



Kum-Kum Bhavnani
Telephone: (510) 987-9303
Email: kum-kum.bhavnani@ucop.edu

*Chair of the Assembly of the Academic Senate
Faculty Representative to the Regents
University of California
1111 Franklin Street, 12th Floor
Oakland, California 94607-5200*

February 28, 2020

**JANET NAPOLITANO, PRESIDENT
UNIVERSITY OF CALIFORNIA**

Re: Working Group on Comprehensive Access Chair's Report

Dear Janet,

On January 29, I distributed for systemwide Senate review the Chair's Report of the Working Group on Comprehensive Access. Nine Academic Senate divisions and four systemwide committees (UCAF, UCAADE, UCPB, and UCFW) submitted comments. All were mindful of the deadline for comments, and we thank you for being prepared to accept comments from the Senate a few days after the deadline for public comment, given Council's meeting schedule. These comments were discussed at Academic Council's February 26, 2020 meeting and are attached for your reference.

We know that the WGCA was formed to develop recommendations that would uphold UC values when UC health systems affiliate with non-UC health systems. This followed a UCSF decision to halt a planned affiliation with the Catholic Hospital entity Dignity Healthcare, over concerns that Dignity's restrictions on services for women and LGBTQ+ people are inconsistent with UC values. These concerns also informed the July 2019 Senate [report](#) from the UCFW Non-Discrimination in Healthcare Task Force (NDHCTF), which called on the University to align affiliation decisions with core UC values and avoid affiliations that compromise UC non-discrimination principles.

The WGCA did not reach consensus on the question of whether UC should affiliate with external health care organizations that limit services such as those related to women's reproductive healthcare, end-of-life care, and gender affirming surgery. The Chair's Report outlines two options: 1) allow affiliations with non-UC entities that prohibit certain services for women and LGBTQ+ people, and 2) prohibit such affiliations. Option 1 would also require that affiliation agreements accord with principles tied to UC's commitment to evidence-based care, nondiscrimination, expanding access to and improving the quality of care, academic freedom, and UC's public mission and values.

The majority of Senate reviewers expressed support for "Option 2," given that it aligns most closely with the principles expressed in the NDHCTF report. This support is based on the expectation that UC personnel be free to follow UC nondiscrimination principles, and not be required to follow the Ethical and Religious Directives (ERDs) governing Dignity Health, or similar policy-based restrictions on care. However, the view was not unanimous. Others,

including those at UCSF, UCD, and UCM, expressed concern that an absolute prohibition on affiliations with faith-based providers, or other providers with policy-based restrictions on care, would adversely affect access to care, particularly in some UC campus communities where the only full service hospitals are religiously affiliated. They feared it would also force UC to end existing affiliations with the Veterans Affairs Healthcare Systems, which cannot provide abortion services by federal law. They emphasized that reducing access to care in these ways would also be contrary to UC values and public service mission.

Council recognizes that there are limited health care options in the Merced and Santa Cruz communities, and that ending certain relationships with Dignity and other providers could create serious faculty welfare and inequity issues for UC personnel, and others who live in those communities. Council is also concerned that the two existing options in the WGCA report may artificially limit the available possibilities for providing health care to the widest possible field of patients while remaining loyal to the UC's mission of equitable treatment to all people, regardless of gender or sexual identity. Council believes there is a possibility of structuring affiliations and agreements to ensure that protections are in place for the equitable delivery of care and that protect faculty and trainees.

Noting this, the Council supports an "Option 3" that supports safeguards outlined in "Option 2," aligns affiliations and agreements with the principles in the NDHCTF report, and recognizes that the bar for approving affiliations between healthcare entities that restrict certain services and UC academic medical centers should be higher than an arrangement to include Dignity-affiliated hospitals within the health insurance network as an option available to UC employees.

Council also shares the public concerns reviewers expressed about UC Health's failure to disclose relevant financial and contractual information. Documents obtained through the ACLU's PRA request demonstrated that UC personnel are bound by the ERDs, and that all claims otherwise are false. It is also the case that we have not been able to evaluate UC Health's claims about the cost/benefit of the Dignity-UCSF affiliation because UC Health has not provided the appropriate data. It is these types of claims and actions that lead to feelings of mistrust towards UC Health.

Going forward, in the interests of transparency, Council agrees that UC Health could address this uncertainty and mistrust by making publicly available the contracts that are signed with non-UC Health systems. It is essential that contract language expressly states that UC providers and trainees will not be required to enforce or adhere to religious directives in their decision making, delivery of services, or performance of procedures while delivering services in the affiliate institution. It is also essential that UC personnel and trainees have a confidential point of contact at UC with whom they can report any perceived restrictions on their ability to provide services or perform procedures based on their professional judgment due to their placement at the affiliate's facility.

Guided by the principles in the Senate's NDHCTF report and the accountability measures listed in Option 2, the University should clearly describe the specific ways it will protect the academic freedom of academic appointees engaged in teaching and research, the freedom of scholarly inquiry of students, and the protection of professional standards for non-faculty academic appointees assigned to Catholic hospitals.

Council also joins UCAF in noting that if affiliations continue, the University should insist on explicit language in contracts that ensure UC values and principles – alongside the federal

constitutional requirements and those of the state of California – are firmly upheld, and that UC personnel, including trainees, are not expected to abide by religious directives.

Please do not hesitate to contact me if you have additional questions.

Sincerely,

A handwritten signature in black ink, reading "Kum-Kum Bhavnani" with a period at the end. The signature is written in a cursive, flowing style.

Kum-Kum Bhavnani, Chair
Academic Council

cc: Provost Brown
Academic Council
Senate Directors



320 STEPHENS HALL
UNIVERSITY OF CALIFORNIA

February 20, 2020

KUM-KUM BHAVNANI
Chair, Academic Council

Subject: Comments on the Working Group on Comprehensive Access (WGCA) Chair's Report of Findings and Recommendations.

Dear Kum-Kum,

On February 10, 2020, the Divisional Council (DIVCO) of the Berkeley Division discussed the Working Group on Comprehensive Access (WGCA) Chair's Report of Findings and Recommendations. The Committee on Faculty Welfare (FWEL) reviewed the report and provided comments (see attached).

DIVCO discussed the report and the topic of affiliations with UC at length. FWEL supports the letter of dissent dated December 24, 2019, signed by Kum-Kum Bhavnani, Vanessa Jacoby, and Robert May. FWEL strongly opposes any UC affiliation with healthcare providers that discriminate in the ways described in the letter.

At the DIVCO meeting, a majority of members informally rejected affiliations with organizations that restrict access to healthcare; however, one individual felt they lacked both the expertise and sufficient information to make an informed decision.

Thank you for the opportunity to comment. If you have any questions, please don't hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'Oliver O'Reilly'.

Oliver O'Reilly
Chair, Berkeley Division of the Academic Senate
Professor of Mechanical Engineering

Enclosure

cc: David Hollinger, Chair, Committee on Faculty Welfare
Sumali Tuchrello, Senate Analyst, Committee on Faculty Welfare



February 04, 2020

CHAIR OLIVER O'REILLY
Academic Senate

Re: Comprehensive Access

Dear Oliver,

You have asked the Committee on Faculty Welfare to comment on the Report of the Working Group on Comprehensive Access.

Although the full committee has not met prior to the deadline for comments, we are confident, based on earlier discussions of this issue, that we can speak for the full committee in supporting the letter of dissent dated December 24, 2019, signed by Kum Kum Bhavnani, Vanessa Jacoby, and Robert May. The Berkeley Faculty Welfare Committee strongly opposes any UC affiliation with healthcare providers that discriminate in the ways described in that letter.

Sincerely,

A handwritten signature in dark ink, appearing to read 'David Hollinger'.

David Hollinger, Co-Chair

David Steigmann, Co-Chair

DH/DS/st



DAVIS DIVISION OF THE ACADEMIC SENATE
ONE SHIELDS AVENUE
DAVIS, CALIFORNIA 95616-8502
(530) 752-2220
academicsenate.ucdavis.edu

February 19, 2020

Kum-Kum Bhavnani
Chair, Academic Council

RE: Report of the Working Group on Comprehensive Access

Dear Kum-Kum:

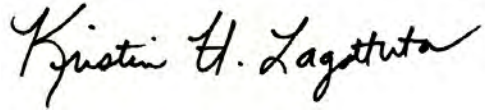
Because of the truncated review period, the Davis Division could not distribute the *Working Group on Comprehensive Access Chair's Report of Findings and Recommendations with Responses from Working Group Members and UC Legal* for full committee review. The Faculty Executive Committee of the School of Nursing reviewed it and offered preliminary comments:

“Given the short amount of time for our review, we offer the following comment based on our preliminary review and request additional time to provide an in-depth review and any additional comments.

After reviewing the Final Report of the Non-Discrimination in Health Care Task Force, dated July 24, 2019; the WGCA Chairs Report, dated January 28, 2020; the subsequent federal, state and UC rulings and policies; and the recommendations and responses, the Betty Irene Moore School of Nursing at UC Davis Faculty Executive Committee strongly supports the adoption of Option #1. Ultimately, discontinuing affiliations with Catholic hospitals will only hurt patients by decreasing their ability to access the highest quality care through our existing partnerships. UC Davis Health is one of the few academic hospitals able to provide tertiary and quaternary care to many patients in Northern California, so discontinuing affiliations with Catholic hospitals would mean these services were no longer available to many of the residents in our catchment area. Option 1 allows affiliations with non-UC entities that (a. have non-evidence-based limitations on care) or (b. that prohibit certain services for women and LGBTQ+ people) provided affiliation agreements are enacted in accordance with the seven principles presented in the report (Evidence-based care, Constitutional obligations, Nondiscrimination, Expanding access to care, Improving quality of care, Academic freedom, and Preserving UC values). This option also reserves the right to terminate these agreements at the sole discretion of the UC system, if it deems the relationship jeopardizes the core mission and values of the institution.”

