for armed force, whereas others have cautioned against setting a dangerous precedent. At the same time, there has been growing international support—particularly among Western governments—for a doctrine of contingent sovereignty, whereby countries guilty of genocide, terrorism, and pursuit of weapons of mass destruction would forfeit their presumption against external intervention. Despite these normative shifts, however, the United States and its international partners have made little headway in determining the circumstances in which the Security Council might be legitimately bypassed or the evidentiary criteria required to justify armed intervention into a sovereign state. The program will seek to clarify these criteria, building on the Council's previous work on such questions, including on the "Responsibility to Protect" doctrine. It will also explore openings for reforming the UN Security Council, including new permanent members that reflect today's power realities. The IIGG Program will work with CPA Director Paul Stares to pursue this research and policy agenda.
- *Peace Operations and Post-Conflict Peace-Building.* Notwithstanding setbacks and shortcomings in UN peace operations since the end of the Cold War, the United Nations is being called upon as never before to keep – and in some cases enforce – peace between warring parties, as well as to pick up the pieces when the shooting stops. Today, more than 100,000 blue helmets are deployed in a score of operations around the globe – more than at any time in the UN's history. Yet the complexity and pace of such multidimensional efforts have stressed the modest capacities of the UN Department of Peacekeeping Operations, which struggles on its modest budget and capabilities to develop robust doctrine; to procure logistical support from member states; to ensure quality and discipline of contributed troops; to negotiate an effective division of labor with regional organizations (such as the AU); and to realize the vision of "integrated missions" that unite the humanitarian, reconstruction, governance, and security components of its interventions. Meanwhile, the UN Peacebuilding Commission—one of the few significant results of the 2005 UN High Level Summit—has thus far failed to live up to its potential in ensuring effective state-building and sustainable recovery in war-torn societies. The IIGG Program will collaborate with CPA Director Paul Stares and his colleagues at the Center for Preventive Action on proposals to deepen recent UN reforms, as well as explore potential partnerships between the UN and the AU (as well as other regional and sub-regional bodies). Other fellows will also contribute to the work, including Senior Fellows Max Boot and Stephen Biddle.

The IIGG director and his team plan to accomplish this ambitious agenda by drawing on both core program staff and also the fifty-five other permanent and adjunct members of the Council's Studies Program. This approach will permit the IIGG Program to generate a steady stream of research, publication, and policy engagement in all four clusters over the five-year span of the program. During the first year of the program, the IIGG director himself will focus his attention on up to three areas of global governance where the need for improved multilateral cooperation is particularly pressing: (1) Climate Change; (2) Infectious Disease; and (3) Peace Operations.

Reforming the Bedrock Institutions of World Order

Building on these issue-area investigations and the identified shortcomings of existing organizations and frameworks, the IIGG Program will, over five years, propose reforms to the bedrock institutions of world order, including the UN, regional organizations, and major ad hoc groupings.

- **The United Nations Security Council.** Among the biggest disappointments of the UN High-Level Summit of September 2005 was the failure of UN member states to cut the Gordian knot with respect to UN Security Council Membership, particularly the extension of permanent (or semi-permanent) membership to accommodate the shifting balance of world power since 1945. Although the UN Secretary-General's High-Level Panel outlined two realistic and balanced alternatives for enlargement, forward progress was blocked by a combination of regional rivalries, intra-European differences, and U.S. disengagement. The IIGG Program will examine prospects and preconditions for a renewed reform effort that would satisfy the aspirations of critical players (including Japan, India, Germany, and Brazil) while extending Security Council representation to Africa and the Middle East.
- **The Group of Eight.** The obsolescence of current mechanisms of global governance is increasingly apparent in the management of the world economy, not least during the annual summits of the G-8. It simply makes no sense to exclude from this ostensible global directorate the world's largest emerging economies, including China, India, and Brazil, as well as multiple other middle powers. The IIGG Program will examine the merits of recent proposals to expand the membership of the G-8 (such as the "L-20" proposal championed by former Canadian Prime Minister Paul Martin), as well as to create unique groupings tailored to discrete political, economic, or functional issues (e.g., energy or migration).
- **Regional and Sub-Regional Organizations.** One of the hallmarks of the past two decades has been the formation, deepening, and enlargement of formal regional organizations in many corners of the globe. The mandates, competencies, capacities, and effectiveness of these heterogeneous bodies vary enormously. The United States has a critical interest—and a central role to play—in ensuring that these bodies play their full and appropriate role in managing global insecurity and in providing public goods for their respective regions. The IIGG Program intends to examine the current status and potential role of multilateral bodies in some of the following regions, drawing on relevant Council scholars:
 - **Europe.** The Council will examine the trajectory of (and relationship between) the main organs of European and transatlantic cooperation, including the EU, NATO, and the Organization for Security and Co-operation in Europe (OSCE), drawing on the expertise of senior and adjunct senior fellows, including Charles Kupchan, Stephen Sestanovich, James Goldgeier, and Elizabeth Sherwood-Randall.
 - **Asia-Pacific.** Although the Asia-Pacific region has been historically under-institutionalized in comparison with Europe, this is beginning to change, partly in response to growing Chinese influence. The IIGG Program will work with Senior Fellows Elizabeth Economy, Adam Segal, and Sheila Smith, and other Council scholars,

to map and analyze existing regional frameworks—including Asia-Pacific Economic Cooperation (APEC), the Association of Southeast Asian Nations (ASEAN), and the ASEAN Regional Forum—as well as assess their implications for the existing network of U.S. alliances in the region.

- **Africa.** Under the guidance of Fellow J. Anthony Holmes and Adjunct Senior Fellow Princeton Lyman, the IIGG Program will analyze the fast-changing landscape of regional and sub-regional organizations on the continent, examining steps the United States can take to bolster the AU (including its new Peace and Security Council), the Economic Community of West African States, the Southern African Development Community, and other relevant organs.
- **South and Central Asia.** IIGG staff will work with Senior Fellow Daniel Markey to explore potential frameworks to improve multilateral cooperation among the countries of these two sub-regions, where regional institutions have long been absent or ineffective. Organizations of focus will include the South Asian Association for Regional Cooperation and the newer Shanghai Cooperation Organization.
- **Latin America.** Increasing political fissures within the Western Hemisphere have raised the question of whether the OAS, given its consensus principle, is capable of addressing today's most pressing challenges. In addition, the Americas have seen the growth of sub-regional groupings, particularly in the trade realm (e.g., NAFTA, CAFTA, Mercosur). In collaboration with Council Senior Fellow Julia Sweig and Fellow Shannon O'Neil, the Council will assess the relative merits of hemisphere-wide, sub-regional, functional and ad hoc bodies in managing transnational challenges like migration and narcotics.
- **The Middle East.** Finally, the IIGG Program will work with the Council's regional experts—including Steven Cook, Steven Simon, Vali Nasr, and Ray Takeyh—to explore prospects for regional and sub-regional institution-building within the Middle East, including in the aftermath of the war in Iraq. Although regional integration seems a distant prospect, existing mechanisms on which to build include the G-8 sponsored Forum for the Future, the Arab League, and the Organization of the Islamic Conference (OIC).

Big Picture Issues

As we explore the most appropriate international frameworks to address today's global agenda, the IIGG Program will seek to break new ground on three big picture issues: the changing nature of sovereignty in an age of globalization; the challenges of accommodating non-state actors in global decision-making; and the preconditions for democratic accountability in multilateral institutions.

- *Re-conceptualizing "sovereignty" in an age of globalization.* The post-Cold War era has posed challenges to traditional concepts of state sovereignty, in at least four respects. First, some failing and post-conflict states have become wards of the international community, submitting to a form of UN "neo-trusteeship." Second, some countries by their conduct have lost their

immunity from intervention, as part of an emerging doctrine of “contingent sovereignty.” Third, nearly all states – including the United States – have voluntarily forfeited some historic freedom of action to manage transnational threats and exploit international opportunities. Finally, some countries, particularly in the EU, have chosen to “pool” their sovereignty in return for economic, social, and political benefits. The IIGG Program could provide a valuable intellectual contribution by tracing the scope and implications of these transformations.

- *Accommodating non-state actors in global governance.* Although states remain the foundation of international order, they face growing competition as wielders of influence and (often) legitimacy from non-state actors. In designing new frameworks of global governance, the United States and other governments must provide opportunities for partnership with and input from interested stakeholders, including civil society actors, advocacy groups, and corporations—without allowing the global agenda to be hijacked by unrepresentative interests. The IIGG Program can identify lessons from recent experience about how to strike this delicate balance.
- *Overcoming the “democratic deficit” in global governance arrangements.* Efforts at international cooperation, particularly of a supranational character (as in the European Union), often become divorced from the democratic will of the national publics of member states. By examining multilateral institutions across a variety of sectors, the IIGG Program may generate useful insights about how to improve the democratic accountability of multilateral bodies. It might also evaluate the frequent contention that an Alliance of Democracies represents a plausible framework for global order and a realistic alternative to the UN (which obviously includes authoritarian as well as democratic regimes).

THE PROGRAM'S VALUE ADDED

The Program on International Institutions and Global Governance promises to make a significant contribution to U.S. and international understanding of the institutional infrastructure required for effective multilateral cooperation in the twenty-first century. To our knowledge, there is no current program of such scope and breadth currently being undertaken. Moreover, the program is envisioned as a multi-year effort, rather than a one to two-year project geared toward a specific event or electoral cycle. This relative permanence will permit the Council to become a center of excellence in thinking about global governance, and a repository of useful knowledge and lessons learned available to other scholars and institutions. It will also facilitate the difficult process of building domestic political consensus—within the executive and legislative branches, the policy community, and the informed public—about the appropriate parameters of U.S. engagement in multilateral cooperation.

The program's location within the Council on Foreign Relations will prove invaluable in furthering its ambitious aims. As noted above, the IIGG Program will draw upon the vast expertise, both regional and functional, of the Council's Studies Program. It will also exploit the Council's convening power, offering forums in New York, Washington, and around the country where domestic and international opinion leaders can debate proposed institutional reforms with the Council's membership, as well as co-hosting events with partner institutions abroad to solicit input and buy-in from foreign governments and publics, as well as representatives from civil society and the private sector, for proposed recommendations on global governance. Finally, the program will serve a broader role in bipartisan

consensus-building and public education by engaging administration officials and members of Congress on new directions in global governance and making its products widely available through a variety of media.

PROGRAM ACTIVITIES

Meetings

The eventual impact of the IIGG program's research will depend on its success in obtaining both expert input into the design and conduct of its studies and broad understanding of and support for the resultant findings. To this end, the Council will host a variety of meetings, in both private and public settings. These will likely include:

- **Roundtables and study groups**, with participants selected from among outside experts and the Council's staff and membership on the basis of their specialized knowledge of particular transnational challenges (e.g., climate change, transnational terrorism) or global institutions (e.g., World Bank, International Criminal Court). Members will be drawn from a wide range of disciplines, including academia, law, business, foundations, advocacy organizations, government, and the media. Roundtables typically invite an official or expert to discuss a specific issue with a small group of Council staff and members. Study groups are formed to review drafts of Council books and reports and provide comments and feedback to the author.
- **General meetings of the Council membership**, in New York and Washington, to inject the program's findings into the broader foreign policy community. General meetings provide an opportunity for a prominent speaker or panel of speakers to address a larger audience of Council members and staff.
- **Meetings involving the Council membership**, in major cities around the country. Such events, run through the Council's National Program, will permit the IIGG initiative to solicit input from diverse American voices outside of the New York-Washington corridor on how to nurture U.S. public support for proposed courses of action.
- **Briefings for members of Congress and the executive branch**, designed to familiarize legislators and administration officials with a particular issue area or topic of global governance. Such meetings would be undertaken on a purely bipartisan basis, in cooperation with the Council's Washington office.
- **Engagement with foreign constituencies, including governments, experts, and publics**, to solicit input and build support for proposed reforms. Such meetings would occur both in the United States and abroad. The Council would hold briefings for the Washington-based embassy community and permanent missions of the UN in New York. International meetings could be co-hosted with foreign partner institutions in major regions of the globe, providing venues for the IIGG Program to solicit foreign input on and official buy-in for proposed changes to structures of global governance. The Council's International Advisory Board could play an important role in facilitating such international dialogues, including "listening tours" to major capitals by delegations of Council senior fellows to engage their foreign counterparts as well as

government officials and civil society groups abroad. On an opportunistic basis, the IIGG Program will sponsor “track-two” dialogues to advance international consensus on obstacles to regional and global agreements.

- **An annual conference on global governance**, showcasing the work of selected Council fellows and other experts on multilateral cooperation on specific issues or in particular regions. This event could be linked with the Council’s Corporate Program, which would allow the conference to reach an even broader audience, including global business leaders.

