On the congenial campus of Rice University in Houston, Texas, faculty members in departments such as bioengineering and physics have lately found themselves facing off in a bitter public dispute. The issue: whether Rice, a small research university with deep pockets, should merge with nearby Baylor College of Medicine (BCM), which needs money. Proponents say it is a natural to add a top medical school to Rice’s strengths in physical and life sciences. But critics at Rice say that pairing up with BCM is not worth the financial risks.

BCM, the only private medical school in the U.S. Southwest, is part of a huge complex called the Texas Medical Center that includes a dozen or so hospitals and the M. D. Anderson Cancer Center. Across the street from the complex is Rice, which has about 3300 undergraduates and 2300 graduate students. The two schools already have joint research and education programs, and many Rice undergrads go on to medical school at BCM.

Officials floated the merger idea 15 months ago as Baylor was seeking to overcome a financial crisis that began in 2004 when it split from the Methodist Hospital System, a key source of clinical income. (The college continues to have teaching partnerships with other hospitals.) Baylor started to build its own hospital but froze construction last March after the project went over budget. Rice administrators argue that Baylor would gain a measure of financial stability by joining the university. The joint operation, they say, would be highly competitive for federal research funding, especially as biology and the physical sciences increasingly overlap. “To us, it is very, very compelling,” says Rice Provost Eugene Levy. Rice officials note that acquiring BCM’s more than $210 million in National Institutes of Health support would elevate Rice from 130th to 23rd in the country in federal research funding.

Last summer, a joint Rice-BCM committee came up with a list of “research synergies” that could be pursued. They included creating a neuroscience major and a personalized medicine initiative involving Baylor’s NIH-funded human genome–sequencing center. “From our side of the road, it offers great opportunities for collaboration on what is really the future of biomedical research,” says committee member and BCM neuroscientist Michael Friedlander, speaking for himself. (Baylor is granting no official interviews.)

A Rice-only faculty committee, however, was more cautious about the possible merger, noting that it will require “a substantial one-time investment” from Rice. This panel said the merger should take place only if certain conditions are met, including putting Baylor on a “credible path” to eliminating its deficit, partnering with general-care hospitals, and raising $250 million for Rice programs.

In November, a public debate on the merger erupted in a series of op-eds and letters to the editor from Rice faculty, some pro, others against. “The costs have been underestimated, and the academic benefits have been hyped,” says Moshe Y. Vardi, a Rice computer science professor who has been a vocal opponent. Others worry that the Rice administration’s attention will shift away from physical sciences and humanities. “We could become a very unbalanced institution,” says chemical and biomolecular engineering professor Matteo Pasquali.

In early December, a group of Rice faculty met and voted 61–59 against a resolution opposing the merger—defeating the faculty opponents only because four administrators exercised their right to vote. A recent survey of Rice’s roughly 700 faculty found a similar split: 50% oppose the merger, 39% support it, and 11% are undecided, according to a Rice faculty member with a copy of the results.

Levy responds that faculty opinion is actually “more nuanced.” He says that if financial concerns can be resolved, there is “substantial support.” Indeed, 53% of faculty would support the merger and 39% oppose it if specific conditions listed by the Rice administration are satisfied, the survey reportedly says.

Observers expect the Rice board to make a decision before a memorandum of understanding between the two schools expires on 31 January. Vardi, who has pored over an audit of Baylor’s books, points out that the document states that without a merger agreement, creditors will soon require the medical school to hire a manager to oversee a cost-cutting reorganization. Baylor faculty seem confident that the college will persevere and build stronger hospital partnerships even without a merger. “It’s not a do-or-die thing,” says Friedlander.

—JOCELYN KAISER