The Davis Division recommends that divisions be given a longer timeframe to adequately review and comment on the report.

Sincerely,

A handwritten signature in black ink that reads "Kristin H. Lagattuta". The signature is written in a cursive, flowing style.

Kristin H. Lagattuta, Ph.D.

Chair, Davis Division of the Academic Senate

Professor, Department of Psychology and Center for Mind and Brain

c: Hilary Baxter, Executive Director, Systemwide Academic Senate
Michael LaBriola, Assistant Director, Systemwide Academic Senate
Edwin M. Arevalo, Executive Director, Davis Division of the Academic Senate

February 18, 2020

**KUM-KUM BHAVNANI
CHAIR, ACADEMIC COUNCIL**

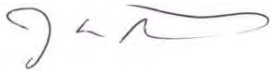
RE: Report of the Working Group on Comprehensive Access

The Irvine Division Cabinet discussed the Report of the Working Group on Comprehensive Access at its meeting on February 18, 2020.

The Cabinet voted to reaffirm the values of the University of California, which we found best expressed in option two of the chair's report. The Cabinet is aware that there are issues of access and other costs with option two, and hope the University will move to address them.

The Irvine Division appreciates the opportunity to comment.

Sincerely,



James Steintrager, Chair
Academic Senate, Irvine Division

C: Jeffrey Barrett, Chair Elect-Secretary
Brandon Haskey-Valerius, Cabinet Analyst
Gina Anzivino, Assistant Director



February 19, 2020

Kum-Kum Bhavnani
Systemwide Academic Senate Chair

Re: Working Group on Comprehensive Access Chair's Report of Finding and Recommendations, with Responses from Working Group Members and UC Legal

Dear Chair Bhavnani,

Thank you for providing the UCLA Academic Senate with the welcome opportunity to comment on the Working Group on Comprehensive Access Chair's Report of Findings and Recommendations, with Responses from Working Group Members and UC Legal.

The Executive Board of the UCLA Academic Senate met on February 13, 2020, and had an extended and deep discussion of the Chair's Report from the Working Group. Members were unanimously opposed to what was described as "Option 1" in the Chair's Report. It is the conviction of the Executive Board that "Option 1" would not ensure that the University and its employees and students could engage in care and education in accord with evidence-based medicine. "Option 1" would violate the non-discrimination policies and ethical values of the University of California. Our Executive Board wishes to stress that their concerns center on "values"-based restrictions. The issue is not a matter of religious versus secular values (although some members were concerned about the implications of the University aligning with sectarian organizations). Instead, the central concern is that the imposition of non-medical values would place restrictions upon health care and/or medical training.

Our Executive Board, however, was divided in its recommendation for an alternative. There was sizable support for two different ways forward: one portion of the Board's members was in favor of "Option 2" (i.e. prohibit affiliations with non-UC entities that exclude certain services for women and LGBTQ+ people), while another portion supported the use of the guidelines articulated in the July 2019 report of the UC Academic Senate Non-Discrimination in Healthcare Task Force, with some additional specifications.

Our Executive Board members who supported "Option 2" argued that both ethical principles and UC values require a guarantee of non-discriminatory health care. They pointed out that the arguments in favor of "Option 1" confuse two issues: (1) the inability of hospitals to provide certain forms of specialized care for economic or material reasons, and (2) the conscious choice

to forbid medically approved procedures due to a values-based discrimination. These Executive Board members wondered if the University would even be discussing this issue had it been a question of allying with institutions that denied care based on race or religion as opposed to gender and sexuality. Our members who supported “Option 2” expressed concern that medical trainees who identify as women and/or LGBTQ+ would not receive equal access to training opportunities or the ability to practice medicine. Without denying the importance of access to care for patients, these Executive Board members also asked whether trainees who identify as women or LGBTQ+ would feel compelled to turn down training opportunities because of a hostile environment. The entire Board was concerned that such pressures, in themselves, would constitute a violation of Title IX.

Those Executive Board members who favored the University moving forward in accord with the principles and procedures laid down in the Senate Non-Discrimination in Healthcare Task Force shared the concerns of those who favor “Option 2.” But they thought that the Senate’s own principles, which establish both stringent rules and a recognition of the possibility of overriding medical necessity, offered an alternative way forward. They noted that the Senate Task Force was based on deep consideration of the specific issues that would need to be considered in any alliance (something that “Option 1” failed to do) and that it was rooted in UC Principles and the Regents’ own Ethical Regulations. Our Executive Board members suggested, however, that if the University proceeds in accord with the recommendations of the Senate Task Force, it should implement additional mitigating efforts, including the following: (1) allow trainees to opt out of placement; (2) ensure UC patients have access to patient advocates who can recommend a full range of medical care regardless of where the patient receives treatment; and (3) provide education to trainees about the discriminatory restrictions and its impact on the healthcare of patients.

Our Executive Board would like to raise one additional issue. Members noted that, regrettably, the effort to gain approval of these alliances has not been conducted in accord with UC’s own ethical principles (see for example Regents Policy 1111 [Policy on Statement of Ethical Values and Standards of Ethical Conduct](#)). Last year, the Academic Senate was told that University contracts did not include the obligation to conform to values-based restrictions, although, in fact, the contracts did include such obligations. As the Working Group on Comprehensive Access’s three Academic Senate Members point out in their response to the Chair’s report, there has been continued evidence of a lack of transparency in the University’s engagement with Dignity Health even during the deliberations of the Working Group. (See the response, especially at pages 90-91). In addition, although we applaud Chancellor Gilman’s principled decision to issue a “Chair’s” rather than a Working Group” report, given that there was not unanimity among his colleagues, we cannot help but wonder if that condition wasn’t necessitated by the remarkable imbalance in membership between those representing the Health Care Administration and those representing the Academic Senate. *For these reasons, should the University sign any agreements with providers that impose values-based restrictions on the practice of evidence-*

based medicine, it is imperative that the contracts be made public in a transparent and accessible way.

Once again, we appreciate the opportunity to opine on this issue. As is the Divisional practice, we have appended all of the committee responses we received prior to the deadline to submit our response.

Sincerely,



Michael Meranze
Chair, UCLA Academic Senate

Encl. 2020-02-18_UgC to EB re Comp Access.pdf
21320 CODEI Response to the Comprehensive Access Report.pdf
21420 FWC Response to Comprehensive Access Report.pdf
20200216_Working Group on Comprejhensive Access.pdf
2020021820Systemwide Senate Review Graduate Council Response to Report of the
Working Group on Comprehensive Access.pdf
COR to EBReport on Comprehensive Access21420.pdf
CPB to EBComprehensive Access21420FINAL.pdf
From GSEIS FEC for CoC.pdf
FSPH Reply to WGCA Report 2-17-20b.pdf
Luskin FEC Comments on Comprehensive Access.pdf
Memorandum_Accss_DGSOM_FEC_02_2020.pdf

Cc: Hilary Baxter, Executive Director, Systemwide Academic Senate
Joseph Bristow, Immediate Past Chair, UCLA Academic Senate
April de Stefano, Executive Director, UCLA Academic Senate
Mary Gauvain, Vice Chair, Systemwide Academic Senate
Michael LaBriola, Assistant Director, Systemwide Academic Senate
Shane White, Vice Chair/Chair Elect, UCLA Academic Senate

3125 Murphy Hall
410 Charles E. Young Drive East
Los Angeles, California 90095

February 18, 2020

TO: Michael Meranze
Chair, UCLA Academic Senate

FROM: Adriana Galván
Chair, Undergraduate Council

RE: Systemwide Report on the Working Group on Comprehensive Access

Dear Chair Meranze,

The Undergraduate Council reviewed and discussed the Report on the Working Group on Comprehensive Access at its meeting on February 14, 2020. Council members expressed general support for the report's conclusions, and offered a few questions and concerns.

Council members roundly agreed that the University of California's first priority is to uphold its mission and values, standards, and non-discrimination policies. However, we would like to see more data that indicate the implications and potential impact of Option 2 ("Prohibit affiliations with non-UC entities that prohibit certain services for women and LGBTQ+ people"). For example, under Option 2, would UC students would lose access to training opportunities? Would current patients lose access to certain medical care?

Some members also expressed concern over the report's use of the phrase "religious organizations" to refer to health-care providers whose practices are inconsistent with the UC's mission and values, standards, and non-discrimination policies. Referring to "religion" broadly in this context struck these members as unfair and incorrect, given that the abiding concern is about values that are in conflict with the UC's, and not the source of those values.

Thank you for the opportunity to review and comment.

Sincerely,



Adriana Galván
Chair, Undergraduate Council

cc: Lené Levy-Storms, Vice Chair, Undergraduate Council
Aileen Liu, Committee Analyst, Undergraduate Council

February 13, 2020

Professor Michael Meranze
Chair, UCLA Academic Senate

Re: Report of the Working Group on Comprehensive Access

Dear Chair Meranze,

The Committee on Diversity, Equity, and Inclusion reviewed the Report on the Working Group on Comprehensive Access at its February 3 meeting. CODEI notes that the “UC/Dignity Health controversy” is, indeed, a very challenging one, and that CODEI has been given very little time to consider the issue and no opportunity for an actual meeting to discuss it at length.

It is noted early on in the report that the Working Group was unable to come to a consensus and thus two possible solutions are proposed: continuing affiliations with contracts specifying certain conditions (Option 1), or withdrawing from affiliations completely (Option 2). Historically, UC providers have seen patients at these religiously affiliated (typically Catholic) institutions along with an expectation that the UC student, resident or faculty member also follow the religious directives in their counseling (i.e. do not counsel regarding contraception, abortion, gender-affirming care as the evidence-based options that we know them to be). Fortunately, both options presented by the report state very clearly that such imposition is unacceptable.