Publications

We anticipate that the IIGG initiative will result in several categories of products, including many disseminated in part or whole through the Council’s website, CFR.org:

- **Council Special Reports on specific global challenges and bedrock institutions of global governance.** Council Special Reports (CSRs) are concise policy briefs, which provide timely responses to developing crises or contributions to current policy dilemmas. We envision a series of up to ten CSRs over five years produced under the IIGG Program. The reports would focus on specific global challenges as well as relevant multilateral institutions. Issue area reports (e.g. on terrorism, climate change) will reflect inputs from a broad range of stakeholders and will include an audit and assessment of the current arrangements governing international cooperation and alternative options for U.S. policymakers. Reports on specific multilateral institutions will provide recommendations for U.S. policymakers about how best to engage and reform such bodies. Candidates could include the UN Security Council, the UN General Assembly, the Bretton Woods Institutions, the WTO, NATO, the G-8, the OAS, the AU, APEC, the EU, and the International Criminal Court.
- **Two books**, including (1) a major manuscript addressing U.S. policy toward global governance and (2) an edited volume focusing on the challenge of global governance across a dozen international issue areas. These two books would constitute a synthesis of the main findings and policy recommendations emerging from the IIGG initiative. The edited volume would draw on Council Special Reports and other pieces commissioned from Council senior fellows.
- **Articles in *Foreign Affairs*, other leading journals, and newspapers.** To communicate its findings, the program will also aim to publish articles in the Council’s flagship publication, *Foreign Affairs*, widely recognized as America’s most influential publication in international affairs and foreign policy, as well as in other leading journals and publications. The IIGG Program will also work with the Council’s communications and marketing staff to place op-eds in national, regional, and foreign newspapers and web-based media outlets.

DISSEMINATION AND PUBLIC OUTREACH

Marketing the Findings

The dissemination of research findings and policy recommendations to policymakers, journalists, professors, students, and interested citizens in the United States and other countries is an institutional

priority at the Council. Outreach strategies are designed into projects at their conception, and a team of senior Council staff under the direction of the Vice President for Communications and Marketing meets weekly to plan, coordinate, and monitor outreach efforts. The Council will promote and disseminate the work of the IIGG Program in the following ways:

- **Reaching U.S. elites.** The Council will strategically market each product to a carefully tailored group including: policymakers in Washington, DC, and abroad, journalists, academics, experts in the field, business and community leaders, and other relevant and interested individuals. In addition, the Council will use the extensive network for distribution that it already has in place to disseminate relevant products to its membership, state and local government officials, religious and congressional leaders, educators and students, and nongovernmental, civic, and community leaders.
- **Reaching the U.S. public.** Beyond engaging the informed U.S. foreign policy community, the Council intends to use a variety of venues and instruments to educate the wider U.S. public about IIGG findings. Promising products and venues for this sort of engagement include the placement of op-eds in local, regional, and national newspapers; the publication of teaching guides and issue briefs geared for college and high-school students on particular global issues; public events in major cities across the country designed to engage the broader U.S. citizenry on the requirements for U.S. leadership in forging effective multilateral cooperation; and the appearance of relevant Council experts on public affairs programming in smaller regional radio markets.
- **Engaging foreign leaders and citizens.** To secure international endorsement for proposed reforms, the IIGG Program will mount a vigorous effort to educate international constituencies, including foreign government officials, policy elites and publics. Beyond soliciting the input of international stakeholders in periodic "listening tours," (as described in the meetings section), the IIGG Program could launch its major products in foreign capitals as well as in the United States, as well as by cultivating contacts with local media organizations and the Council's own International Advisory Board.
- **Council website.** The IIGG Program will utilize the Council's award-winning website, CFR.org, to disseminate the many reports, research projects, interviews, event summaries, and transcripts conducted under its auspices, as well as to provide detailed information about its staff and activities. The site, which receives over one million page views per month and includes significant audio and video content, has already become a first-stop, non-partisan resource on U.S. foreign policy, national security, and international economics. In addition to using the site to publicize the IIGG findings, the Council will make IIGG staff and other senior fellows available for periodic web interviews on breaking topics.

EVALUATION PLAN

The success of the IIGG Program will depend on its capacity to generate new knowledge about the institutional requirements for effective global governance in the twenty-first century; to engage the full range of U.S. and international stakeholders whose input and buy-in will be essential to proposing appropriate and realistic reforms; and to influence the calculations and

policy responses of officials within the U.S. government, other countries, and international institutions.

The Council will measure results through a comprehensive system of monitoring and evaluation. This will include regular feedback from the Council's International Advisory Board; tracking of press appearances, participation in Council events, website hits, and other indicators of demand for the Program's findings and programs; and qualitative evaluation of whether we are achieving maximum policy influence with our choice of approach and messages.

We will assess the performance of the IIGG Program in three dimensions—outputs, outcomes, and impact. As a matter of standard practice, the Council routinely compiles data on all three categories of performance.

The Council will gauge the program's results over five years according to the following indicators:

Outputs

- Completion of a book by the director of IIGG Program on U.S. policy toward global governance
- Completion by the director of IIGG Program of an edited volume addressing challenge of global governance across a number of issue areas
- Completion of up to ten Council Special Reports on specific global challenges and bedrock institutions of global governance (e.g. the UN Security Council, WTO) with proposals for reform
- Completion of a roundtable series of several meetings per year addressing current and needed arrangements of multilateral cooperation in specific issue areas
- Journal articles, op-eds, and other publications
- Events of different types, including general Council meetings, public meetings, and policymaker forums
- Other presentations and addresses by the program director, other IIGG staff, and other Council fellows and staff

Outcomes

- Requests for formal and informal briefings by the U.S. government (including congressional testimony), foreign governments, and intergovernmental organizations
- Number and type of appearances and citations in policy and popular media (print, television, radio, etc)
- Citations to the project and its findings in professional literature (political science, development, international security)
- Book sales
- Audience size and growth for outreach events
- Website traffic, including number of unique visitors to site, page views, downloads
- Requests for participation in other institutions' events

Impact

Assessing impact poses significant challenges, given the wide range of influences on the policy process and the frequent time lag between generation of new knowledge and its incorporation into new institutions, processes, and practices. The director will work with the Council's communications and marketing team to track the following impacts:

- Decisions by the U.S. government, foreign nations, and international organizations that can be traced to IIGG findings and engagement
- Specific U.S. legislative provisions that cite or build on IIGG recommendations
- Policy initiatives or changes by the United States and other governments that can be attributed to IIGG, at least in part
- Requests by stakeholder agencies and organizations for follow-on activities

STAFFING AND OVERSIGHT

Program Staff

In addition to the thirty fellows and twenty-five adjunct fellows within the David Rockefeller Studies Program that will collaborate with the International Institutions and Global Governance Program, we anticipate launching the program with four full-time, dedicated staff and one visiting fellow. A **senior fellow**, based in Washington, will direct the program. A **deputy director** will assist the senior fellow in managing the program, including planning and coordinating the various IIGG work streams, as well as facilitating the involvement of Council senior fellows and outside experts in its initiatives. **Two research associates**, one based in Washington and another in New York, will provide research, administrative, and clerical support for the program. (For additional background information on participating fellows, please see the appendix.)

Stewart Patrick would serve as senior fellow and director of the Program on International Institutions and Global Governance. Currently research fellow at the Center for Global Development and a consultant to the Council on Foreign Relations, Dr. Patrick has written extensively on the multilateral management of global issues and the U.S. attitude toward international institutions. He is the author, most recently, of *The Best Laid Plans: Identity, Ideas, and the Origins of U.S. Multilateralism, 1940-1950*, to be published by Roman and Littlefield in late 2008. He is also co-author and co-editor of *Multilateralism and U.S. Foreign Policy: Ambivalent Engagement* (2002), which explores the causes and consequences of U.S. ambivalence toward international institutions. Dr. Patrick's work at the Center for Global Development focuses on the relationship between state weakness and transnational threats, and he has written widely on integrated policy responses to weak and failing states. He is the co-author of *Greater than the Sum of Its Parts? Assessing 'Whole of Government' Approaches to Fragile States* (2007). Previously, he served on the Secretary of State's Policy Planning Staff, where he was the lead staff member responsible for U.S. policy toward Afghanistan and a range of transnational issues. In that capacity, he helped to create the Office of the Coordinator for Reconstruction and Stabilization. Dr. Patrick has experience coordinating sizeable research grants, including from the

Carnegie Corporation, Rockefeller Brothers Fund, and MacArthur Foundation, to support multi-scholar investigations.

In addition, the Council will host each year at its New York offices one **International Organization Visiting Fellow**. The position will be open to American or foreign (non-American) experts or officials with significant expertise in UN and multilateral affairs, who are eligible for a sabbatical and interested in spending a year or more at the Council conducting research, writing and speaking on the UN's role in a critical area of multilateral cooperation (e.g., terrorism, climate change). The International Organization Fellow will also be expected to convene and host Council meetings on relevant issues in New York and write reports or articles on such issues.

CFR Participating Departments

The Council promotes better understanding of international affairs by: running a wide-ranging Studies Program; convening meetings on important foreign policy topics; engaging policymakers on Capitol Hill; publishing *Foreign Affairs*; providing up-to-date information about the world and U.S. foreign policy on the Council's award-winning website, CFR.org; actively promoting and disseminating its work; and sponsoring Independent Task Forces.

- **David Rockefeller Studies Program.** The Studies Program is the Council's "think tank." Its nearly fifty-five full and part-time fellows research and write books and articles on major foreign policy issues. The Studies Program's work is frequently cross-disciplinary because globalization makes traditional disciplinary boundaries obsolete.
- **Council on Foreign Relations Meetings Program.** The Council's Meetings Program convenes meetings at its headquarters in New York, Washington, DC, and other cities where senior government officials, members of Congress, global leaders, and prominent thinkers come together with Council members to discuss and debate major international issues.
- **Council on Foreign Relations Washington Program.** The Council's Washington Program is a place where policymakers turn for guidance, to test new ideas, and to engage with experts as they seek to develop policy initiatives. Within the Washington Program, the Council's Congress and U.S. Foreign Policy Program engages members of the U.S. House of Representatives and the Senate and their staff members in study and dialogue on a wide array of international issues.
- ***Foreign Affairs*.** The Council publishes *Foreign Affairs*, ranked America's most influential publication on international affairs and foreign policy. *Foreign Affairs* is the international forum of choice for the most important new ideas, analysis, and debate on the most significant issues in the world.
- **Council on Foreign Relations Website, CFR.org.** The Council's website provides ideas and clear and accurate information and analysis on important international issues for the interested public. CFR.org provides daily analysis of news and a digest of the best information and resources available anywhere.

- **Council on Foreign Relations Communications and Marketing.** The Communications and Marketing Department reaches new audiences using creative, cutting-edge campaigns. Outreach strategies are designed into projects at their conception, and a team of senior Council staff under the direction of the Vice President for Communications and Marketing meets weekly to plan, coordinate, and monitor outreach efforts.
- **Council on Foreign Relations-Sponsored Independent Task Forces.** The Council publishes a small number of independent task force reports each year, when it deems that a diverse and bipartisan group of experts can reach a meaningful policy consensus on a critical national security or foreign policy issue. Independent task forces generate significant attention among press and policymakers, and time and time again have proven to play an important role in advancing critical foreign policy debates.

Oversight and Management

In his capacity as director of the program and senior fellow, Dr. Patrick would report to **Gary Samore**, Council Vice President, Director of Studies, and Maurice R. Greenberg Chair and an expert on nuclear proliferation and arms control. Council President **Richard N. Haass**, who previously served as director of policy planning for the Department of State, would have ultimate oversight responsibility of the program.

BUDGET

The annual operating budget for the IIGG Program will be approximately \$2 million per year over five years. The majority of these funds will cover the salaries of core IIGG Staff (including a stipend for the annual International Organization Visiting Fellow) and IIGG programmatic activities, including an annual conference, multiple meetings in the United States and abroad, travel by IIGG Program staff (and at times other Council fellows), multimedia and publications expenses, communications needs, consulting services, and overhead costs.

In addition, the success of the IIGG Program will require it to draw on the unique expertise and talents of the Council's broader Studies Program. Accordingly a portion of the IIGG budget will also be used to cover salaries, benefits, and project management in proportion to the amount of time that non-IIGG Council staff devote to IIGG-related initiatives. Specific decisions regarding salary and program expenses for fellows not part of IIGG core staff/programs will be made by the Director of Studies at the recommendation of the IIGG senior fellow.

Robina Grant Proposal (5-year Budget)

	Year 1	Year 2	Year 3	Year 4	Year 5	Totals
Core Staff	\$ 535,600	\$ 547,800	\$ 565,400	\$ 578,300	\$ 596,600	\$ 2,823,700
Senior Fellows/Studies Staff	\$ 558,600	\$ 575,400	\$ 592,600	\$ 610,400	\$ 628,700	\$ 2,965,700
Meetings	\$ 87,900	\$ 96,300	\$ 100,100	\$ 107,600	\$ 110,700	\$ 502,600
Research Travel	\$ 60,000	\$ 64,200	\$ 68,600	\$ 73,600	\$ 78,800	\$ 345,200
Publication	\$ 17,500	\$ 35,000	\$ 35,000	\$ 36,000	\$ 18,000	\$ 141,500
Multi-media	\$ 40,000	\$ 41,000	\$ 42,700	\$ 43,700	\$ 45,400	\$ 212,800
Professional Services	\$ 19,000	\$ 19,000	\$ 21,500	\$ 21,500	\$ 24,000	\$ 105,000
Research Materials	\$ 6,900	\$ 7,200	\$ 7,500	\$ 7,800	\$ 8,100	\$ 37,500
Administrative	\$ 63,000	\$ 65,200	\$ 67,300	\$ 69,400	\$ 71,900	\$ 336,800
Outreach	\$ 210,000	\$ 218,500	\$ 227,500	\$ 236,400	\$ 245,500	\$ 1,137,900
Project Management	\$ 258,300	\$ 269,900	\$ 279,300	\$ 288,400	\$ 295,400	\$ 1,391,300
Total Annual Budgets	\$ 1,856,800	\$ 1,939,500	\$ 2,007,500	\$ 2,073,100	\$ 2,123,100	\$ 10,000,000

Grand Total	\$ 10,000,000
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COUNCIL ON FOREIGN RELATIONS

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RICHARD HAASS

Richard Haass is president of the Council on Foreign Relations, a position he has held since July 2003. The Council on Foreign Relations is an independent, nonpartisan membership organization, think tank, and publisher dedicated to being a resource for its members, government officials, business executives, journalists, educators and students, civic and religious leaders, and other interested citizens in order to help them better understand the world and the foreign policy choices facing the United States and other countries.

Haass is the author or editor of ten books on American foreign policy. His most recent book, *The Opportunity: America's Moment to Alter History's Course*, was published by Public Affairs. He is also the author of one book on management: *The Bureaucratic Entrepreneur: How to Be Effective in Any Unruly Organization*.

From January 2001 to June 2003, Richard Haass was director of policy planning for the Department of State, where he was a principal adviser to Secretary of State Colin Powell. Confirmed by the U.S. Senate to hold the rank of ambassador, Haass also served as U.S. coordinator for policy toward the future of Afghanistan and was the lead U.S. government official in support of the Northern Ireland peace process. For his efforts, he received the State Department's Distinguished Honor Award.

Ambassador Haass has extensive additional government experience. From 1989 to 1993, he was special assistant to President George Bush and senior director for Near East and South Asian affairs on the staff of the National Security Council. In 1991, Haass was awarded the Presidential Citizens Medal for his contributions to the development and articulation of U.S. policy during Operations Desert Shield and Desert Storm. Previously, he served in the Departments of State (1981-85) and Defense (1979-80) and was a legislative aide in the U.S. Senate.

Haass also was vice president and director of foreign policy studies at the Brookings Institution, the Sol M. Linowitz visiting professor of international studies at Hamilton College, a senior associate at the Carnegie Endowment for International Peace, a lecturer in public policy at Harvard University's John F. Kennedy School of Government, and a research associate at the International Institute for Strategic Studies. A Rhodes Scholar, Haass holds a BA from Oberlin College and the Master and Doctor of Philosophy degrees from Oxford University. He has received honorary doctorates from Hamilton College, Franklin & Marshall College, and Georgetown University.

Richard Haass was born in Brooklyn, New York, in 1951. He lives in New York City with his wife and two children.

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GARY SAMORE

Gary Samore is vice president, director of studies, and Maurice R. Greenberg chair at the Council on Foreign Relations. He is an expert on nuclear proliferation and arms control, especially in the Middle East and Asia.

Before joining the Council, Dr. Samore was vice president for global security and sustainability at the John D. and Catherine T. MacArthur Foundation, where he was responsible for international grant-making. From 2001 to 2005, he was director of studies and senior fellow for nonproliferation at the International Institute for Strategic Studies. Dr. Samore served at the National Security Council from 1995 to 2001. He began his career there as the director for nonproliferation and export controls and then became the special assistant to the president and senior director for nonproliferation and export controls. As a senior White House official at the National Security Council, he was responsible for formulating and coordinating U.S. policy to prevent the proliferation of nuclear, chemical, and biological weapons, and missile delivery systems. Before his career led him to the National Security Council, Dr. Samore spent seventeen years working at the Department of State, where he served as special assistant to the ambassador-at-large for nonproliferation and nuclear energy policy. He later served as the acting director and deputy director at the Office of Regional Nonproliferation, Bureau of Political-Military Affairs, and then as the deputy to Ambassador-at-Large Robert Gallucci.

Dr. Samore has edited three "strategic dossiers" published by the International Institute for Strategic Studies: *Iran's Strategic Weapons Programmes: A Net Assessment* (2005); *North Korea's Weapons Programmes: A Net Assessment* (2004); and *Iraq's Weapons of Mass Destruction: A Net Assessment* (2002). He has also authored or coauthored numerous works, the most recent of which include, "The Korean Nuclear Crisis," in *Survival* (2003); "Ending Russian Assistance to Iran's Nuclear Bomb," in *Survival* (coauthored, 2002); and, "Iraq," in *Nuclear Proliferation After the Cold War* (Woodrow Wilson Center Press, 1994).

Dr. Samore holds a BA in sociology from the State University of New York at Stony Brook and an MA and PhD in government from Harvard University.

COUNCIL ON FOREIGN RELATIONS

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SEBASTIAN MALLABY

Sebastian Mallaby is director of the Maurice R. Greenberg Center for Geoeconomic Studies (GEC), deputy director of the David Rockefeller Studies Program, and Paul A. Volcker senior fellow for international economics at the Council on Foreign Relations. An experienced journalist and an acclaimed author, Mr. Mallaby joined the Council from the *Washington Post*, where he served as a columnist and editorial board member. In addition to his oversight of the GEC and his role in managing the Studies Program, Mr. Mallaby is examining how the interplay of economics and politics is shaping international relations, and is currently working on a book on hedge funds. His interests cover a wide variety of domestic and international issues, including globalization, trade, investment trends, international development, and economic policy.

In 2003, Mr. Mallaby went on leave from the *Washington Post* to become a senior fellow at the Council on Foreign Relations, where he wrote a history of the World Bank under James Wolfensohn. The book, entitled *The World's Banker*, was published in October 2004. It was named as an "Editor's Choice" by the *New York Times* and became a *Washington Post* bestseller. An essay in the *Financial Times* commented that "Mallaby's book may well be the most hilarious depiction of a big organization and its controversial boss since Michael Lewis's, *Liar's Poker*."

Before joining the *Post* in 1999, Mr. Mallaby spent thirteen years with *The Economist*. While at *The Economist*, he worked in London, where he wrote about international finance; in Africa, where he covered Nelson Mandela's release and the collapse of apartheid; and in Japan, where he covered the breakdown of the country's political and economic consensus. Between 1997 and 1999, Mr. Mallaby was *The Economist's* Washington bureau chief and wrote the magazine's weekly Lexington column on American politics and foreign policy.

Mr. Mallaby has also contributed to numerous other publications, including *Foreign Affairs*, *Foreign Policy*, *Prospect* (UK), *New York Times*, *The New Republic*, *Slate*, *Policy Review*, and *National Interest*. He is the author of *After Apartheid: The Future of South Africa*, which was listed by the *New York Times* as one of the notable books of 1992. His *Foreign Affairs* essay on failed states in 2002 was cited by commentators in the *New York Times*, *Financial Times*, and *Time Magazine*.

Mr. Mallaby was educated at Oxford. He graduated in 1986 with a First Class degree in Modern History.

DR. STEWART M. PATRICK

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WORK EXPERIENCE

CENTER FOR GLOBAL DEVELOPMENT. *Research Fellow and Director, Project on Weak States and U.S. National Security.* Washington, D.C. February 2005-present. Direct the Center's research and policy engagement on the intersection between security and development, with particular focus on the relationship between weak states and transnational threats and on the policy challenges of building effective institutions of governance in fragile settings.

JOHNS HOPKINS SCHOOL OF ADVANCED INTERNATIONAL STUDIES. *Professorial Lecturer in International Relations/Conflict Management.* 2006-present. Teach graduate course in Post-Conflict Reconstruction to M.A. Candidates.

SECRETARY OF STATE'S POLICY PLANNING STAFF, U.S. DEPARTMENT OF STATE. *Staff Member.* Washington, DC, September 2002-January 2005. Lead professional staff member for U.S. policy toward Afghanistan and global/transnational issues. Portfolio responsibilities included analysis and recommendations for U.S. policies on failed/failing states and post-conflict reconstruction; sustainable development; refugees and migration; international law enforcement; and global health affairs. Also prepare broader policy statements on U.S. foreign policy. Joined staff as an *International Affairs Fellow of the Council on Foreign Relations.*

POLITICS DEPARTMENT, NEW YORK UNIVERSITY. *Adjunct Professor of Politics.* 2001-2002. Taught U.S. Foreign Policy to NYU graduate students.

CENTER ON INTERNATIONAL COOPERATION, NEW YORK UNIVERSITY. *Research Associate.* New York, NY, 1997-2002. Designed and ran research programs on Post-Conflict Reconstruction and on Multilateralism and U.S. Foreign Policy.

THE BROOKINGS INSTITUTION. *Pre-Doctoral Dissertation Fellow in Foreign Policy Studies.* Washington, DC, 1992-94.

THE NORWEGIAN NOBEL INSTITUTE. *Guest Researcher,* Oslo, Norway. June – December, 1993.

CENTRAL EUROPEAN UNIVERSITY. *Tutor in International Politics,* Prague, Czech Republic, Summer 1992.

OXFORD UNIVERSITY. *Lecturer in International Politics.* Lady Margaret Hall, Oxford University, 1991-92.

CENTER FOR STRATEGIC AND INTERNATIONAL STUDIES. *Consultant,* Political-Military Affairs, Washington, DC, Summer 1991; *Research Assistant,* Latin American Studies Program, Summer 1989.

STANFORD UNIVERSITY. *Head Teaching Assistant,* Human Biology Program. 1987-88.

INSTITUTE OF HUMAN ORIGINS. *Paleoanthropologist,* Olduvai Gorge, Tanzania. Summers 1987, 1988.

EDUCATION

OXFORD UNIVERSITY, Oxford, England. (*Rhodes Scholar*).

D. PHIL. in INTERNATIONAL RELATIONS. 1996.

Dissertation: *Forging Hegemonic Consensus: America, France, and the Making of the Postwar Order, 1945-1954.*

M. PHIL. in INTERNATIONAL RELATIONS, with distinction. 1991.

Thesis: *The Concept of Hegemony in International Relations: A Critical Reassessment*. Fields of specialization: International Politics since 1900, Politics and Institutions of West European Integration, International Relations Theory, Classical Theories of International Relations.

M. ST. (Master of Studies) in MODERN EUROPEAN HISTORY, with special commendation. 1989.

STANFORD UNIVERSITY, Stanford, California.

B. A. in HUMAN BIOLOGY, with distinction, and with Honors in Humanities. 1987.
Honors Thesis: *Toward a Systematic Evolutionary View of Human Culture*.

PUBLICATIONS

BOOKS

Weak States, Global Threats, and International Security (working title) (expected publication 2008)

The Best Laid Plans: Identity, Ideas, and the Origins of U.S. Multilateralism, 1940-1950 (in press, Rowman and Littlefield, forthcoming 2008).

Greater than the Sum of Its Parts? Assessing "Whole of Government" Approaches toward Fragile States, with Kaysie Brown (New York: International Peace Academy: 2007)

Multilateralism and US Foreign Policy: Ambivalent Engagement, editor (w/Shepard Forman) and co-author (Boulder: Lynne Rienner, 2002).

Good Intentions: Pledges of Aid for Post-Conflict Recovery, editor (w/Shepard Forman) and co-author (Boulder: Lynne Rienner: 2000).

ARTICLES/CHAPTERS

"US Policy toward Fragile States: Taking an Integrated Approach to Security and Development," in *The White House and the World: A Development Agenda for the Next U.S. President*, ed. by Nancy Birdsall (Washington, DC: Center for Global Development, 2008)

"The Mission Determines the Coalition": The United States and Multilateral Cooperation after 9/11," in *Cooperating for Peace and Security: Evolving Institutions and Arrangements in a Context of Changing US Security Policy*, edited by Shepard Forman and Bruce Jones (Cambridge University Press, forthcoming 2008)

"Index of State Weakness in the Developing World," *Brookings Working Paper* (2008) (With Susan Rice)

"Too Poor for Peace? Global Poverty, Conflict, and Peace in the 21st Century," [review of book of same title], *ECSP Report* 14 (2008).

"Failed States and Global Security: Empirical Questions and Policy Dilemmas," in *North and South in the World Political Economy*, edited by Rafael Reuveny and William R. Thompson (Blackwell: forthcoming, 2008). Also to be published as a special addition of *International Studies Review*.

"A Return to Realism? The United States and Global Peace Operations since 9/11," in *The US and Peace Operations: Contemporary Policy and Practice* (Special issue of *International Peacekeeping*), ed. by Ian Johnstone (London: Frank Cass Publishing, forthcoming 2008).

"The U.S. Response to Precarious States: Tentative Progress and Remaining Obstacles to Coherence," in *International Responses to Precarious States: A Comparative Analysis of International Strategies with Recommendations for Action by European Institutions and European Member States*, edited by Stefani Weiss (Bertelsmann Foundation: forthcoming, 2008).