CODEI notes that although the report includes a review of the conceptual framework for these issues, it lacks any concrete projection about the effects on (1) patients seeking care and (2) educational opportunities for students and trainees. We could find no evidence that such a projection has been done – i.e. what percentage of educational opportunities are available through such affiliated institution, and what percentage of patients seen by UC providers are seen through these affiliated institutions – to have a better sense of the impact of continuing vs. withdrawing from such contracts.

CODEI points out that Option 1 seems to imply that the best way to bring about change would be to work from within the system, providing counseling to and enhancing referrals for patients that they may not otherwise benefit from either. On the other hand, there should be an attempt at evaluating to what extent withdrawing from these contracts (Option 2) might encourage an overall change of culture in those institutions – even if highly unlikely. Option 2 might also bring about the likelihood of other institutions entering the local markets in order to fill the void in supply. By supplying doctors to the affiliate hospitals, the UC might be helping them compete; whereas removing doctors from these institutions might allow new hospitals to enter the market, which could enhance the overall range of medical services available to the overall population. Furthermore, withdrawing from these affiliations could have an impact on legislation or future regulations related to patient care and medical training at hospitals that require either the ERD or the Statement of Common Values.

CODEI has examined input and reactions from the system wide University Committee on Affirmative Action, Diversity, and Equity (UCAADE), where there seems to be a consensus over Option 2 as the most adequate position from the perspective of promoting equity and inclusion, i.e. the prohibition of affiliations with non-UC entities that limit services for women and LGBTQ+ individuals. Discussions within UCAADE, based on a statement by Professor Louis Desipio (UCI), point to the following:

1. The restrictions placed on patient care and medical training at Catholic hospitals that require either the ERD or the Statement of Common Values ensures differential impact based on sex, gender, gender identity, religion, and sexual orientation. This is unacceptable in the University of California. These policies allow for discrimination against women and LGBTQ+ patients. Patients who come to non-UC facilities expecting UC-level care and receive care from University of California clinicians in these institutions cannot receive that care. Offering them the option of transfer to provide them the care they need does not mitigate this act of discrimination and potentially exacerbates any illness that led to the hospital visit.
2. The report acknowledges that the limits placed on care at the Catholic hospitals that require either the ERD or the Statement of Common Values prevent the delivery of “evidence-based” medical treatment. The University of California should not limit itself to non-evidence-based strategies in any area or endorse their use with its resources.
3. The current affiliations serve to provide support for the Catholic hospitals in the state that do not follow the principle of evidence-based care and training. This financial infusion from the UC corrupts the delivery of care throughout the state. By following Option 2, the UC funds can be used to either support non-UC hospitals that follow evidence-based medicine or to build and support new UC-branded facilities. Shifting resources away from the Catholic hospitals will ensure that the principles guiding the state’s medical infrastructure are evidence-based and inclusive.
4. The UCSF faculty vote on the UCSF/Dignity Affiliation saw 2 to 1 opposition. This affiliation was also opposed by the American College of Obstetricians and Gynecologists, the California Academy of Family Physicians, the Gay and Lesbian Medical Association, and the California Nurse-Midwives Association.

The ethical principles delineated above are certainly accurate. The reality, however, presents other levels of complexity. CODEI supports the points above and notes that the report is a well-written reflection on how to balance the many different considerations in determining whether UC health care systems should continue to affiliate with health care institutions that restrict care access because of Ethical and Religious Directives (or similar statements). From an educational standpoint, though there may be adequate alternate training sites for our School of Medicine students and our resident physicians, the School of Nursing is highly reliant on these institutions for practical training and adequate access to alternate sites is not currently available.

From a patient care standpoint, there is a real opportunity to provide care that would not otherwise be available. A member of CODEI consulted with her colleagues and spoke with a number of SOM community members who are LGBTQ-identified and has heard consistent (though guarded) support for Option 1. From a personal level, many described the transformative impact of finding a sensitive teacher or provider while navigating unfriendly systems. Supporting President Obama’s concept that our “cancel culture” may not be the most productive approach, many community members feel it would be appropriate to continue affiliations if ongoing change may be achievable.

Another consideration is that we are regularly sending trainees into other environments where values may not align precisely with our UC values. For instance, international rotations and programs may have students and residents in countries where political or religious climates restrict the available care in a way that does not align with our nondiscrimination policy. We rotate through private hospitals where certain services are not available because they have not been financially lucrative, and thus patients needing these services must be referred elsewhere. Having contact with these systems has the benefit of exposing our learners to the reality of our country, our complex health system and those areas within both, where patients may face barriers to care.

In conclusion, CODEI makes the following recommendations:

1. Option 2 (terminating affiliations) aligns best with current university policy.
 - a. Affiliations are inconsistent with public institutions' obligations to separate from religious directives.
 - b. Disproportionate burden on women and LGBTQ+ individuals is not consistent with UC nondiscrimination policies.
2. Option 1 (continuing affiliations with specified conditions) may be pursued with exceptional attention to contracting and policy.
 - a. Where possible, alternative sites where values align best with UC values should be pursued.
 - b. No UC community member may be restricted in providing counseling, prescriptions or referrals for evidence-based medical care.
 - c. If specific aspects of care are unavailable at any institution, robust support to both the provider and the patient to facilitate access elsewhere must be in place. There must not be an undue burden on the provider or patient to navigate this access without guidance. Where possible, this referral should take place early in care (e.g. redirect patients for delivery if a tubal ligation at time of delivery is known to be a goal).
 - d. Any UC community member should be able to opt out of providing care at institutions where the ethical or religious philosophy of the institution does not align with the individual's.
 - e. Those learners who are directed to train at these institutions should be provided education prior to the start of the opportunity, so they may understand their rights and resources prior to entering the system.
 - f. Regular reevaluation of this process should occur.

For further reading, CODEI finds the following resources to be helpful:

<https://www.allcareeverywhere.com/press-release-uc-health-misses-opportunity>

<https://www.latimes.com/business/story/2020-01-30/uc-catholic-hospitals>

<https://www.aclunc.org/take-action/get-involved/religious-restrictions-uc-health-care>

<https://regents.universityofcalifornia.edu/minutes/2019/hs4.pdf> (pp. 14-33)

Thank you for the opportunity to review and comment. If you have any questions, you are welcome to contact me at passos@humnet.ucla.edu or the Committee on Diversity, Equity, and Inclusion analyst, Annie Speights at aspeights@senate.ucla.edu or ext. 53853.

Sincerely,

A handwritten signature in black ink, appearing to read "Luiz Passos" with a stylized flourish at the end.

José Luiz Passos,
Chair, Committee on Diversity, Equity, and Inclusion

cc: Members of the Committee on Diversity, Equity, and Inclusion
Annie Speights, Committee Analyst, Committee on Diversity, Equity, and Inclusion

UCLA Academic Senate
Faculty Welfare Committee

February 14, 2020

Professor Michael Meranze
Chair, UCLA Academic Senate

Re: Report of the Working Group on Comprehensive Access

Dear Chair Meranze,

The Faculty Welfare Committee met and discussed the Report on the Working Group on Comprehensive Access at its February 11 meeting. FWC notes that the report is unclear about addressing the main issues at stake, namely, (1) patients seeking care and (2) educational opportunities for students and trainees. The former fails to provide impartial care in support of diversity and equity in our UCLA ecosystem, and the latter deprives the core value of teaching, mentoring, and training the generation in our higher education community. For these reasons, the FWC members would like to seek additional clarification regarding both options.

Sincerely,



Tzung Hsiai
Chair, Committee on Faculty Welfare

cc: Members of the Committee on Faculty Welfare
Annie Speights, Committee Analyst, Committee on Faculty Welfare

Chair of the Faculty

445 Charles E. Young Drive East
2539 Schoenberg Music Building, Box 957234
Los Angeles, CA 90095-7234
(310) 825-8628
www.schoolofmusic.ucla.edu

February 16, 2020

TO: Michael Meranze, Chair
Academic Senate

CC: Valeria Dimas, Administrative Analyst
Academic Senate

FR: Lily Chen-Hafteck, Chair
Faculty Executive Committee
The Herb Alpert School of Music



RE: School of Music Response to the Chair's Report of the Working Group on Comprehensive Access

The Herb Alpert School of Music FEC has considered the two options proposed in the "Chair's Report of Findings and Recommendations with Responses from Working Group members and UC Legal", as a result of the work of the Working Group on Comprehensive Access.

We would like to vote for Option 2, i.e. prohibit affiliations with non-UC entities that prohibit certain services for women and LGBTQ+ people.

Thank you for your attention.

Cc: Eileen Strempele, Dean, School of Music
Raymond Knapp, Academic Associate Dean, School of Music

February 18, 2020

To: Michael Meranze, Chair
Academic Senate

From: Andrea Kasko, Chair
Graduate Council

Re: Systemwide Senate Review: Report of the Working Group on Comprehensive Access

At its meeting on February 7, 2020, the Graduate Council reviewed and discussed the Report of the Working Group on Comprehensive Access.

Council members offered the following for consideration:

- Members expressed concern regarding the impact on graduate student and post-doctoral scholars' access to healthcare, especially if the partner provider restricts access to certain types of care and services.
- Members also expressed concern regarding the type of training and research available to UC graduate students, post-doctoral scholars, and researchers who may be limited in the kind of procedures that they can observe, train, and practice. Members were also concerned that restrictions might hinder the ability to train at the same level of confidence.
- Members are concerned that trainees whose values and identities are in conflict with values of partnering institutions may face barriers to their education based on their membership in protected and/or underrepresented classes.
- Lastly, even if partner providers sign an agreement that aligns with UC values, there is a concern of implicit endorsement of the values of these affiliate institutions.

Thank you for the opportunity to review and comment.