- "Democratic Consolidation in Post-Conflict States in Latin America: Some Insights from the Peace-Building and Fragile States Literature" (commentary), in *Comparative Peace Processes in Latin America*, edited by Cynthia J. Arnson (Washington, DC: Woodrow Wilson International Center for Scholars, forthcoming 2008)
- "Freedom from Want: American Exceptionalism and Global Development," in *Power and Superpower: Global Leadership and Exceptionalism in the 21st Century* (Century Foundation/Center for American Progress, 2007), with Nancy Birdsall and Milan Vaishnav.
- "Toolbox: Making Foreign Aid Reform Work," *The American Interest*, Summer (May/June) 2007, pp. 103-109.
- "Weak States and Global Threats: Fact or Fiction?" *The Washington Quarterly* 29, 2 (Spring 2006), pp. 27-53.
- "After Mugabe: Applying Post-Conflict Recovery Lessons to Zimbabwe," *Africa Policy Journal* 1 (Spring 2006)
- "Multilateralism and the U.S. National Interest," in Cathal J. Nolan, ed., *Power and Responsibility in World Affairs: Reformation vs. Transformation* (Praeger: 2004), pp. 165-213.
- "Beyond Coalitions of the Willing: Assessing U.S. Multilateralism," *Ethics and International Affairs* 17, 1 (2003).
- "More Power to You: Strategic Restraint, Democracy Promotion, and American Primacy," *International Studies Review* 4, 1 (Spring 2002).
- "Multilateralism and Its Discontents: The Causes and Consequences of U.S. Ambivalence," in *Multilateralism and U.S. Foreign Policy: Ambivalent Engagement*
- "Don't Fence Me In: The Perils of Going It Alone," *World Policy Journal* 18, 3 (Fall 2001), pp. 2-14.
- "A World Reformed," *Agni* (Autumn 2001). (Book Review)
- "Preparing for Peace and Development: The Proposed Strategic Recovery Facility," (with Shepard Forman), *Humanitarian Exchange* 18 (March 2001), pp. 35-37.
- "America's Retreat from Multilateral Engagement," *Current History* (December 2000)
- "Embedded Liberalism in France? American Hegemony, the Monnet Plan, and Postwar Multilateralism," in Martin A. Schain, ed., *The Marshall Plan: Fifty Years After* (New York: Palgrave, 2001).
- "The Evolution of International Norms: Choice, Knowledge, Power, and Identity," in William Thompson, ed., *Evolutionary Interpretations of World Politics* (New York: Routledge, 2001).
- "The Check is in the Mail – Improving the Delivery and Coordination of Post-Conflict Assistance," *Global Governance* 6, 1 (Jan.-Mar. 2000).
- "Introduction" (with Shepard Forman), in *Good Intentions: Pledges of Aid for Post-Conflict Recovery*
- "The Donor Community and the Challenge of Post-Conflict Recovery," in *Good Intentions: Pledges of Aid for Post-Conflict Recovery*
- "Unilateralism and Multilateralism in US Foreign Policy," *The Foreign Policies of the United States, Canada, and Mexico on the Threshold of the Twenty-First Century*, Center for Research on North America, National Autonomous University of Mexico (trans. into Spanish)

WORKING PAPERS

- "The Pentagon and Global Development: Making Sense of the DoD's Expanding Role," *CGD Working Paper* #131 (November 2007), with Kaysie Brown

"The U.S. Response to Precarious States: Tentative Progress and Remaining Obstacles to Coherence," *CGD Essay* (July 007)

"Billions for War, Pennies for the Poor: Moving the President's FY2008 Budget from Hard Power to Smart Power," (with Sami Bazzi and Sheila Herrling) *CGD analysis* (March 16, 2007)

"US Foreign Aid Reform: Will It Fix What is Broken?" *Center for Global Development Essay* (September 2006)

"Fragile States and U.S. Foreign Assistance: Show Me the Money," *CGD Working Paper* number 96 (August 2006)

"Weak States and Global Threats: Assessing Evidence of 'Spillovers'," *CGD Working Paper* number 73 (January 2006)

"Reforming U.S. Development Policy: Four Critical Fixes," (with Nancy Birdsall and Milan Vaishnav), *Center for Global Development Essay* (February 2006)

"The Day After Comrade Bob: Applying Post-Conflict Reconstruction Lessons to Zimbabwe," (with Todd Moss), *CGD Working Paper* number 72 (December 2005)

POLICY BRIEFS

"Greater than the Sum of Its Parts? Assessing 'Whole of Government' Approaches to Fragile States," *CGD Brief* (June 2007), with Kaysie Brown.

COMMENTARY

"A Costly Cut," *Knight-Ridder*, November 21, 2005

"A Strategy to Prevent Failed States," *Miami Herald*, July 17, 2005.

"A New World Bank President. A New World Bank Mission?" *Chicago Tribune*, March 23, 2005.

"A UN Reform We Can Support," *Knight-Ridder/Taiwan Times News*, March 20, 2005.

"A Nation-Rebuilding Team: Time to Invest in Peace," *The Spokesman-Review*, February 28, 2005.

REPORTS

Integrating 21st Century Development and Security Assistance, Final Report of the CSIS Task Force on Non-Traditional Security Assistance (Washington: CSIS, 2007) (lead author)

"The United States in a Global Age: The Case for Multilateral Engagement," *Paying for Essentials: A Policy Paper Series* (with Shepard Forman and Princeton Lyman), Center on International Cooperation: 2002.

"Recovering from Conflict: Strategy for an International Response," *Paying for Essentials: A Policy Paper Series* (with Shepard Forman and Dirk Salomons), Center on International Cooperation: 2000.

"Historical Precedents for a New World Order;" "Elements of the New World Order;" and "Hegemonic Powers in Decline: The Limits of the British Analogy;" Three reports commissioned by the Center for Strategic and International Studies, Washington, DC: 1991.

SELECTED PAPERS

"DoD Support for Capacity-Building," background paper commissioned by the CSIS Task Force on DoD Non-Traditional Security Assistance, Spring 2007

- "Weak States, Global Threats and U.S. National Security: A Research and Policy Agenda," Presented at the 2006 Meetings of the International Studies Association, San Diego California. March 2006.
- "Looking Beyond the In-Box: Reflections on Policy Planning,," Conference on Wielding American Power: Agenda for Strategy and Policy Planning, Woodrow Wilson International Center for Scholars, February 14, 2005.
- "Unilateralism and Multilateralism in US Foreign Policy." Presented at a conference on The Foreign Policies of the United States, Canada, and Mexico on the Threshold of the Twenty-First Century, Mexico City (Center for Research on North America, National Autonomous University of Mexico), August 2000.
- "Hegemony, Multilateralism, and Global Governance." Presented at the 2000 annual meetings of the Academic Council of the United Nations System, Oslo, Norway, June 2000.
- "Going It Alone? Unilateralism and US Foreign Policy." Presented at the 2000 annual meetings of the International Studies Association, Los Angeles, March 2000.
- "Pledges of Aid for Recovery." Presented at the 1999 annual meetings of the Academic Council of the United Nations System, United Nations, New York, June 1999.
- "The Check is in the Mail -- Pledges of Aid and Multilateral Coordination of Post-Conflict Reconstruction." Presented at the 1998 annual meetings of the Academic Council of the United Nations System, Halifax, Nova Scotia, June 1998.
- "Forging Consensus on Multilateral Norms: American Hegemony, France's Monnet Plan, and the Blum-Byrnes Accords of 1946." Presented at the 1998 annual meetings of the International Studies Association, Minneapolis, 1998.
- "The Evolution of International Norms: Adaptation, Learning, Socialization, and Hegemony." Paper presented at the annual meetings of the International Studies Association, Toronto, 1997.
- "Hegemony, Legitimacy, and International Order." Paper presented at Nobel Institute Research Symposium, Oslo, Norway, September 1993.

SELECTED PROFESSIONAL AFFILIATIONS AND ACTIVITIES

Council on Foreign Relations: Member, 2004-present
 Task Force on Genocide Prevention, US Holocaust Memorial Museum, Member, 2007-
 Task Force on *A Unified Security Budget for the United States, FY08*, Member, 2007
 Princeton Project on U.S. National Security, Member, 2005-6
 National Intelligence Council: Steering Group Member, *Global Trends 2020*, 2004
 Center for Global Development: Advisor, Commission on Weak States and U.S. National Security, 2004
 Defense Science Board: State Department representative, Panel on Post-Conflict Activities, 2004
 Council on Foreign Relations: Observer, Independent Task for on United States Post-Conflict Capabilities, 2004
 Academic Council of the United Nations System: Member
 American Political Science Association: Member
 International Studies Association: Member
 United States Institute of Peace (USIP): former Grant Review Panelist.

HONORS & AWARDS

Superior Honor Award, U.S. Department of State, for exceptional contributions to the establishment of the Office of the Coordinator for Reconstruction and Stabilization. 2005
 Franklin Award, U.S. Department of State, for work on Afghanistan regional development forum. 2005
 International Affairs Fellowship, Council on Foreign Relations. 2002-2003.
 Term Membership, Council on Foreign Relations, 1999-2004.
 Research Fellowship in Foreign Policy Studies, The Brookings Institution. 1992-4.

Guest Researcher Fellowship, Norwegian Nobel Institute, Oslo, Norway. 1993.
Nuffield Funded Studentship and Overseas Research Award, Oxford University. 1991-92.
Rhodes Scholarship, elected from the state of Maryland. 1988-1991.
Golden Medal for excellence in undergraduate research, Stanford University. 1987.
Hedley Prize for contributions to the Humanities Honors Program, Stanford University. 1987.
Phi Beta Kappa, junior year induction, Stanford University. 1986.
Moorhead Scholarship (declined), University of North Carolina, 1983
National Merit Scholar, St. Albans School, Washington, DC. 1983.

OTHER

Languages: English (mother tongue), French (strong), Spanish (basic).

Hobbies: travel writing; wilderness hiking; scuba diving.

DATE AND PLACE OF BIRTH: December 26, 1964, New York, New York (U.S. Citizen).

ROBINA FOUNDATION

December 13, 2007

Mr. Joe Dowling, Director
Guthrie Theatre
818 South 2nd Street
Minneapolis, MN 55415

4900 IDS Center
80 South 8th Street
Minneapolis, MN 55402
Phone: 612-333-2313
Fax: 612-333-0182
www.robinafoundation.org

Dear Mr. Dowling:

Thank you for agreeing to assist the Board of Directors of the Robina Foundation in its review of a grant proposal from Yale University for the Center for New Theater. Under the terms of the bequest that established Robina, Yale is one of four beneficiaries specified to receive funds. The proposal was developed after discussions with the Robina staff in accordance with the charge to help Yale undertake a "transformative" program.

The full proposal is enclosed with this letter, along with responses to specific questions raised by the Board. The Board believes that your knowledge and experience is relevant to the substance of this request and that your analysis will help us make the most appropriate decision.

The Foundation has agreed to pay you a one-time fee of \$1,500 for your services. This fee assumes that review of the proposal and development of written comments will take roughly five hours of your time. Payment will be sent to you upon receipt of your written analysis. Although there is no limit to the length of your review, brevity is encouraged.

Please address the following items/questions in your analysis of the proposed project:

- Briefly comment on the importance of the project and the issue(s) it seeks to address.
- What are the major strengths of the project?
- What is the likelihood that the project, as proposed, will have the intended impact it seeks?
- What are the significant barriers that Yale will encounter in its goal to have the new works developed through this initiative staged by other regional theaters? What are some strategies that may lessen the barriers?
- Are you aware of an existing "pool" of funds available to regional theaters that is meant to help them finance the production of new works for the stage? If so, tell us about this fund.
- If such a fund does not currently exist, would this idea be worth further exploration? Would Yale be an appropriate place to house the administration of such a fund? Why or why not?
- Is the amount budgeted for commissions to playwrights appropriate?
- Are there specific financial considerations that stand out in your review of the proposal budget? Any "red flags?"
- What advice would you give the applicant?
- What advice would you give the Foundation?

The timeline for the Foundation requires a quick turnaround of the review. We would appreciate receiving your written review no later than Monday, January 14, 2008. You can send it to my attention at the following address: jsazevich@robinafoundation.org. Please feel free to call me at 612.333-2313 if you would like to discuss this project further.

Once again, we appreciate your assistance and look forward to learning from your analysis.

Sincerely,

Gordon M. Aamoeth, MD
President and CEO

Enclosures

Nancy Gilberg

From: Jean Sazevich [jsazevich@robinafoundation.org]
Sent: Thursday, January 03, 2008 7:37 PM
To: ngilberg; gaamoth
Subject: Fw: For the attention of Gordon M. Aamoth
Attachments: Robina Foundation report on Yale Center for New Theatre.doc

Dowling report.

Jean M. Sazevich
Managing Consultant
Robina Foundation
612.599-7092 (cell)

-----Original Message-----

From: "Dowling, Joe" <JoeD@GuthrieTheater.org>
Sent 12/27/2007 12:21:37 PM
To: jsazevich@robinafoundation.org
Subject: For the attention of Gordon M. Aamoth

Dear Dr. Aamoth,

I enclose a report on the Yale University Center for New Theater. I hope it is of some value in your deliberations at Robina Foundation. If you have any further questions or a need for expansion on any point, please don't hesitate to let me know.

Sincerely

Joe.

Joe Dowling
Director
Guthrie Theater
818 South Second Street
Minneapolis, MN 55415
phone 612.225.6110
fax 612.225.6102

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For more information please visit <http://www.messagelabs.com/email>

Robina Foundation report on Yale Center for New Theatre.

1. The importance of the project

It is certainly true that commissioning and producing new work is vital to the health and future strength of American Theater. Therefore, any fund that encourages writers to remain in the theater rather than work solely for film and television is to be lauded. Such a fund is both important and timely.

2. The major strengths of the project

As outlined, this project has the potential to engage significant writers in an ongoing commitment to producing work for the Yale Repertory Theatre. It also has the potential to offer writers a deliberative and dialogic process that will allow them to work in a productive way with theater professionals, students and faculty of the Yale Drama School. The university element gives this project a unique aspect, which could provide a dynamic ongoing relationship with the writers.

3. Likelihood of the project having the intended impact

While the opportunity to commission seven plays and one musical per year at a reasonable commissioning fee is an exciting initiative for the Yale Repertory Theater, I am less convinced that this will create the national impact that this proposal suggests. Many theaters around the country are currently commissioning writers and notable companies such as Yale Repertory, Playwrights Horizons in New York, South Coast Rep. in California and The Steppenwolf Theatre in Chicago, have seen their work produced by other companies and, in some cases, have gone on to national and international success. However, as I read the proposal, I can see no real incentive for other regional theaters to produce any of the plays created by this project. It is intended that Yale will produce two of the eight commissions – a healthy number – and it is implied that other theaters would produce the other six. I would argue that, in the event of Yale Rep finding the plays unsuitable for presentation, other artistic directors would be unwilling to take a chance on work deemed unworthy of that stage. The subsequent productions of plays produced at Yale will depend completely on critical and audience reaction. I am also not convinced that Yale will find eight suitable scripts each year that deserve a major commission.

4. The barriers that Yale may encounter in reaching its goal with other Regional Theaters.

The creation of new work for the stage is a delicate and time-consuming endeavor. It usually requires the development of a relationship between the theater

and individual writers of promise. There is a clear distinction between aspiring writers and those who already have a track record in American Theater. Most major playwrights have options as to where they will present their work. They are not dependent on individual theaters. What theater director would turn down a new play from Edward Albee or Tony Kushner? Finding new and nurturing talents requires financial investment, professional advice, the courage to actually present the work and, finally, the resources to properly produce the work. As I read it, this proposal allows for the development of the play up to production and will encourage the creativity of the writer to think beyond the "small cast" norm. The belief that, by *"field letters, press releases, targeted distribution of scripts, and networking opportunities for playwrights orchestrated by staff in concert with other theaters and field service organizations"*, subsequent productions of the commissioned work can be assured seems to me overly optimistic. Most artistic directors plan productions of new work based on specific relationships with individual writers. Those of us charged with running theaters are always anxious to produce our own new work. It would be more accurate to see this proposal as a way for Yale Rep to be engaged more fully in the creation of new work. That is a valuable extension of their current policy and worthy of support. To assume that other theaters will get value from these funds is not proven by this submission. Theater managers *"have felt compelled to retain audiences with familiar works"* because they are in the business of serving their audiences. Most theaters are happy to produce new work if it has an appeal for its demographic of its audience. In this instance, one size does not fit all.

5. Existing "pool" of funds for the production of new work

I am unaware of such a fund. There are a number of funds created by foundations for the *commissioning* of new work, most notably The Kennedy Center New Play initiative and some others with very specific guidelines. However, I am not aware of a fund for the *production* costs of a new play. Those can be prohibitive, depending on the size of the cast, number of settings, effects etc. It is the norm that new plays will attract fewer patrons than "tried and true" work and, therefore, it is harder for new writers to attract attention from regional theaters.

6. Would this be a worthwhile idea.

Most definitely. It would be a very difficult fund to administer and there would be controversy about the value of each project proposed. However, if there are to be more new works presented at theaters around the country, there does need to be a fund available to ensure that such work can get a suitable production with high production standards.

7. Would Yale be the appropriate place to house the administration of such a fund.

No. As Dean Bundy makes clear, there would be a serious conflict of interest as Yale Rep is also a producing house. Such a fund should be administered by a disinterested party such as Theatre Communications Group in New York.

8. Is the budgeted amount for commissions appropriate?

Yes. It is an average commission fee. This figure will attract a wide range of writers while excluding the major writers who would expect at least \$30,000 per play

9. The proposed budget – any red flags

It seems adequate and well considered.

Conclusions

As Mr. Binger had such a passion for theater and for Yale, it seems appropriate that Robina Foundation should combine these two areas by supporting this project. It is a reasonable use of the funds available and will benefit both the school and the Repertory Company.

However, if the intention is to spread the funding to embrace other regional companies, this proposal falls short in significant ways. Commissioning eight plays in one year is a considerable number and it will be difficult to sustain a high quality each year. The fact that Yale Repertory Theater only intends to produce two of these scripts means that they will make choices to suit their own repertoire. Once produced, those plays may or may not be taken up by other theaters. This fund will not make the difference. Much will depend on how the work is received by critics and audiences and how suitable the work is for other demographics.

Joe Dowling
Director,
The Guthrie Theater.

Nancy Gilberg

From: JEAN SAZEVICH [JMS_PC@msn.com]
Sent: Monday, January 07, 2008 12:28 PM
To: ngilberg
Subject: Fw: Yale funding
Attachments: Robina_Yale.doc

Hello Nancy:

Here is another Yale review. Prepare letter and check. Print and copy for board book.

Thanks much.

Jean

Jean M. Sazevich
Philanthropy Consultant
4808 Dowling Street
Minneapolis, Minnesota 55406
612.599-7092 (cell)
612.729-5738 (office)
jms_pc@msn.com

----- Original Message -----

From: davidg1@stanford.edu
To: JEAN SAZEVICH
Sent: Monday, January 07, 2008 11:55 AM
Subject: Yale funding

Hi Jean:

Attached is my analysis/commentary on the Yale funding request. Thanks for inviting me to participate. Please keep me in the loop (if appropriate).

Regards,

David

Goldman — professor drama @ Stanford

Ms. Jean Sazevich, Managing Consultant
Robina Foundation
Minneapolis, MN

Dear Jean:

The project that Yale is proposing seems to me, given my new play bias, to be of great importance. Back in 1998 when I founded the National New Play Network, the purpose was to "stop the bleeding" and stabilize American theatre through the identification, development, and production across the country of new plays by emerging playwrights--a bubbling up instead of top down from Broadway and London. To that extent, Yale is poised to take a crucial next step toward not only that goal, but perhaps toward making regional theatre an even more important arena for new work that helps define who we are as a society.

As the previous paragraph indicates, I strongly believe in what Yale wishes to do. In fact, The NNPN has been doing many of the same things (on a smaller scale), with the Center for New Plays here at Stanford helping to make some of the more innovative NNPN programs financially sustainable. I strongly endorse Yale's plan to commission the best emerging playwrights, and to establish residencies, workshops, and world premiere productions, and I believe that the significant resources to be devoted to the process of new play development and the education of actors, directors, designers, etc. in that process is the major strength of the proposed project. It will have a significant impact on the field. The benefit to both playwrights and graduate students in all areas of theatre at Yale will, in my opinion, be extraordinary.

When it comes to the concept of successful outcomes (multiple productions of new plays), it is well known throughout the field that you can't get three artistic directors to agree to do a particular play -- after all theatre missions and artistic sensibilities do differ. I think Yale's hope, and I certainly support them, is that the quality of work will transcend individual attitudes and result in several productions around the country of their various commissions. We have shown that it is indeed possible to transcend these barriers. The NNPN has created a program called the Continued Life of New Plays Fund and it is in its fifth year. Basically, three or more theatres commit to a production prior to its world premier and in return receive a certain level of subsidy. Given the size of the NNPN member theatres and NNPN's budget, the amounts are not large -- but given other funding sources and the fact that each of the partners can advertise the production as part of a "rolling" world premiere -- it is enough to create momentum. By the way, these are not co-productions, since only the script and the playwright travel. NNPN's CLNPF pilot play PERMANENT COLLECTION has had twenty-five or so productions in the last three years and a number of other plays are currently benefiting from this strategy. Thus, despite the barriers, an excellent play can receive numerous productions with the proper incentives and, with proper funding, Yale will be poised to do this.

Although there are some pockets of money for the production of new works at regional theaters (NEA, Mellon Foundation, some corporations), I would firmly support housing a

fund for the support of new plays at Yale through their repertory theatre with one caveat: This fund should provide financing beyond the "usual suspects" (the large, well-endowed regional theaters); i.e. to the smaller and mid-size theatres whose productions of new plays may be as "robust". My experience is that multiple productions nationwide are more beneficial to a playwright than one or two big ones, in that there is greater potential for the establishing of on-going theatre/playwright relationships, artistic evolution of the play, greater ability to withstand unfavorable reviews and the possible mitigation of NY Times reviews as a determining factor in Artistic Directors decisions. I should also mention that the amounts Yale proposes as contributions are appropriate for the purpose.

While certain agents and "bigtime" playwrights think \$50,000 should be a commissioning fee, my belief is that the writers Yale wants to attract will be thrilled with \$15 – 20,000.

Red flags? Eight commissions at \$20K totals \$160K. The attached budget shows \$200K with no explanation of the difference.

I would advise Yale to reach out to existing organizations, such as the National New Play Network, to get the benefit of its experience in the same program areas in which Yale wishes to excel.

I would advise Robina to give very serious consideration to the funding of this proposal and to include monies for a fund to help finance new play production at regional theatres.

**Yale University
School of Drama**

**Supplemental Information for the consideration of the
Robina Foundation
12/17/2007**

1) Is Yale aware of any pool of externally administered funds that is available to regional theatres to help them stage new plays?"

Dean James Bundy noted the existence of the Fund for New American Plays at the Kennedy Center. The Fund awards grants of up to \$25,000 for productions of new plays. However, a concern about the restrictive nature of the program's royalty structure, in particular the relatively high percentage of future earnings that may be claimed, has discouraged many playwrights from submitting their work to the Fund.

A few foundations, including the Andrew W. Mellon Foundation, the Harold and Mimi Steinberg Charitable Trust, the Shubert Foundation, the Edgerton Foundation, and the Irvine Foundation will also support new play productions, although these are of course funds disbursed as part of the normal Foundation grantmaking process rather than as a distinct and separately administered fund earmarked for new plays. The National Endowment for the Arts, in conjunction with the Theatre Communications Group, has a regranteeing program which has funded the NEA/TCG Theatre Residency Program for Playwrights, but the program is currently under review and how and whether it will be continued is not yet clear.

2) Does Yale think the creation of a pool would be a good idea to explore?"

Dean Bundy answered affirmatively that a fund specifically earmarked for new play production and targeted at artistically robust institutions would be enthusiastically embraced by the field. Certainly, there is no such fund offered or administered by a theater, now or at any time in the past.

3 Would Yale be interested in serving as administrator [of] ... such a pool of funds [for new plays]?"

Dean Bundy noted that such an arrangement, if targeted at the field in general, would raise obvious conflict of interest issues which could, ultimately, prove deleterious to playwrights as well as other regional theaters. It would also put Yale in the position of operating as a Foundation, which Yale, of course, is not. Consequently, Yale would not, under those circumstances, be an appropriate administrator.

JBW

Nevertheless, a pool of funds would be a valuable and effective investment if a fair mechanism could be instituted, perhaps through the Yale Repertory Theatre whereby funding in the range of \$5,000 to \$25,000 could be made available to regional companies to help offset production costs of plays commissioned by the Yale Center for New Theatre. To provide sufficient incentives and minimize risk, there would likely need to be some latitude in how funding is disbursed and some negotiation to ensure that plays are produced. Such an instrument, funded through an additional \$600,000 and issued beginning in the third year of the grant with an evaluation during year five, would be cost-effective and efficient, and would align well with the overall objective of staging new works.

The Yale Center for New Theatre Proposal
Response to Robina Foundation Board of Directors supplemental questions

Goals, Workplan and Strategies:

- Provide more detailed information about how the new works produced at Yale will be promoted for production at regional theaters. What challenges are there to achieving this major objective? How does the project address these challenges?

There are three primary challenges in the creation of a successful program of commissioning, producing and promoting/disseminating new plays.

1. Recruiting of writers: Yale needs to be sure that the finest writers—and particularly early career writers—are recruited to the Center. Meaningful commissioning fees, opportunities to develop plays at the writer's instigation, institutional support through readings and workshops, and track record in these areas will support the recruiting. Yale's position as a center for the training of playwrights is a strategic advantage, giving the theatre "first look" at many promising writers, and the Literary Manager, added to the staff, will give Yale additional capacity to see writers' work around the country. Competitive fee pressure may come from other theatres (though Yale's commissions will sit at the high end of the spectrum) but such competitive pressure, in a nonprofit field, serves the artform, and to the extent that Yale drives the fee structure for commissions higher nationwide, this will be advantageous to playwrights generally.

2. Quality of production: Selection of the best plays with the highest degree of artistic impact, and high quality productions, are an absolute requirement. In making the qualitative distinction among plays, there will always be cost pressures on plays that feature larger casts—six or more actors, for instance. One goal of the Center is to make it possible for playwrights who imagine stories with many characters and requiring many actors to have opportunities as well, so the Center will not dissuade a playwright from pursuing a worthy idea because of cast size. On the other hand, some playwrights will imagine stories with fewer characters both because it is artistically exciting and because they know the play will have more opportunities for production.