February 14, 2020

Michael Meranze
Chair, UCLA Academic Senate

Re: Systemwide Senate Review: Report of the Working Group on Comprehensive Access

Dear Professor Meranze,

At its February 5, 2020 meeting, the Council on Research (COR) reviewed the Report of the Working Group on Comprehensive Access.

After a thorough discussion, members agreed not to opine on the issue until the primary implementation issues are defined. Members are welcome to submit their individual statements as Senate members at the University.

If you have any questions for us, please do not hesitate to contact me at desjardins@ucla.edu or via the Council's analyst, Elizabeth Feller, at efeller@senate.ucla.edu or x62470.

Sincerely,



Richard Desjardins, Chair
Council on Research

cc: Joseph Bristow, Immediate Past Chair, Academic Senate
April de Stefano, Executive Director, Academic Senate
Elizabeth Feller, Principal Analyst, Council on Research
Shane White, Vice Chair/Chair-Elect, Academic Senate
Members of the Council on Research

February 14, 2020

Michael Meranze, Chair
Academic Senate

Re: Report of the Working Group on Comprehensive Access

Dear Professor Meranze,

At its February 10, 2020 meeting, the Council on Planning and Budget (CPB) reviewed the Report of the Working Group on Comprehensive Access.

After an overview of the history surrounding the affiliation with Dignity Health and an extensive discussion of the issues raised in the materials prepared by the Working Group, the members of the Council raised several questions and concerns. Overall, we have been told that the financial implications of the affiliation are beneficial to the system as a whole. However, we have not been given any financial documents or details to assess rigorously the financial implications of the affiliation. Absent such materials it is impossible to provide an informed review of the budgetary implications.

The primary issues regarding the affiliation and thus our discussions thus centered on critically important concerns that are moral, ethical, and legal in nature. In moving to this realm, members repeatedly voiced concerns that these matters were outside the purview of the Council and far more subject to individual interpretations.

There was strong agreement with the core values highlighted in the reports and with many of the concerns raised therein. However members differed in how much weight to assign to the various considerations, with many noting strongly held personal beliefs regarding the best course of action. Given the personal nature of many of the questions at hand and the widespread concerns regarding the scope of the Council's charge, it was decided that the best course of action was for members to opine individually on the various issues raised at the meeting and submit their own letters as Senate faculty, sharing fully their own convictions. (The link to the University of California public comment website was shared with all members via email.)

There were additional concerns was raised about process. It was noted that the Academic Senate issued a strong response to the proposed Dignity affiliation last year; members were surprised that the question of affiliation was being brought up again, presuming that the Academic Senate had spoken with a clear voice. More transparency about the process would have been appreciated.

Thank you for the opportunity to review and comment on the report. I am sorry we do not have a more definitive answer. However our response is not due to lack of willingness to think deeply about the issues, but rather a widely held believe that such personal ethical considerations fall outside our expertise.

If you have any questions for us, please do not hesitate to contact me at mcgarry@ucla.edu or via the Council's analyst, Elizabeth Feller, at efeller@senate.ucla.edu or x62470.

Sincerely,

A handwritten signature in cursive script that reads "Kathleen McGarry".

Kathleen McGarry, Chair
Council on Planning and Budget

cc: Evelyn Blumenberg, Vice Chair, Council on Planning and Budget
Joseph Bristow, Immediate Past Chair, Academic Senate
April de Stefano, Executive Director, Academic Senate
Elizabeth Feller, Analyst, Council on Planning and Budget
Shane White, Vice Chair/Chair-Elect, Academic Senate
Members of the Council on Planning and Budget

From: [Johanna Drucker](#)
To: [Dimas, Valeria](#); [Wilmore, Leah](#)
Subject: From GSEIS FEC for CoC
Date: Tuesday, February 18, 2020 8:44:09 AM

This is our response to the Report from the Working Group on Comprehensive Access dated 1.28.20

Responses to this followed lines very similar to that presented by the Working Group itself: they were split between a position in which the ALL UC business be conducted with organizations whose ethical principles of the University. The report “ presents two options for the values, principles, guidelines, and compliance/monitoring efforts that should govern UC Health affiliations with non-UC organizations.” The issue at stake is whether working with organizations that provide health would need to be completely compliant with the ethical guideline of the UC. This affects access to information as well as services.

In Opining on this report and summarizing my colleagues’ responses, I would like to forward the following statement: The FEC of GSEIS recognizes that the two responses in the WGCA report represent the mix of opinions among our faculty. While wishing to stress that in all instances where service can be provided by organizations that share the UC mission and whose principles align with our ethical guidelines, we recognize that drawing a hard line about this as a policy might have negative consequences, particularly for vulnerable populations served by faith-based institutions. We recommend that whenever possible, UC contract with institutions whose values and mission align with ours, and that only when services would not otherwise be available, that contracts with these institutions be undertaken.

Best,

Johanna Drucker



February 17, 2020

UCLA Academic Senate Chair Michael Meranze

mmeranze@senate.ucla.edu

re: (Systemwide Senate Review) Report of the Working Group on
Comprehensive Access issue

Dear Chair Meranze,

Thank you for the opportunity to opine on this important topic. Obviously, since the high-level committee appointed by President Napolitano could not come to a clear conclusion, this is a complex issue. Nondiscrimination in health care is a central issue in public health, and the UCLA Fielding School of Public Health FEC met to discuss this issue last week.

As public health researchers, we contribute to the evidence base about effective health interventions, including those related to reproductive health and the end of life. The field of public health is dedicated to protecting the rights of all people to evidence-based services that they and their provider decide are appropriate. We are further committed to being responsive to community needs and perspectives, and working to empower local communities to have the tools and resources necessary for creating the optimal conditions to promote health. In our discussion of the report to President Napolitano we noted that the opinions of chancellors, CEO's of UC health systems, and attorneys were well represented.

The consensus of our committee was that we did not feel like we had sufficient information to make an informed response. First and most importantly, there were no voices representing those who would be impacted by a decision either way (continuing or ending certain affiliation agreements). We therefore respectfully call on UC leadership to extend the period of comment and to actively solicit input from the communities most directly affected: women who need reproductive health services, LGBT+ patients, those with terminal illnesses, as well as the patients in communities served by hospitals and health systems that might lose access to some of the services they have now if UC ends affiliation with those providers. We also

note that while attorneys provided contending interpretations of the law on this issue, input from bioethicists has not been sought. Fundamentally, this is a debate over the implementation of core principles and values that guide UC.

Second, given the importance of this issue across so many issues of importance to faculty and the public mission of UC, we felt that this issue merits broader faculty discussion within departments, as well as a full faculty town hall discussion and possible faculty vote. Anything less risks the appearance that the final decisions are being made while sidestepping adequate faculty engagement. Naturally, this requires much more time than we were provided.

Thank you for the opportunity to provide input, and we look forward to being able to spend more time considering this important issue with more complete information in the future.

For the UCLA Fielding School of Public Health Faculty Executive Committee,

A handwritten signature in blue ink, reading "Steven P. Wallace". The signature is fluid and cursive, with the first name "Steven" and last name "Wallace" clearly legible.

Steven P. Wallace, Ph.D.

FEC Chair and Professor, Community Health Sciences

cc: Valeria Dimas vdimas@senate.ucla.edu

Date: February 17, 2020
From: Laura Wray-Lake, Chair, Luskin Faculty Executive Committee
RE: Comments on Comprehensive Access

The Luskin School of Public Affairs Faculty Executive Committee was asked to comment on the Report of the Working Group on Comprehensive Access. Below are our committee's comments.

In general, our thoughts align with the report. The University should defend its core values of intellectual freedom (for doctors to prescribe and advise as they see fit, and for patients to pursue the care they see fit) and equal access. We do not see a compelling reason for why certain partnerships might be worth a compromise on these values.

While the needs of medical and administrative staff are important, of utmost concern is the care of patients. With this in mind, the option for UC to enter into affiliations with non-UC organizations should follow the criteria listed in the report. In addition, there should be greater protection for patients and more rigorous verification procedures. To that end, the following recommendations are offered:

1. An audit of a random sample of records for UC patients receiving care at a non-UC affiliated agency should be conducted by an independent third party at least every two years. Patient records selected for the audit can be stripped of all identifying patient information to protect the privacy of the patient. This audit would review each record to ensure that patients had access to comprehensive health care as needed.
2. In addition to a mechanism for collecting and reviewing patient feedback, a Bill of Patient's Rights should be created and distributed to UC patients receiving care at an affiliate site. This bill would inform patients of their right to receive contraception, abortion, assisted reproductive technology, gender-affirming services, and end-of-life care.
3. If the affiliate site does not provide the above listed services, a list of agencies that offer these services should be given to patients seeking those services.
4. UC patients who request any of the above listed services at a non-UC affiliate site should receive professional and courteous service even if the requested service is not available at the non-UC affiliate site. UC has the responsibility of protecting UC patients from hostility and harassment arising from making requests that are not supported by non-UC affiliates.
5. Furthermore, a telephone number and email address should be listed on the bill of rights for patients to use if they feel demeaned or otherwise mistreated because of making a request for a service that is not provided by non-UC affiliates.
6. Patient feedback, concerns, and complaints should be investigated in a timely manner.
7. Finally, a list of sanctions appropriate for the level of infraction uncovered should be developed. This list could range from verbal, written warning to termination of the UC affiliation.



David Geffen
School of Medicine

memorandum

Faculty Executive Committee
Center for Health Sciences
Mail Code: 172216
<https://medschool.ucla.edu>

February 17, 2020

To: **Michael Merranze, PhD**
Chair, Academic Senate
University of California, Los Angeles

From: Nader Pouratian, M.D., Ph.D.
Chair of the Faculty (DGSOM Faculty Executive Committee)

Re: Comment on Report of the Working Group on Comprehensive Access

Dear Dr. Merranze,

Thank you for the opportunity to have the Faculty Executive Committee of the David Geffen School of Medicine comment on the Report of the Working Group on Comprehensive Access. The issues addressed in this report are of utmost important to our school and our faculty. The report was circulated to DGSOM FEC members prior to our regularly scheduled FEC meeting of February 5 and discussed by the DGSOM on both Feb 5 and Feb 6.

The DGSOM FEC unequivocally endorses evidence-based care and believes that access to evidence-based care improves health care quality and the health of our population. With respect to the Report, the majority of DGSOM FEC supports Option 1, to "Allow Affiliations with Non-UC Entities that Prohibit Certain Services for Women and LGBTQ+ People," while a small minority favor Option 2, to prohibit such affiliations.

Support for Option 1 centers on the theme that UC and its faculty will ultimately better serve and improve our population's health by affiliating rather than not affiliating with entities that prohibit certain services for women and LGBTQ+. Such entities will continue to exist regardless of UC affiliation. In many cases, such entities are the only providers in certain communities, either in general or of particular types of care such as neonatal care. Moreover, faith-based institutions are more likely to deliver charitable care, extending care to those in need at much higher rates than other institutions (particularly for-profit entities). By not affiliating with such entities, the majority of the DGSOM FEC feels that patients could be deprived of certain care and, more importantly, patients could be deprived of access to physicians that can inform them of the best evidence-based care. The lack of access to UC faculty and care is felt would ultimately cause greater harm to public health. The majority of the DGSOM FEC felt such affiliations are critical for access to care for the population of California. FEC members noted long standing and productive relationships with faith-based entities in which, for example, LGBTQ+ programming exists and highlight that continued affiliations with such entities are critical to ensure that such programming continues and flourishes. DGSOM FEC members highlighted several instances of successful collaboration with faith-based institutions to provide and improve population-based care, both within California and internationally.

Other arguments supporting Option 1 (or affiliation) include the potential negative impact on faculty, who are already actively working with and participating with such faith-based entities, providing community-based care. The DGSOM FEC also discussed that faith-based institutions provide important educational venues, and may be particularly important for understanding different systems of care and diversity of care. Without working and learning in such environments, UC misses on opportunities to identify further opportunities and avenues to further improve health care delivery.

The DGSOM FEC affirms the importance of providing individuals (both faculty and students) with the option to “opt out” of working in such environment, if working in such environments violates personal beliefs and values. It is felt that in the same vain that we do not expect our faculty and staff to provide services that clash with their beliefs and morals, we cannot expect to impose our beliefs on other institutions.

Finally, with respect to arguments in support of Option 1 (or affiliation), the DGSOM FEC spent some time discussing the differentiation between entities that make decisions based on faith and those that make decisions based on financial factors. UC does not restrict care with latter entities and therefore should not do so based on faith either. It is argued that greater involvement across venues will ultimately better enable UC to serve its mission.

DGSOM members favoring Option 2, or prohibition of affiliation felt that based on the principle that such entities restrict care and therefore compromise the delivery of the best potential health care, UC should not affiliate.

Of note, no specific edits to that detailed in the Report regarding Options 1 or 2 are provided here.

On behalf of the DGSOM FEC, we appreciate the opportunity to comment. If there are any additional questions or points of discussion, we are happy to comment further.



OFFICE OF THE ACADEMIC SENATE
TOM HANSFORD, CHAIR
senatechair@ucmerced.edu

UNIVERSITY OF CALIFORNIA, MERCED
5200 NORTH LAKE ROAD
MERCED, CA 95343
(209) 228-7930

FEBRUARY 19, 2020

KUM-KUM BHAVNANI, CHAIR, ACADEMIC COUNCIL

RE: WORKING GROUP ON COMPREHENSIVE ACCESS

Dear Chair Bhavnani:

The [*Working Group Report on Comprehensive Access Chair's Report of Findings and Recommendations*](#) was distributed for review and comment to the UC Merced Senate Committees for Diversity and Equity (D&E), Faculty Welfare and Academic Freedom (FWAF), and to the School Executive Committees¹.

In the appended memos, D&E, FWAF, and the School of Natural Sciences Executive Committee raise several comments and concerns for consideration by the Senate leadership.

The Merced Division thanks you for the opportunity to opine.

Sincerely,

A handwritten signature in black ink, appearing to be "TH", written over a light blue horizontal line.

Tom Hansford
Chair, Divisional Council

CC: Divisional Council
Hilary Baxter, Executive Director, Systemwide Academic Senate
Fatima Paul, Interim Executive Director, Merced Senate Office

Encl (3)

¹ The Schools of Engineering and Social Sciences, Humanities and Arts declined to comment.



ACADEMIC SENATE, MERCED DIVISION
COMMITTEE FOR DIVERSITY AND EQUITY

UNIVERSITY OF CALIFORNIA, MERCED
5200 NORTH LAKE ROAD
MERCED, CA 95343
(209) 228-7930

February 12, 2020

To: Tom Hansford, Chair, Divisional Council

From: Committee for Diversity and Equity (D&E)

Re: Systemwide Review of the Working Group Report on Comprehensive Access

The Committee for Diversity and Equity (D&E) reviewed Working Group on Comprehensive Access (WGCA) Chair's Report of Findings and Recommendations at its meeting on February 3, 2020. D&E members discussed the advantages and disadvantages of affiliations between UC entities and organizations that have policy-based restrictions on care. D&E members consider that:

- Refusal to engage at least in dialogues with organizations that have policy-based restrictions on care might further exacerbate the problem of the shortage of trained medical professionals and facilities, and marginalize underserved populations, including in the Central Valley.
- For the purpose of providing the best care possible for communities that the University of California serves, especially for Merced, where the aforementioned shortage is acute, partnership with existing medical organizations could potentially be beneficial for the community, as well as for the medical organizations and the University. It is conceivable that the potential benefits of the partnership will create opportunities for collaboration that may not be available otherwise.
- Without engaging in a dialogue, it is impossible to know whether these private organizations may be willing to make incremental shift, or to formulate a creative solution, that does not compromise UC Health Affiliation Principles laid out in the Working Group's report (pp.23-25). It is possible that these organizations are, as an increasing number of medical institutions do, striving to achieve higher patient satisfaction of care, which may be achievable through partnership with UC entities.

Towards this last point, it is suggested that the Working Group membership include a UC expert on Public Health, who can facilitate dialogues with the private medical organizations on patient engagement, which in turn may facilitate policy changes at the private medical organizations.

D&E appreciates the opportunity to opine.

cc: D&E Members
Fatima Paul, Interim Executive Director, Senate Office
Senate Office

UNIVERSITY OF CALIFORNIA, MERCED

BERKELEY • DAVIS • IRVINE • LOS ANGELES • MERCED • RIVERSIDE • SAN DIEGO • SAN FRANCISCO



SANTA BARBARA • SANTA CRUZ

ACADEMIC SENATE, MERCED DIVISION
COMMITTEE ON FACULTY WELFARE AND ACADEMIC FREEDOM
CAROLIN FRANK, CHAIR
cfrank3@ucmerced.edu

UNIVERSITY OF CALIFORNIA, MERCED
5200 NORTH LAKE ROAD
MERCED, CA 95343
(209) 228-4369

February 14, 2020

To: Tom Hansford, Chair, Division Council

From: Carolin Frank, Chair, Committee on Faculty Welfare and Academic Freedom (FWAF)

Re: Report of the Working Group on Comprehensive Access

On February 11, 2020, the Committee on Faculty Welfare and Academic Freedom (FWAF) discussed the Working Group on Comprehensive Access Chair's Report of Findings and Recommendations, with opinions from Working Group Members and UC Legal.

FWAF's position is that there is no simple answer to the question of whether the University of California (UC) should affiliate with health organizations whose institutional policies prohibit certain services for women and LGBTQ+ people, as well as for the terminally ill and the elderly (option 1), or not (option 2).

It is worth pointing out that the question of whether the UC should affiliate with organizations that do not share its commitment to diversity, equity, inclusion, and academic freedom is not limited to affiliation with hospitals, but extends to cooperation with other entities. For example, there are governments in other countries where faculty do not have academic freedom. There are no easy answers to whether the UC should cooperate in such cases, and to how best to structure that cooperation so that the UC is working to improve the current situations while protecting academic freedom and our commitment to our core values.

In this particular instance of UC Health's affiliation with non-UC entities, there is potential conflict between our commitment to faculty welfare and to academic freedom.

As stated in the report, Catholic-affiliated institutions are the only nearby providers for UC employees in Merced. Thus, ending affiliation with non-UC entities would very likely create serious faculty welfare and inequity issues for UC Merced faculty.

There are many issues (large and small) even outside of ER situations that are not adequately offered in and around Merced without Dignity Health Medical Group (Dignity Health). For example, a UC Davis-affiliated medical organization at Dignity Health allows one to receive services in Merced (in a reliable institution), even if one seeks consultations at a Bay Area medical institution. Without such options, people with health issues and their family members are impacted even more negatively in terms of work ability and well-being.

If UC's health insurance would not include Dignity Health as an in-network option, it would deepen the inequities that already exist between UC campuses in terms of having access to healthcare. That is in clear conflict with the value of equity. UC Merced faculty needs more clarification on what would happen with our health insurance if the affiliation is terminated with the Dignity Health, given the limited access to health care in Merced and nearby rural areas.

While keeping the affiliations for our own UC employee-healthcare would address the faculty welfare issue, it would present a new dilemma, as it would be hypocritical of us to keep the affiliations for UC employees while cutting off access to other populations by terminating these agreements. It was noted in the working group report that UC Health aims to serve all people living in California and to support health equity by reducing health disparities.

One could also make the argument that, for a patient at an institution that denies services to certain groups, an affiliation with UC could be a life line, where UC physicians or trainees could present options available to them elsewhere.