In producing the plays, quality will be driven in part by artistic compensation—Yale Rep's compensation for artists is at the median for the largest budget group of theatres in the Theatre Communications Group survey (this group includes the Goodman Theatre, the Guthrie Theatre, the Oregon Shakespeare Festival and South Coast Repertory, among others.) The Rep anticipates making further gains in compensation within this group. Quality is also driven by scale, and we have set a goal of 8 commissions per year because we are confident that we can support that many writers, at any point in their process, with an appropriate degree of professional attention - provided that we are able to add staff as anticipated.

3. Promotion and dissemination of new plays depends on quality of brand, as represented in track record, brochures, mailings, press releases, story placement and product. Yale

Rep Theatre's Marketing, Communications and Audience Services office, with a full-time professional staff of 13, will plan and co-ordinate the promotion of new works to regional Theatres using such proven and established channels as targeted mailings, press releases, and advertising in trade publications. Season announcements to the 400 some member Theatres of the Theatre Communications Group (TCG), reaching between 700 – 800 decision-making Artistic Directors, Executive Directors and Literary Managers will be made. Press releases announcing world premiere performances, favorable reviews and feature stories from industry leading publications such as *The New York Times*, *American Theatre* and *Variety* magazines will be distributed to an annually updated mailing list of approximately 500 industry professionals. Current and upcoming season production announcements will appear in *American Theatre*, which has a circulation of 21,000 and an estimated readership of 66,000. The Rep will also place advertisements calling attention to new productions in trade publications and on the Theatre's website. Every world premiere we have produced in the past five years has been reviewed in the Arts section of the *New York Times* and in *Variety*. Our playwrights have placed three scripts in *American Theatre* magazine, the most visible trade publication. The field is generally dismissive of personal recommendations, and representing an author's work can sometimes create a conflict of interest for a producing theatre, but we do work with writers' agents to invite industry leaders to see Yale Rep productions free of charge. When new plays are successful at the Rep, they go on to multiple productions nationwide – the best example being *The Clean House*, which has had two dozen separate productions in the past three years.

For the first three years of the Center, we anticipate that we will be able to promote the work effectively with the systems already in place and with the added staff contemplated. Ultimately, after the Center is well established, it is likely that the Rep will have in hand a significant number of quality scripts which, while not feasible for Yale Rep to produce, would certainly be worth showing in a separately funded festival of new work, programmed in addition to Yale Rep's regular season. Such a festival would include readings, premieres, and productions of 6-8 plays, and would serve as a destination event for artistic directors and literary managers in search of new plays. Should Yale Rep be unable to produce a playwright's work in the main subscription season, this festival would provide an opportunity to reach a wider audience in the field as well as providing an opportunity to see multiple plays in front of an audience over a two-three day time-span.

- Has Yale consulted with regional theater representatives, or others, in the development of the project?

While there has been no formal consultation with regional theatre representatives on the specific development of this project, Artistic Director James Bundy serves on the board of Theatre Communications Group, the national service organization for nonprofit theatre, meeting regularly with field leaders, including artistic and managing directors, directors, playwrights, actors and designers, and is familiar with a wide range of issues and best practices in new play development, as are many members of the Drama School faculty. In addition, Associate Artistic Director Jennifer Kiger served for five years as

Literary Manager of South Coast Repertory Theatre, which runs the leading commissioning program in the nation, and is a member of Literary Managers and Dramaturgs of America. In the past six months, she has participated in round table and panel discussions on new play production at Steppenwolf Theatre and the Theatre Development Fund.

- Does Yale have other ideas/strategies (not part of the current proposal) for increasing the likelihood that regional theaters will be able to produce the new works resulting from this project?

In addition to the answers to question #1. above, a further important element of the strategy is to commission more than we expect to produce ourselves: to maintain quality and diversity, it is vital to spread resources among many playwrights. We anticipate that the volume of commissions will provide two high quality world premieres each year, plus additional plays that would benefit from the festival format and hence join the repertoire. Should we find ourselves with even more excellent plays, we would be pleased to have the problem of wanting to produce three world premieres each year.

Part of producing new plays is risk management, an aspect of our work that should become more manageable with the completion of a new Yale Repertory Theatre house which is closer to 400 seats than to our current 489. Smaller seating capacity will support the intimacy and immediacy of our audience's experience, allowing us to produce more new (risky) work while still maintaining the full houses that support excitement and quality.

If we are producing two or three plays out of eight, we anticipate that we will still generate five or six plays per year that have artistic merit and which could find homes in production at many of the nation's almost 2000 nonprofit theatres. Establishing a festival for these works will be an opportunity to better serve the playwrights and the regional theatres by aggregating the work in a time and place where it can be seen and appreciated by the field; and better serve the Center by making it an explicit destination for the profession.

- Clarify who will participate in the Workshops that are part of the project. Is there a cost to participate?

A Workshop is a radically stripped down and briefly-rehearsed presentation of the play, usually for an invited audience, which generally includes Theatre staff and invitees from the profession. Typically rehearsed for 3-10 days, the workshop allows the writer to see and hear the structural and performance dynamics of the play in front of an audience, and to deepen/test the collaboration with a director and other artists. Participants typically include the playwright, a director (and choreographer, in the case of a musical), actors and, occasionally, designers who may provide certain kinds of preliminary design elements for the purpose of helping the actors or assessing the challenges of the play. All the costs of the workshop are borne by the theatre.

The Center for New Theatre workshops are designed to support the writer at the point in his/her process when the playwright and Yale both agree it is an appropriate step. A secondary function of the workshop is to invite School of Drama students to participate in the process as artists (as appropriate) and observers, so that they will be exposed regularly to the development and production of new plays in the profession.

Project Budget:

- Is \$2.2 million the entire budget for the project, or just what Robina is being asked to fund? If \$2.2 million is not the entire budget, please provide that and show how the Robina request fits into the total.

Robina is being asked to fund \$1.4 million of a budget of approximately \$5.7 million, plus an additional \$800,000 in a wasting endowment that would fund subsequent years of the project. Additional funding adequate to meet the entire project mission of the Center for New Theatre is currently in place or will be raised (see attached budget).

- Please provide a budget/narrative that more clearly explains the line items of New Play Commissions and Workshops. Are the budgeted expenses for those items adequate to achieve the results you intend? Specifically, how do the amounts allowed for play commissions compare to the market?

The commissioning numbers anticipate 7 new plays and 1 musical commission each year, on average, with a fee of \$20,000 per writer to start, escalating by 10% per year. We believe that 8 projects represent an appropriate goal, giving us both diversity of options and manageability of scope. Commissions nationally typically range from a low of \$5,000 to a high of \$20,000 (with some very grand playwrights seeking up to \$50,000). Yale Rep's have reached an average of \$15,000, but we have found significant competitive advantage at the \$20,000 figure. We anticipate that our average commissioning fee will be the highest in the nation, and that this will be particularly attractive for emerging writers, as an incentive to write and to deliver quality scripts. Our escalator is our conservative estimate of what it will take to continue to lead the field, and so we believe that with other elements of the program working well, these commissions will give us a solid footing

Workshops, which can vary significantly in expense based on the size of cast, may be estimated at an average of about \$3,000 per day for all projects, including artist fees, transportation and space rental/housing, when necessary. The escalation, in years two and three, gives us latitude to deal with the greater number of scripts that we expect to have in the pipeline as the program matures. Not all plays and playwrights will benefit from workshops, so we believe this number provides us adequate flexibility we need to respond effectively to the needs of the artists and the projects.

For example, within the scope of the entire program, production and workshop expenses can be seen as fungible for the benefit of the play. A play, scheduled to begin rehearsal in September, might better be served by a week-long workshop in the previous May that

allows the playwright time to rewrite, than by an extra week of rehearsal in September provided with the expectation that the playwright will rewrite while in the pressurized atmosphere of rehearsal.

THE YALE CENTER FOR NEW THEATRE
Proposed Budget for Commissioning, Production and Teaching

ITEM	FY2009	NOTES	FY2010	NOTES	FY2011	NOTES	TOTAL
Literary Manager: Salary plus Benefits	100,000		105,000		110,000		315,000
Eight commissions (incl. musicals)	200,000		220,000		240,000		660,000
New Play Workshops	50,000	3-5 events	75,000	4-6 events	100,000	5-7 events	225,000
New Musical Theatre Workshops	-		300,000		315,000		615,000
*YSD Lecturers for Musical Theatre	60,000		65,000		70,000		195,000
YSD Playwriting Fellowships	30,000		35,000		40,000		105,000
Production Expenses: New Plays	646,600	2 plays	711,260	2 plays	387,996	1 play	1,745,856
Production Expenses: New Musicals	-		-		1,320,000	1 musical	1,320,000
**Yale School of Drama Key Staff Time	175,000		183,750		192,938		551,688
Annual Total	1,261,600		1,695,010		2,775,934		5,732,544

The highlighted areas represent amounts requested from the Robina Foundation.

**Lecturers for the teaching of Musical Theater will include classes in lyrics, libretto and composition.*

***It is anticipated that Yale School of Drama key staff will contribute between 5% and 25% of their time to the Yale Center for New Theatre.*

Note: Allocations within the categories noted above, and in the overall budget, may change based upon the artistic and production needs of the Yale School of Drama.

Financial Notes:

YSD Lecturers for Musical Theatre: Some of this funding already exists in budgets partnering with YSD to support this curriculum.

Production Expenses - New Plays: Funding already exists in YSD annual artistic and production budgets, both of which grow on an annual basis.

Yale School of Drama Key staff time: Funding for these positions already exist in YSD annual budget.

Production Expenses - New Musicals & Musical Theater Workshops: Not currently part of YSD budget; would be raised by YSD

Possible sources of existing funding that could be used to support this program: Shubert Foundation, National Endowment for the Arts

The Yale Center for New Theatre

A proposal to the Robina Foundation

submitted by

Yale University School of Drama

November 6, 2007



Project Summary

The Yale School of Drama respectfully requests a commitment of \$2.2 million from the Robina Foundation to launch the Yale Center for New Theatre, an initiative designed to infuse creative force into the American theatre by commissioning new works for the stage and developing the skills and nurturing the talents of aspiring playwrights and other theatre professionals.

The Need and Opportunity

Changes in the American theatre over the past half century have mirrored broader social ones. These have brought opportunities, for example, in the adoption of new theatre technologies, but risks as well to the long-term viability of the art, particularly among the nation's regional theatres where the margins for success are smallest. Faced with rising production costs and relying upon a static level of civic support to cover the difference, theatre managers especially have felt compelled to retain audiences with familiar works, reluctant to risk smaller box office returns on new plays that may challenge expectations. For playwrights, fewer opportunities, in turn, combined with flat incentives to produce new work have drawn them and other would-be theatre professionals to more lucrative alternative media—to film, television, and, we expect, in the future, to the internet. For audiences, the consequences can be inferred in the changing nature of the theatre-going experience, as the relationship with the performers becomes filtered through accumulated expectations and familiarity. Lost are some aspects of the intimacy of the live experience, the possibility of playwrights, set designers, and performers communicating directly with audiences and engaging their imaginations. Less subtly, over the long run, audiences may turn to other media for this experience, or gradually fail to appreciate art in all its manifestations as even having this capacity.

Supporting the creation of new works by young artists would help maintain this creative wellspring. Supporting them in a university environment, in particular, offers a unique and especially creative venue for developing plays and for nurturing their talents and imagination.

The Yale Center for New Theatre: Project Aims

Our strategy for meeting the challenges addressed above and mobilizing the talents, resources, and creative imaginations of young playwrights and stage professionals is based on three considerations: that with a strategic investment in the training and commissioning of plays, it will be possible to introduce innovation while ensuring the highest quality productions; that it is imperative to attract and engage more diverse audiences that reflect the nation's changing demographics; and that a key to enhancing the long-term vitality of live theatre lies in strengthening the regional stages through premieres and the showcasing of new talent. Our plans for the proposed Yale Center for New Theatre hinge on two program components:

1. *The establishment of a fund at the Center to commission new works for the stage.*

Results: a) It will increase the number of new works commissioned by Yale to an average of eight per year; for regional stages; b) it will create a pipeline for new plays in theatres around the country; c) it will also encourage and enable young playwrights at the outset of their careers, and at a formative point in their creative lives, to apply their talents to the stage and remain connected to the theatre.

2. *The introduction of new writing-centered, collaborative, and integrated workshops, laboratories, and short courses to the Yale School of Drama curriculum. These will be focused on different genres, including musical theatre.*

Results: a) These programs will give writers, technicians, directors, actors, and others access to, and deeper understanding of the limits and opportunities within their respective creative milieus; b) the experience acquired through project-based workshops will encourage innovation and experimentation; c) these collaborations will enhance professional training by further linking student education to the practical demands of writing, designing, directing, and staging performances.

In short, the Center will provide young playwrights with the time, resources and support needed to create new plays; it will allow them to draw on a myriad of sources for creative inspiration; and it will enable them to translate and shepherd ideas through the writing and eventual staging process. It will also broaden the experiences and expertise of all theatre students and embolden them to imagine new possibilities for stage, for example, in the use of music or dance or in set design, even management. These changes to be introduced through the proposed Yale Center for New Theatre will serve as a model for the training of professionals at other theatre schools and provide a pipeline for new talent and new works for theatre companies around the country.