Furthermore, while FWAF appreciates the attention to academic freedom, it notes that Options 1 and 2 have identical language about academic freedom protections under APM 010, 011, and 015, and it is not clear how academic freedom would actually be protected. For example, it is difficult to imagine that academic freedom can be protected under such agreements where UC faculty must cooperate with hospitals that support practices which are not based on medical evidence, that fall below nationally recognised professional standards of care, and that fail to uphold the "sacred commitment" to act always in the best interests of the patient. This is a question of particular importance at UC Merced, where there are no alternatives, for example for a medical student to receive necessary training, other than a Catholic-affiliated hospital.

FWAF therefore agrees with the letter to President Napolitano from Professors Bhavani, Jacoby, and May (p. 87-89 in the report) that guidelines for agreements should explicitly state that "UC personnel, including trainees, are *not* expected to abide by religious directives." and that UC personnel will be able to abide by professional guidelines and "fully inform patients of all options, make clinical decisions, provide any services, and perform any medical procedures that they, in consultation with the patient, deem medically necessary and appropriate".

FWAF appreciates the opportunity to opine.

cc: Senate office



SCHOOL OF NATURAL SCIENCES

UNIVERSITY OF CALIFORNIA, MERCED
5200 N. LAKE ROAD BLDG A
MERCED, CA 95343

14 February 2020

To: Tom Hansford, Chair, Merced Division of the Academic Senate

From: Kevin Mitchell, Chair, Natural Sciences Executive Committee

Re: Systemwide Senate Review: Report of the Working Group on Comprehensive Access

The SNS Executive Committee has discussed the Report of the Working Group on Comprehensive Access. There is a tension here between two things---to quote from page 7 of the report:

- 1) On the one hand, non-UC providers may "improve access to UC quality care especially for underserved populations, mitigate health disparities, support population health management, and dedicate the specialized care of our medical centers to those patients who most need them."
- 2) On the other hand, non-UC providers may "discriminate against women and LGBTQ+ people, lead to poor health outcomes, decrease access to services that lower the quality of care for UC patients in these facilities, compromise UC physicians' ability to practice medicine based on scientific evidence, and deny patients' autonomy in decision making."

Hence the basic issue: given UC's mission and values, should UC affiliate with such organizations?

On a practical level, this includes (but is not limited to) questions such as: should UC Health clinicians practice (or even be allowed to practice) at non-UC facilities?

The WGCA did not achieve consensus. Instead, the report presents two options, "affiliate" and "prohibit affiliation," with well-reasoned cases for both. For instance, there is extensive language justifying how each option upholds core UC values

Overall, we agree wholeheartedly with President Napolitano's response, which is to conduct a more thorough analysis of the impacts of both options before making any final decisions. These issues are obviously complex and both options may have significant costs and unexpected consequences. The President mentions in her cover letter that she will make a recommendation at the May regents meeting, after additional fact-finding, consideration of potential impacts especially on UC employee healthcare, and public consultation.

Please note: these issues do affect members of our community in Merced and the greater Central Valley. At both UC Merced and UC Santa Cruz, the major hospitals near campus (Mercy for UCM and Dominican for UCSC) are both Catholic-affiliated --see page 18. Dignity Health and UC Davis jointly

operate a cancer center at Mercy Hospital -- see page 14. On page 21, we learn that "UC Davis Health's family medicine department's support of the Mercy Merced family practice residency raises the quality of training of the only such training program in the entire area. Davis's placement of its pediatric hospitalists with telehealth advanced support in Adventist Lodi has allowed twice as many children to receive care locally, and made sure transfers to UC Davis have only occurred for the sickest patients requiring the specialty services that UC Davis provides."

At the same time, current and recently expired contracts between UC and Catholic/Catholic-affiliated health care organizations in fact prohibit "UC personnel from delivering some types of care and performing certain procedures at non-UC facilities guided by their own personal judgement and the informed decision of the patient." There is a rather long discussion in the report of exactly what procedures are prohibited at Catholic facilities --- notably, the list includes all medical and surgical methods of contraception, and all abortions (even in cases of sexual assault).

In our experience, health care in Merced (and the Central Valley) is an issue that comes up often in conversation with colleagues. We would imagine that the faculty have a wide range of views on this issue. We would encourage those who are interested to read the WGCA report, think through everything, and write to the President directly --- she solicits such feedback in her cover letter.



CHAIR, ACADEMIC SENATE
RIVERSIDE DIVISION
UNIVERSITY OFFICE BUILDING, RM 225

DYLAN RODRIGUEZ
PROFESSOR OF MEDIA & CULTURAL STUDIES
RIVERSIDE, CA 92521-0217
TEL: (951) 827-6193
EMAIL: DYLAN.RODRIGUEZ@UCR.EDU

February 25, 2020

Kum-Kum Bhavnani, Chair, Academic Council
1111 Franklin Street, 12th Floor
Oakland, CA 94607-5200

RE: (Systemwide Senate Review) Report of the Working Group on Comprehensive Access

Dear Kum-Kum,

I am writing to provide important additional comment on the Report from the Executive Council of the Riverside Division regarding the Report of the Working Group on Comprehensive Access. I reiterate that the due date for this review did not allow for adequate consultation within the timeline, hence this belated addendum to the Division's recently submitted response. (See below from February 19, 2020).

Executive Council engaged in robust and spirited discussion regarding the matters raised by the Report at its February 24, 2020 meeting. While there was clear disagreement about the two "options" provided in the Report, and a general acknowledgement that these options did not provide room for compromise or workable consensus, there was a developing and shared conviction that these existing options are inadequate, and preclude fulfillment of the UC mission. Executive Council agreed that a third option must be developed, perhaps structured by a feasible 10-year plan to phase out partnerships with healthcare systems that do not align with the University's mission due to religious institutional mandates that discriminate against patients based on gender and sexuality. To move away from such partnerships would affirm the University's reputation as an example to California, the country, and the world regarding equity and fairness in the provision of health care and education.

Executive Council agrees that UC leadership should refrain from creating such partnerships as they place medical students in compromised positions within the hospital setting. There was strong agreement that the UC should commit to avoiding extension of agreements with institutions that discriminate against certain populations as a matter of mission and/or policy, and further, that existing UC medical schools should develop critical curricula and pedagogy for their medical students that rigorously addresses the histories and complexities of gender, sexual, racial, and other forms of discrimination in medical and health care provision.

I trust that this addendum to the Division's existing consultation will be valued as crucial input from the UCR Senate leadership.

Yours,

A handwritten signature in dark ink, appearing to read "Dylan Rodríguez".

Dylan Rodríguez
Professor of Media & Cultural Studies and Chair of the Riverside Division

CC: Hilary Baxter, Executive Director of the Academic Senate
Cherysa Cortez, Executive Director of UCR Academic Senate Office



CHAIR, ACADEMIC SENATE
RIVERSIDE DIVISION
UNIVERSITY OFFICE BUILDING, RM 225

DYLAN RODRIGUEZ
PROFESSOR OF MEDIA & CULTURAL STUDIES
RIVERSIDE, CA 92521-0217
TEL: (951) 827-6193
EMAIL: DYLAN.RODRIGUEZ@UCR.EDU

February 19, 2020

Kum-Kum Bhavnani, Chair, Academic Council
1111 Franklin Street, 12th Floor
Oakland, CA 94607-5200

RE: (Systemwide Senate Review) Report of the Working Group on Comprehensive Access

Dear Kum-Kum,

I am writing to provide the existing consultative feedback from the UCR Division of the Academic Senate on the important matters raised by the Report of the Working Group on Comprehensive Access.

I should note that the timeline for review of this matter did not allow for timely and adequately rigorous deliberation within the Division, and thus i will be forwarding additional consultation after the stated deadline. These additions will include a summary of the upcoming UCR Executive Council discussion of the Report, which will take place during its regular meeting on Monday, February 24, 2020.

The attached memos offer a spectrum of positions on the issue at hand, and i can state that there is no apparent consensus on either of the two options outlined in the Report. There is, however, a notable concern arising in the UCR Division's review that the two existing options covered in the Report may artificially limit the available field of possibilities for providing health care to the widest possible field of patients while remaining loyal to the UC's mission of equitable treatment to all people, regardless of gender or sexual identity.

Yours,

A handwritten signature in dark ink, appearing to read "Dylan Rodríguez".

Dylan Rodríguez
Professor of Media & Cultural Studies and Chair of the Riverside Division

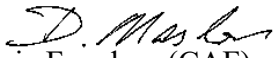
CC: Hilary Baxter, Executive Director of the Academic Senate
Cherysa Cortez, Executive Director of UCR Academic Senate Office

The logo for the University of California Riverside Academic Senate. It features the text "UC RIVERSIDE" in large blue letters, with "UNIVERSITY OF CALIFORNIA" in smaller blue letters above "RIVERSIDE". To the right of "RIVERSIDE" is a vertical orange bar, followed by the words "Academic Senate" in blue. Below this, the text "COMMITTEE ON ACADEMIC FREEDOM" is written in bold black capital letters.

COMMITTEE ON ACADEMIC FREEDOM

February 14, 2020

To: Dylan Rodriguez, Chair
Riverside Division of the Academic Senate

From: Dmitri Maslov, Chair 
Committee on Academic Freedom (CAF)

Re: Report Review: *Report of the Working Group on Comprehensive Access*

The Committee on Academic Freedom considered the "Report Review: *Report of the Working Group on Comprehensive Access*" submitted for a systemwide review on January 29, 2020.