Yale School of Drama/Yale Repertory Theatre

Yale is uniquely positioned to achieve these aims. The proposed project, four years in the planning, builds on the original mission of the Yale School of Drama. Since its founding in 1926, the School has pursued a conservatory model of educating students in every discipline of the theatre. With the establishment in 1966 of the Yale Repertory Theatre (the "Yale Rep"), one of the first professional stages on an American university campus, this integrated, interdisciplinary, hands-on approach became further embedded within the curriculum and a central part of the student experience. The perspective gained and understanding acquired has launched the careers of graduates such as Elia Kazan, T. Edward Hambleton, Julie Harris, Meryl Streep and Paul Newman. Moreover, students have played a crucial role in nearly all Yale Rep productions, among them the premieres of plays by Christopher Durang, Athol Fugard, David Rabe, Sarah Ruhl and August Wilson. This collaboration has helped place both the School and the Yale Rep at the forefront of innovations in theatre design and technology, and directly tied student education to the many demands of the art: from writing and producing to acting and directing as well as managing.

Current enrollment in the School of Drama stands at nearly 200; most students are in the M.F.A. degree program. Specific departments include Acting, Design, Sound Design, Directing, Dramaturgy & Dramatic Criticism, Playwriting, Stage Management, Technical Design & Production, and Theater Management. For those who have completed graduate degrees in Dramaturgy and Dramatic Criticism, there is also a D.F.A. program option for more advanced training commensurate with the demands of this field and employment expectations. Other options for students include a three-year Certificate in Drama equivalent to the M.F.A. requirements, but open to students who have not completed an undergraduate degree; there is a year-long Technical Internship Certificate option in the Technical Design & Production Department for professionals in this field. Additionally, the administration has initiated discussions over the possibility of introducing a joint degree program between Drama and Yale School of Management. At present, the intensive demands of teaching and mentoring are handled by approximately 70 faculty members.

Though the students and faculty represent widely diverse backgrounds and bring to the School unique perspectives, they are, as a group, highly motivated, creative, and disciplined in their pursuits. Employed throughout the theatre world, in nearly all aspects of the business as well as in allied arts fields (in opera, dance, film and television), Yale faculty and graduates form a network of highly trained and well-placed professionals who are in the vanguard of American theatre. A number, including Stephen Graham (the co-founder of the New York Theatre Workshop), Lynne Meadow (artistic director of the Manhattan Theater Club), and Anne Cattaneo (Dramaturg and Director of the Lincoln Center Theater Director's Lab) have been especially effective proponents of, and advocates for staging new works.

Project Plans

Day-to-day operations of the proposed Yale Center for New Theatre will fall under the purview of a to-be-named Literary Manager, under the oversight of James Bundy, Dean of the School of Drama and Artistic Director of the Yale Rep, and Jennifer Kiger, the Associate Artistic Director of the Yale Rep.

The first objective is to increase the number of Yale Rep commissioned plays to eight per year (up from an average of roughly two per year), and to sustain this level of creative output after the three-year grant period through the establishment of a permanent fund. This number of commissioned works will constitute an important contribution to the overall library of new plays; yet it is small enough to allow individual attention to each author. It is anticipated that playwrights will come to campus and be in residence for periods ranging from a full year, to a semester, to several weeks, in order to participate in workshops, mentor students, and develop their own plays. Retaining this program flexibility will allow us to tailor support based on the artists' needs and how they may benefit from on-campus opportunities.

The Dean, the Associate Artistic Director of the Yale Rep, and the Literary Manager will select prospective commissions based, in part, on the nature of other projects under development and current needs, for instance, for musicals or comedy. In fact, though, the

process and ultimately the main criteria for selection will be more dialogic and deliberative, emerging from discussions with playwrights about their ideas or vision for possible works, and about how a commission may fit within a longer career trajectory. In keeping with the aims of the Center, the focus will be on raising the prospects and nurturing the talents of younger writers who have yet to establish themselves. The program will simultaneously promote excellence and encourage writers to realize their artistic ambitions over an entire career, whether that is spent exclusively in the theatre or between different art and entertainment domains.

This first program objective will also advance the second: to further integrate the disparate aspects of dramaturgy, theatre production, direction, and management. Many theatre professionals, not just playwrights, come to campus every year to perform at the Yale Rep or to work with students and share their ideas and experiences. Through the Center for New Theatre initiative, these opportunities will be incorporated more fully into the curriculum. The aim is to foster greater student collaboration on projects, institute more hands-on learning experiences, and develop student expertise across professional divides. Workshops will serve as learning laboratories to promote exchange and encourage students to take risks, experiment, and innovate.

One area of particular curricular concentration will be musical theatre; others will be expected to follow. We know of no other program in the country that currently offers comprehensive instruction which combines the disparate skills of traditional theatre and music—despite musical's place as the first originally theatrical form. Our plan is to offer new courses on music composition dedicated exclusively to musical theatre, and to adapt existing courses, *Libretto Writing* and *Lyric Writing for Musical Theater*, for instance, which are currently offered through Yale College's Theatre Studies program. The envisioned workshops will draw together writers, musical directors, choreographers, cast, and production team members to collaborate and rehearse presentations of each new musical. (It is expected that at least one play of the eight per year will be a musical.) Moreover, beginning in summer 2009, we plan to establish, in partnership with Yale School of Music, an annual three-week institute for the development of musical theatre. The program will serve as a model for establishing other interdisciplinary collaborations that similarly take advantage of the remarkable expertise and resources within the various professional schools and departments at Yale.

Project Timetable

The following outlines a timeframe for implementation of the proposed Yale Center for New Theatre activities:

Year 1

- Fill the position of Literary Manager to facilitate new play programming at the Center;
- Increase Yale Rep's commissions to eight per year from an average of two;
- Introduce the writing of musical theatre, including libretto and lyric writing, into the School of Drama, and establish a course devoted to musical composition;

- Conduct workshops (three to five) and readings of new plays (including commissioned plays and plays under consideration for production at Yale Rep)—format to be determined in collaboration with the playwrights;
- Produce two world premieres;

Year 2

- Continue previous year's initiatives;
- Implement playwright residency fellowships (duration and number to be determined);
- Expand workshop programming (four to six).

Year 3

- Continue previous year's initiatives.

Year 4 and beyond

- Continue previous year's initiatives;
- Develop a national New Play Festival (including readings, workshops, and full productions) to serve also as a forum for dialogue on the opportunities for, and challenges to creating new works;
- Establish permanent funding for commissioning new plays.

Project Budget Overview

We respectfully request a grant of \$2.2 million from the Robina Foundation (including 10% or \$200,000 for indirects) toward the overall cost of establishing the Yale Center for New Theatre. Of this, \$1.2 million will cover immediate programmatic support, and \$800,000 will serve as a wasting endowment—that is, a fund invested in the Yale endowment that can be spent down over a period of time to help sustain the Center's activities until a permanent endowment is established. \$660,000 will cover the commissioning of twenty-four new plays over three years. The responsibilities of the Literary Manager, to be funded through the proposed request, will include coordinating with the Dean/Artistic Director and Yale Rep's Associate Artistic Director in the selection of new commissions; the Literary Manager will also communicate with the playwrights during the writing process at home and oversee progress of the associated work while in residence at the Center. He or she will participate in planning workshops and arranging master classes and related co-curricular events.

Expected Impact

Through the commissioning of new plays and expansion of Yale School of Drama's curriculum, the proposed Center will infuse new creative force into the American theatre by supporting talented, early career writers, and by explicitly tying the creation of new work to the training of a generation of students who will become leaders of American theatre. Our plans build on Yale's tradition of excellence, leverage the extraordinary educational, creative, and technical resources of the School and the Yale Rep, and draw on the ability to attract talented artists from all parts of the theatre profession. By expanding the repertoire of new plays, we expect to inspire new ways of imagining the

relationship between audience, playwrights, and performers. New works will command considerable interest on regional stages around the country; some plays, invariably, will reflect on experiences outside the mainstream of our dominant culture (both of traditional theatre-goers and the general public). Such an addition of creative material has the potential to attract broader and more diverse audiences that mirror America's own changing demographic profile. By maintaining the highest possible artistic standards, these works can be expected to have wide and enduring appeal.

The proposed workshops, short courses, and other curricular changes are designed to introduce more collaborative, project-oriented learning experiences and help students understand what is actually entailed in bringing ideas for plays to the stage. The focus on musical theatre—specifically, on libretto, lyric and music composition for the stage—will give them further appreciation of the creative possibilities and demands of this uniquely American art form. Workshops and courses in this genre will also serve as a model for additional interdisciplinary collaborations that draw together theatre students with artists and technical experts elsewhere on campus to experiment with different modes and methods of theatre production, different ways to convey ideas and connect with audiences.

The proposed Center will result in a number of high impact productions; furthermore, with it we can expect continued success in educating and placing our students at the forefront of the profession. More importantly, though, we believe that the Center will infuse live theatre with new possibilities and, in the process, honor James Binger's legacy and lifelong devotion to the art. Through this financial support of the Yale Center for New Theatre, the Robina Foundation will help establish a new standard in playwright-centered development and production; and it will keep writers of outstanding potential engaged in the profession, attuned to the traditions of the theatre while exploring and summoning inspiration from the contemporary influences around them. By securing their talents and encouraging artists to appropriate, adapt, and translate their creative ideas to the stage, the Robina Foundation will also assist the Yale School of Drama to remain a dynamic force and a leading center in American arts and culture.

Budget Request*

	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>	<u>Total</u>
Literary Manager (salary plus benefits)	\$100,000	\$105,000	\$110,000	\$315,000
New Play Commissions (8 per year)	\$200,000	\$220,000	\$240,000	\$660,000
Workshops	\$50,000	\$75,000	\$100,000	\$225,000
Wasting Endowment (spent down in subsequent years)				\$800,000
Indirects (10%)				\$200,000
Total				\$2,200,000

* Allocations within these budget categories may shift depending on the availability of other funding.



Yale Law School

HAROLD HONGJU KOH

Dean

December 17, 2007

Gordon Aamoth, MD
President and Chief Executive Officer
Robina Foundation
80 South 8th Street
4900 IDS Center
Minneapolis, MN 55402-2100

Dear Gordon:

The time since our meeting in Minneapolis has allowed me to reflect further on our conversation. I want to reiterate what a pleasure it was to meet you, Tom Crosby, and Jean Sazevich. I was particularly touched that you took the time to attend my Humphrey Institute lecture, and my colleague Kenna Barrett and I were delighted to learn more about your Foundation and its exciting work. I was also pleased to see that my good friend (and fellow former Harvard Overseer) Steve Schroeder serves as an officer of your Board.

We understand that the mandate of your Foundation is to make transformational grants to Yale, University of Minnesota Law School, Abbott Northwestern Hospital, and the Council on Foreign Relations; that your preference is to make joint or parallel grants to the four recipients; and that you have already made a first round of funding to these institutions, including, potentially, an exploratory grant to the Yale School of Drama. I would be most interested to learn what the Foundation's timetable might be to receive a proposal or set of proposals concerning human rights from Yale Law School and our Orville H. Schell, Jr. Center on International Human Rights.

After reflecting on our conversation, it seems to me that if we were to submit a grant proposal to the Robina Foundation, projects such as the following may be especially attractive. In my view, the most efficient way to undertake such projects would be to establish a Robina Emerging Human Rights Issue Fund at Yale Law School, that would channel resources to where they are most needed at any given time. I described some of these ideas in general terms in our meeting, but I wanted to set them down in writing before year's end, in the hope of hearing your reaction:

- Law, Human Rights and Public Health Program: One idea that could potentially engage all four of your recipient institutions would be a program on Law, Human Rights and Public Health. We are currently in the process of developing such a program here at Yale, and are seeking funding to support that program. Our goal

is to engage some twenty to thirty Yale graduate students per year (from the Law School, School of Medicine, School of Public Health, and selected other departments) who are interested in the nexus between Law, Human Rights and Public Health, and to offer them curricular and extracurricular activities. The curricular activities would include Law and Public Health courses and workshops at both the introductory and advanced levels, clinical offerings, summer and postgraduate fellowships, conferences, and dedicated faculty. We have already taken a number of steps toward this goal: students can apply for a joint degree with the Law School and the Yale School of Public Health or the Medical School; we have founded a journal on law and health care; we have visiting faculty teaching law and health courses; we have introduced law and health issues into our Human Rights Center and Workshop, and we are planning an expert consultation and public conference this coming spring to advise us on the future of the Law and Health nexus. Two recent meetings of students interested in Law and Health Care issues each attracted some 25 current Yale Law, Medical, and Public Health students. Given that numerous Yale law graduates who have risen to prominence in this area without such a program—including Senator Hillary Rodham Clinton; David Jones, the founder of Humana; Harvard law and public health professors Troyen Brennan and Michelle Mello, and the current student founders of the NGO Universities Allied for Essential Medicine—we believe that a meaningful investment over five years could have a huge multiplier effect. Properly trained and mentored, the interested Yale Law students in each class could form the next cohort of law and health professionals capable of transforming the profession.