The core of the problem is whether or not the UC Health can affiliate with non-UC organizations that do not hold or abide by UC's values and principles in Health care. Specifically, the report and the letters focus on Catholic health providers which deny certain types of care as inconsistent with the Catholic doctrine, such as those described on p. 4 of the report: "a) prohibit the use of contraception, abortion... b) permit non-clinicians to make clinical decisions...", deny certain medical procedures to LGBTQ persons and to persons seeking end of life care. This turned out a contentious issue and it is highly significant that the appointed Working Group failed to disentangle this knot of political, ethical, legal and medical problems. The controversial nature of this problem is further illustrated with the letters written by two experts in Law (Prof. Goodwin and Ms. Nosowsky) who came up with the exactly opposite legal interpretations of the case. Prof Goodwin was the only lawyer and only bioethicist on the WGCA Committee:

The report recommends two options for the future consideration: Option 1 to allow affiliations described above and Option 2 to ban such affiliations. The CAF is split with respect to these recommendations, with some opinions strongly opposing Option 1 and some siding with the Work Group Chair Prof. Gillman who tried to promote a compromise solution. A possible compromise could have represented inclusion into Option 1 of a strong and unequivocal language indicating that UC personnel working at non-UC Health providers can do so only on the condition of the strict adherence to the UC principles. Such language was referred to in the dissent letter from Dec 14, 2019, signed by three Academic Senate representatives (Profs. Bhavnani, Jacoby, and May) but, per that letter, such language was not included by UC Health leadership in the current or negotiated affiliation agreements.

Both options proposed in the report claim to protect Academic Freedom equally (Principle #6, Option 1 - p. 24, Option 2 - p. 29, the comparison - p. 75). However, the CAF's view is that Option 1 might entail situations when academic freedom can be compromised. The work of faculty can be tainted by formal association with entities that do not respect the UC values and principles. One dominant principle is non-discrimination on the basis of identity. If that entity discriminates, then the affiliated UC Health providers are required by contract to follow religious based limitations and are, by definition, working at entities that refuse particular treatments for particular groups of people. They thus may find themselves in situations when they would also be forced to discriminate. Furthermore, those discriminatory practices may limit, hinder, or block the UC faculty's research and teaching (e.g., training of health practitioners). For example, Catholic hospitals do not provide standard medical treatment for rape, i.e. emergency contraception. Should UC personnel be trained to deny information for proper form of treatment for rape? How does this in term affect all genders of students and personnel?

However, it is noteworthy that Option 1 is strongly supported by several CEOs and directors of UC medical centers who have the first-hand knowledge of benefits that such affiliations would bring to patients, at least in some situations when the choice of Health providers is limited geographically, socio-economically or culturally. Moreover, one of the letter writers (Mark Laret, UCSF Health) has specifically pointed out that Option 2, which would prohibit affiliations with Catholic Health providers, may, in fact, lead to situations which can be viewed as discrimination. Yet, the signators rejected a change in wording that would stipulate UC personnel would be able to perform any “medically necessary procedure at any faculty at any time” as an “absolutist approach.” (The strictures of faith-based restrictions are not seen, however, as “absolutist.”)

In summation, CAF believes that Option 1 (its potential benefits notwithstanding) presents a situation in which Academic Freedom is threatened and/or potentially violated due to discriminatory religious based restrictions on medically based treatment of patients, sharing information, and ability to perform procedures. The situation for UC personnel and students in such cases hinders the freedom to teach, care for all patients adequately, and thus presents a distorted perspective on medical care. These religiously based restrictions also limit the scope for researchers and research. While a “compromise” is mentioned in the Report, no compromise is suggested in this document.



COMMITTEE ON DIVERSITY, EQUITY, AND INCLUSION

February 14, 2020

To: Dylan Rodriguez
Riverside Division Academic Senate

From: Xuan Liu, Chair
Committee on Diversity, Equity, and Inclusion

Re: Report of the Working Group on Comprehensive Access

The Committee on Diversity, Equity and Inclusion (CODEI) considered the Report of the Working Group on Comprehensive Access at its February 6th meeting. CODEI members expressed support for Option 2 (i.e. prohibit UC Health's affiliations with non-UC entities that prohibit certain services for women and LGBTQ+ people) in the Report of the Working Group on Comprehensive Access.

Option 1 (i.e. allow UC Health's affiliations with non-UC entities that prohibit certain services for women and LGBTQ+ people) is not an acceptable option as it is inconsistent with the UC's core value of Diversity, Equity and Inclusion.



COMMITTEE ON FACULTY WELFARE

February 19, 2020

To: Dylan Rodriguez
Riverside Division Academic Senate

From: Abhijit Ghosh, Chair
Committee on Faculty Welfare

Re: Report of the Working Group on Comprehensive Access

The Committee on Faculty Welfare (CFW) has deliberated on the Chair's Report of the Working Group on Comprehensive Access and associated documents. This issue is a serious one with multiple layers of complexity. The committee unanimously agrees that all UC employees should be able to uphold the mission, value and principles of the UC system, even when they are working in an affiliated Institution. The core value and principles include promoting diversity, inclusion, and fighting discrimination in any shape and form.

As it stands, it is unclear if UC employees can work in faith-based health organizations without compromising the core principles of the UC. It appears that more data and supporting evidence are needed to be presented to evaluate the negative impact of severing ties with faith-based health care providers on the UC employees and public in general.

The CFW, however, does recognize the value in affiliating with non-UC health organizations to provide care to underserved population. In that scenario, the guidelines and contract should be aggressively negotiated such that UC employees can make clinical decisions, provide services and perform procedures unconstrained by religious directives from any faith-based healthcare provider.



PLANNING & BUDGET

February 11, 2020

To: Dylan Rodriguez, Chair
Riverside Division

From: Harry Tom, Chair 
Committee on Planning and Budget

**Re: [Systemwide Review] Report Review: Report of the Working Group on
Comprehensive Access**

The Committee on Planning & Budget (P&B) reviewed the report of the Working Group on Comprehensive Access at their February 11, 2020 meeting. P&B feels there are definite budget consequences to fully severing the agreement, and therefore would like to see UC come to a workable agreement with these hospitals.



February 11, 2020

To: Dylan Rodriguez, Chair
Riverside Division

From: Louis Santiago, Chair, Executive Committee
College of Natural and Agricultural Science

A handwritten signature in black ink, appearing to read "Louis Santiago".

Re: Report of the Working Group on Comprehensive Access

The CNAS Executive Committee discussed the Report of the Working Group on Comprehensive Access. There were members of the committee that felt that because of the UC's stance on equality that it went against our principles for UC medical facilities to partner with religious medical institutions with discriminatory or restricted health policies. There were also members that felt that such a partnership would be acceptable only as a last resort, or if it were possible to compartmentalize certain treatments under UC direction within a partner facility. It was pointed out that the UC is already supporting religious medical institutions with discriminatory or restricted health policies by offering their medical coverage as part of our employee benefit options. It was also pointed out that the UC is already sanctioning other states with discriminatory or restricted policies to specific groups. Therefore, there are existing examples of the UC both supporting and sanctioning entities that do not provide comprehensive access.



School of Medicine
Division of Biomedical Sciences
Riverside, CA, 92521

Declan F. McCole, Ph.D.
Professor of Biomedical Sciences
University of California, Riverside

307 SOM Research Building
900 University Ave
Tel: (951) 827-7785
Email: Declan.mccole@ucr.edu

February 13th, 2020

To: Dylan Rodriguez, Ph.D.
Chair, UCR Academic Senate

RE: Response to Working Group on Comprehensive Access Chair's Report of Findings and Recommendations

Dear Dylan,

In response to the request for responses to the Working Group on Comprehensive Access (WGCA) Chair's Report, the members of the UCR School of Medicine Faculty Executive Committee (FEC) were in agreement that Option #1, to "allow affiliations with non-UC entities that prohibit certain services for women and LGBTQ+ people" be adopted. The rationale for this decision is outlined below.

The two options presented in the Chair's report in essence reflect a divergence between promoting a strict adherence to UC values and the philosophical imperative of treating all individuals without consideration of sex, religion, sexual preference etc. (Option #2), versus acknowledging the spirit of Option #2 but embracing the practicalities of a dependence on other healthcare providers to meet the clinical and educational needs of UC Health Campuses (Option #1). It is quite clear that all members of the WGCA want to provide access to all patients as a priority for UC healthcare and for the ethos of the UC system. All SOM FEC respondents echoed this sentiment and acknowledged the dilemma of whether clearly emphasizing that UC values in agreements with other providers who have different values will be sufficient to comply with our values while also providing the best access to care for patients.

Examples of the need for affiliations with non-UC partners are provided within the Executive Summary for each of the UC Health Campuses. Of particular importance is the acknowledgement of the unique status of UCR School of Medicine. As was raised in the Executive Summary (page 10): "UC Riverside operates a community based medical school program without its own medical center; accordingly, the school of medicine relies solely upon affiliations to build its clinical platform for training medical students and residents". This emphasizes that UCR has a greater need

than any other UC Health Campus for partnerships with other (non-UC) health care partners. Therefore, our needs are quite different from other UCs who have their own hospital/hospital system in which to provide clinical care to patients, and perform training of medical students and residents. There was strong consensus that given that such partner/affiliate organizations would be in compliance with all federal and state laws and regulations, then it would be appropriate for UC to form partnerships with these organizations in order to meet our clinical and educational missions.

Additional considerations that were raised by SOM FEC members – including clinical faculty who will be directly affected by this issue – include:

- “Given the important issues faced in training medical students and residents my stance is that we allow such affiliations to occur—given the safeguards for academic freedom and allowing the clinicians choice to refer patients to other facilities/settings that provide recommended care that may not be given at the affiliate. Fundamentally, these faith-based organizations do provide extensive care to the underserved in a non-profit setting which aligns well with our mission of UCR”.
- “Exposure to different settings can be really useful to students’ education, as it can provide opportunities for them to discuss with their faculty some of the hard and ethically complex issues that might arise when there are limits in a certain settings. I think that giving them the opportunity to learn how to navigate these issues and refer elsewhere, where indicated, is important, especially while they are students and have faculty mentors who can discuss the issues with them in a supportive and instructive way. This could in turn help them better navigate such challenges in the future when they practice on their own”.
- “We need to trust our institutional leaders in academic medicine to develop creative solutions to resolve issues regarding partner agreements while maintaining our commitments to UC values”.