- Human Rights Fellowships: Although a significant number of students enter law school wanting to do human rights work, many are pulled away by financial considerations toward private or corporate practice. Fellowships from the Robina Foundation could keep them engaged in human rights work throughout their law school careers and in the first few years afterwards, ensuring their long-term entry into the human rights field. The Skadden Fellowships have accomplished this goal for many interested in domestic public interest practice; Robina Fellowships could potentially play the same transformational role on the international human rights scene. We can envision Robina Human Rights Fellowships being made available to first and second year law students in the summertime; as financial aid to offset the tuition of committed students; and to graduating students to pay for a year or two in human rights practice immediately after law school. Robina could fund parallel fellowship programs at Yale and Minnesota Law Schools, which could be made available to the qualified students from each school. With the International Criminal Court still in its infancy, Robina funds could also help to support judicial law clerks and prosecutor interns from Yale and Minnesota at the ICC, as well as at select international tribunals, such as those for Rwanda, the former Yugoslavia, Liberia, and Cambodia. In addition, mid-career human rights professionals could be awarded Senior Robina Fellowships to spend sabbaticals at Yale and Minnesota law schools to write, lecture, and reflect on their professional experiences as part of the international criminal judicial process, inspiring future

generations of international criminal lawyers and judges at the two schools. Endowed support in the seven-figure range would fund a healthy combination of summer and mid career fellows, scholarships and loan repayments.

- Online Database of Truth and Reconciliation Commission Proceedings: More than 26 truth commissions have convened around the world in the last three decades. Still, there is as yet no central repository to collect, preserve and make available online copies of documentation from all truth and reconciliation commissions that pursue accountability for past human rights abuses (while ensuring that the originals remain with the truth commissions). Last year, a pilot of this project digitized testimony from South Africa's Truth and Reconciliation Commission, whose entire video archives are currently being held at the Yale Law Library. The Robina Foundation could fund the creation of this database, which could be done in partnership between Yale and Minnesota Law School as part of the ongoing DIANA human rights database, which the two schools helped to fund. A five-year launch grant would establish the Artemis repository, while a modest endowment would sustain the collection over the long term.

A Robina Fund created by a commitment of \$1.5 million a year for five years would permit us to undertake a significant mixture of the above activities. We would be happy to flesh out our ideas and to present them to the Robina Foundation with a full budget, whenever you invite us to do so. As I suggested in our meeting, I believe that by funding projects such as these, the Robina Foundation could play a transformational role in the human rights field, akin to the role played in the '70's toward the Law and Economics Movement by the Olin Foundation, or to the role played in the 1950s and '60s by the Ford Foundation toward promoting international affairs and international relations.

I would welcome your reaction to these ideas, including thoughts regarding which of these initiatives are most in line with the Foundation's goals, or suggestions as to how they might be revised to address the Foundation's emerging concerns. If you prefer, I would be delighted to call or meet with anyone from the Foundation to continue our conversation. I look forward to meeting with you, and working with you more closely in the future.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Harold Hongju Koh', written in a cursive, flowing style.

Harold Hongju Koh
Dean, Yale Law School



Yale Law School

HAROLD HONGJU KOH

Dean

November 16, 2007

Gordon Aamoth, MD
President and Chief Executive Officer
Robina Foundation
80 South 8th Street
4542 IDS Tower
Minneapolis, MN 55402-2100

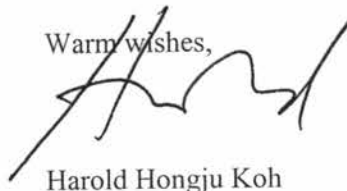
Dear Gordon,

Many thanks for your invitation to consult with you, Tom, and Jean on establishing a human rights priority for the Robina Foundation. It was terrific to meet you. I commend your sensitivity in taking care to honor Jim Binger's vision, and appreciate the background details you provided regarding Jim's goals and the Foundation's current state of being. The four institutions you have selected for support are excellent, and Yale is honored to be among them.

As you can tell from my speech, I really do think this is an important time for human rights. At a moment when balancing freedom and security has become the new civil rights struggle of our time, foundations have a golden opportunity to bring international human rights to the forefront of the American policy agenda. In the 1970s, the Olin Foundation's investments in universities and think tanks injected ideals of free enterprise and law and economics into the highest echelons of American policymaking. Through our Schell Center for International Human Rights, the Law School defends another vision, one in which America is, once again, the world leader in human rights, and where respect for human rights is a precondition of entry into the global order. But there is much more for us to do. And Yale Law School will continue to be at the forefront. The kinds of ideas I sketched out -- a human rights action fund to support fellowships, facilitating human rights placements through loan forgiveness, and targeted activities such as the Artemis digital archive, are the future of our work.

So again, let me thank you for the opportunity to share my vision with you, both in our meeting and through my talk earlier. I would be delighted to consult with you and the other trustees at any time. Please don't hesitate to be in touch as your thinking develops.

Warm wishes,



Harold Hongju Koh

cc: Tom Crosby
Jean Sazevich
Kenna Barrett

**Grant Agreement Letter
Draft for Discussion**

Dear

I am pleased to inform you that at their meeting on (date), the Board of Directors of the Robina Foundation approved a grant to (name of institution) in the amount of \$ 2m for the (name of program/project).

The total grant amount will be paid in 2m installments as follows:
Amount/Date/Year
Amount/Date/Year

The first scheduled grant payment is included with this letter.

Please provide the Foundation with a written progress report on an (annual) basis. The report should include the following information:

- Description of activities undertaken with grant funds;
- Significant outcomes achieved and lessons learned;
- Comparison of actual outcomes to the goals presented in the original grant proposal;
- Major changes in project direction, scope, personnel or other matters deemed of importance;
- Budget update, including income/expenditures as compared to original budget.

In addition to providing written progress reports as described above, the Foundation asks that (name of institution) initiate contact during interim reporting periods to inform us of any significant issues such as changes in key personnel, a budget reallocation of greater than 10%, or a change in the scope of the project that may impact its ability to achieve desired outcomes.

As part of its ongoing programmatic work, the Foundation may conduct its own evaluation of the project at anytime during the grant period. We will inform you in advance if we wish to conduct an independent evaluation and ask for your cooperation.

Again, the Robina Foundation is pleased to support the _____. We wish you all the best as you move forward and look forward to staying abreast of your work.

Sincerely,

Gordon Aamoth
President

ROBINA FOUNDATION

FINANCIAL STATEMENTS

December 31, 2007

(Compiled)

Subject to Change
FOR DISCUSSION DRAFT
For Discussion and Review Purpose Only

CONTENTS

	Page
INDEPENDENT ACCOUNTANT'S REPORT ON THE FINANCIAL STATEMENTS	3
FINANCIAL STATEMENTS	
Comparative statements of financial condition	4
Comparative statements of activities	5
SUPPLEMENTARY INFORMATION	
Schedules of administrative expenses	6

Subject to Change
Without Notice
For Resolution and Motion Purpose Only



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ACCOUNTANT'S COMPILATION REPORT

Board of Directors
Robina Foundation

We have compiled the accompanying statements of financial condition of Robina Foundation as of December 31, 2007, and the related statements of activities for the periods indicated and supplementary information, which is presented only for supplementary analysis purposes, as listed in the accompanying index, in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants.

A compilation is limited to presenting in the form of financial statements and supplementary schedules information that is the representation of the trustees. We have not audited or reviewed the accompanying financial statements and supplementary information and, accordingly, do not express an opinion or any other form of assurance on them.

Management has elected to omit substantially all of the disclosures and the statements of cash flows required by U.S. generally accepted accounting principles. If the omitted disclosures and statements of cash flows were included in the financial statements, they might influence the user's conclusions about the Foundation's financial position, results of operations, and cash flows. Accordingly, these financial statements are not designed for those who are not informed about such matters.

Mayer Hoffman McCann P.C.

Minneapolis, Minnesota
January 15, 2007

Robina Foundation
COMPARATIVE STATEMENTS OF FINANCIAL CONDITION
December 31, 2007

	<u>2007</u>
ASSETS	
CURRENT ASSETS	
US Bank checking account	\$ 26,108
Prepaid federal excise tax	<u>2,691</u>
TOTAL CURRENT ASSETS	<u>28,799</u>
INVESTMENTS	
US Bank	28,041,236
TIFF Mutual Funds	9,130,204
Land	<u>0</u>
TOTAL INVESTMENTS	<u>37,171,440</u>
PROPERTY AND EQUIPMENT	
Furniture and fixtures	10,713
Less: accumulated depreciation	<u>800</u>
TOTAL PROPERTY AND EQUIPMENT	<u>9,913</u>
TOTAL ASSETS	<u><u>\$ 37,210,152</u></u>
LIABILITIES	
CURRENT LIABILITIES	
Accounts payable	\$ 0
Accrued expenses	0
Grants payable	<u>0</u>
TOTAL CURRENT LIABILITIES	<u>0</u>
NET ASSETS	
Foundation equity	<u>37,210,152</u>
TOTAL NET ASSETS	<u>37,210,152</u>
TOTAL LIABILITIES AND NET ASSETS	<u><u>\$ 37,210,152</u></u>

See Accountants' Compilation Report

Robina Foundation
COMPARATIVE STATEMENTS OF ACTIVITIES
Twelve Months Ended December 31, 2007

	<u>Current Quarter This Year</u>		<u>Year-To-Date This Year</u>	
	<u>Amount</u>	<u>%</u>	<u>Amount</u>	<u>%</u>
REVENUES				
Investment income:				
Interest income	\$ 183,625	0.6%	\$ 490,343	1.6%
Dividend income	199,511	0.7	240,262	0.8
Capital gain distributions	406,646	1.3	432,442	1.4
Realized gains and losses	2,880,000	9.4	2,880,000	9.3
Investment fees	(30,000)	0.1	(42,500)	0.1
Total investment income	3,639,782	11.9	4,000,547	12.9
Contributions	27,000,000	88.1	27,000,000	87.1
Miscellaneous income	0	0.0	0	0.0
TOTAL REVENUES	30,639,782	100.0	31,000,547	100.0
EXPENSES				
Grants paid	4,280,000	14.0	4,280,000	13.8
Administrative expenses	157,262	0.5	512,296	1.7
TOTAL EXPENSES	4,437,262	14.5	4,792,296	15.5
OPERATING INCOME (LOSS)	26,202,520	85.5	26,208,251	84.5
Federal excise tax	0	0.0	4,600	0.0
INCREASE (DECREASE) IN NET ASSETS	\$ 26,202,520	85.5%	26,203,651	84.5%
NET ASSETS, BEGINNING OF YEAR			11,006,501	
TOTAL NET ASSETS			\$ 37,210,152	

See Accountants' Compilation Report

Robina Foundation

SCHEDULES OF ADMINISTRATIVE EXPENSES

Twelve Months Ended December 31, 2007

	Current Quarter This Year			Year-To-Date This Year			
	Actual	%	Budget	Actual	%	Budget	Variance
ADMINISTRATIVE EXPENSES:							
Accounting & audit fees	\$ 950	0.0	\$ 3,750	\$ 11,675	0.0	\$ 15,000	\$ 3,325
Bank charges	18	0.0	250	231	0.0	1,000	769
Contract services:							
Gordon Aamoth	43,744	0.1	43,750	160,416	0.5	175,000	14,584
Jean Sazevich	12,500	0.0	12,500	38,875	0.1	37,500	(1,375)
Nancy Gilbert	0	0.0	0	740	0.0	740	0
Baker Management	5,700	0.0	5,700	15,150	0.0	15,150	0
Tim Harrison - Robina							
Land Maintenance	7,500	0.0	7,500	20,000	0.1	30,000	10,000
Other consultants	0	0.0	3,750	11,825	0.0	15,000	3,175
Depreciation expense	400	0.0	400	800	0.0	800	0
Directors' fees	40,000	0.1	10,000	40,000	0.1	40,000	0
Insurance:							
Directors' and officers	0	0.0	1,200	4,800	0.0	4,800	0
Property	0	0.0	450	1,782	0.0	1,800	18
Legal fees	36,886	0.1	50,000	166,494	0.5	200,000	33,506
Meeting expense	1,913	0.0	5,000	15,707	0.1	20,000	4,293
Membership dues	0	0.0	241	2,817	0.0	965	(1,852)
Miscellaneous expense	500	0.0	250	665	0.0	1,000	335
Office expense	0	0.0	125	8	0.0	500	492
Office supplies	243	0.0	250	933	0.0	1,000	67
Parking & mileage	917	0.0	125	1,422	0.0	500	(922)
Postage & delivery	220	0.0	75	552	0.0	300	(252)
Printing, web design & maintenance	2,863	0.0	2,000	4,021	0.0	8,000	3,979
Professional development	1,189	0.0	1,250	3,637	0.0	5,000	1,363
Property taxes	0	0.0	550	2,111	0.0	2,200	89
Publications & subscriptions	0	0.0	125	0	0.0	500	500
Rent expense	1,247	0.0	3,900	4,987	0.0	7,680	2,693
Telephone & internet	472	0.0	800	2,648	0.0	3,200	552
TOTAL ADMINISTRATIVE EXPENSES	157,262	0.5	153,941	512,296	1.7	587,635	75,339

See Accountants' Compilation Report