If option #1 is adopted, a critically important consideration is what structures will be put in place to ensure that the various partner agreements are adhered to, and that the UC values described in the Executive Summary are respected by non-UC partners. While practical steps for monitoring that compliance of partner agreements are adhered to be mentioned in the Chair’s report, enforcement of agreements and clearly detailed procedures of how non-compliance should be treated are in need of greater detail i.e. how will different breaches of the agreement be handled (isolated incident vs. ongoing or systemic breaches).

Sincerely,



Declan F. McCole
Chair, SOM Faculty Executive
Professor of Biomedical Sciences

Office of the Academic Senate

500 Parnassus Ave, MUE 230
San Francisco, CA 94143-0764
Campus Box 0764
tel.: 415/514-2696
academic.senate@ucsf.edu
<https://senate.ucsf.edu>

Sharmila Majumdar, PhD, Chair
Steven Cheung, MD, Vice Chair
Vineeta Singh, MD, Secretary
Jae Woo Lee, MD, Parliamentarian

February 19, 2019

Kum-Kum Bhavnani, PhD
Chair, Academic Council
Systemwide Academic Senate
University of California Office of the President
1111 Franklin St., 12th Floor
Oakland, CA 94607-5200

Re: Comments on the Working Group on Comprehensive Access Chair's Report

Dear Kum-Kum:

The San Francisco Division of the Academic Senate has reviewed the Chair's Report of Findings and Recommendations of the Working Group on Comprehensive Access (WGCA). We were heartened to note that the WGCA agreed to the following tenets: to memorialize UC's commitment to the highest levels of evidence-based care; uphold our constitutional obligation to be independent of political and sectarian influence; promote diversity, practice inclusion, and fight discrimination; fulfill our public service mission to expand access to care and reduce disparities in access and outcomes; improve the quality of care; protect academic freedom; and align our actions with UC's fundamental mission and values. The UCSF Divisional Senate stands by these tenets and make these the basis for our deliberations.

The matter at hand is very complex and we thank the WGCA for working through this issue. The WGCA was unable to agree on a common statement of engagement for affiliations, and instead, the Chair's Report presented two options. It advised that Option 1, allow affiliations with providers with policy-based restrictions on care and, Option 2, prohibit affiliations with providers with policy-based restrictions on care. The policy-based restrictions at issue are primarily religious restrictions that limit the provision of reproductive, gender-affirming, and end-of-life care.

Review Process: The Chair's Report underwent intense scrutiny from a broad spectrum of our committees, including Academic Planning and Budget (APB), Committee on Academic Personnel (CAP), Clinical Affairs Committee (CAC), Committee on Educational Policy (CEP), Committee on Faculty Welfare (CFW), Equal Opportunity (EQOP), and the Executive Committee of the UCSF Divisional Senate.

Outcome: The UCSF Division of the Academic Senate supports the concept that UCSF could enter into affiliations with the appropriate process, checks and balances, considering the greater good, and considering all of the tenets put forward by the WGCA.

In fact, the few who proposed that Option 2 be the default, felt that necessary affiliations could occur, with appropriate review of discrimination risk, by an independent body with trusted, knowledgeable people on it, with early engagement and partnership of Senate faculty and care providers.

Rationale and Discussion: Divisional Senate at UCSF has been engaged in discussions of such affiliations over the past two years. The faculty at UCSF clearly have very diverse opinions, it is the role of the senate to give voice to these opinions, and provide a balanced assessment; and as in the past, in this review of the WGCA we have done the same. On the whole, the UCSF Division believes that the over-polarized framing of this issue in the WGCA Chair's Report as an either-or proposition is not only problematic, but also damaging. Our CAC aptly remarked that simply prohibiting affiliations creates a wall where there should be a bridge. Senate members also observed that each of the options have a **similar** statement of values, guiding principles, and a set of monitoring guidelines, despite the polarizing statement of engagement.

Option 1: Moving forward with the concept that UC could enter into affiliations, there were at least proposed approaches – such as appropriate review, revision of contract language,

checks and balances that indicated a possible path forward. Our CAP and CFW make the critical point that restrictions on women's reproductive healthcare, end-of-life services, and gender affirming surgery present a conflict with UC Health's principles. Our faculty care deeply about providing patients with comprehensive access to care, which includes reproductive, gender-affirming, and end-of-life care. Every intention should be made to develop affiliations that maintain these principles.

Our Division recognizes the significant concerns and objections in the area of curriculum and training, which is one of the Senate's delegated authorities by the Regents. CEP notes that potential issues may arise with respect to trainees who may express concern over training at faith-based affiliated hospitals. Indeed, disparities in the quality of training opportunities could arise if specialized training is only located at a UC-affiliated, faith-based hospital, at which a trainee may be morally opposed to working at. CAP remarks that while UCSF would strive to accommodate any student's or trainee's request to not rotate through such institutions, the broader issue of such individuals not being trained in certain procedures or gaining experience in having real-life difficult conversations with patients presents a conflict. CAP recommends relevant departments explore alternative training avenues for addressing these gaps in trainee's education. To further mitigate such scenarios, the UCSF Senate recommends that the respective fourth and ninth bullets in the Accountability section under Option 2 in the report be adopted:

- Verify that the contract language expressly states that UC providers and trainees will not be required to enforce or adhere to religious directives in their decision making, delivery of services, or performance of procedures while working in the affiliate institution; and
- Ensure that UC personnel and trainees have a point of contact at UC to which they can reach out confidentially if they believe that their ability to provide services or perform procedures based on their professional judgment is being impeded in any way at the affiliate's facility.

Option 2: If one opted for no affiliations and termination of existing affiliations, the downstream and devastating impact on some UC campuses, healthcare access for our community, and other under-served populations were not accounted for, and no alternatives or solutions for a path forward were provided. Many of the providers UC Health affiliates with, predominantly address the needs – especially in rural areas of California – of underserved populations, which are a core part of the mission of UCSF. The valuing of one group's rights over another, based on subjective measures goes against an "evidence-based approach to healthcare," and could be construed as discriminatory.

We also observed that simply endorsing Option 2 because of moral concerns over associated restrictions on health care imposed by the Ethical Religious Directives (ERDs) represents a slippery slope, as once one opens the door for a blanket prohibition with the underlying theme of Catholicism (religion), this becomes a form of discrimination, and violates the WGCA's agreed upon tenet to "uphold our constitutional obligation to be independent of political and sectarian influence in the administration of our affairs, especially healthcare."

Limitations of the WGCA: As part of the review, some Senate committees expressed criticism over the semi-secret nature of the WGCA membership, the lack of data associated with each option, and the condensed timeline. CFW observed that the WGCA would have been more effective if its Senate representatives were more diverse in their viewpoints, included care providers and stakeholders, and the work had been more open and transparent, thereby allowing Senate representatives to reflect the pulse of their constituency, publicly reach out to faculty, patients, bioethicists, researchers, and other community stakeholders. Both CFW and EQOP also commented on the dearth of real data to support either of the conclusions. EQOP remarked further that although the report references "examples of existing services that would be disrupted if blanket prohibitions were enacted," it does not provide meaningful analysis of the number of patients that could be affected. Finally, committees viewed the condensed timeline as problematic – both for the deliberation of these important issues and the review of the report itself. Indeed, an established process, with early and appropriate engagement of faculty may have resulted in options that were more viable.

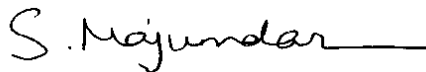
Moving Forward: The UCSF Senate Executive Committee posits that any path forward, must evaluate each proposed affiliation on its own merits and limitations. Towards that end, we reiterate our recommendation that UCSF, and other Health Science campuses, create a framework for evaluating, establishing, and monitoring affiliations that takes the depth of the affiliation into consideration. However, in order to build systemwide faculty trust, it is important that such reviews be done at both the local and systemwide levels, with the former emphasizing the local context of the proposed affiliation.

At UCSF, the Senate has reached out to and met with UCSF Health, and developed a draft review process for our campus that would make CAC, CFW, and EQOP the lead Senate review committees of all new proposed affiliations, with the CFW and EQOP Chairs being made ex-officio members on CAC. The role of these committees would be to identify the issues, terms, and challenges associated with each affiliation. Committee on Committees is also charged with appointing a Senate representative to the UCSF Health Leadership Council.

At the systemwide level, the Senate currently lacks any group or committee with the necessary expertise to properly evaluate proposed affiliations. While UCFW's Health Care Task Force provides important advice, it simply does not have the expertise to conduct comprehensive reviews of proposed affiliations. The UCSF Division therefore proposes a joint systemwide Senate-Administration 'Clinical Affairs Committee' be established within UC Health or Systemwide Senate, in order to properly vet affiliation proposals with regards to the above issues as well as in consideration of the academic goals of our care providers. In consideration of the WGCA membership, several UCSF senate committees stated that Senate representatives should provide a balanced view point of the faculty body, rather than individual viewpoints, include representatives with diverse views beyond Senate leadership, and should include faculty-members who regularly serve patients with reproductive needs, LGBTQ+ patients, and patients with terminal illnesses, and other relevant stake holders, depending on the specifics of the affiliations. It is suggested that in order to memorialize UC's commitment to evidence-based care, each proposed evaluation be supported by real data, and meaningful analysis of the impact across all aspects – clinical, academic, educational, research and across all scales.

The UCSF Divisional Senate views itself as a major stakeholder, and a leader in this important and sensitive area, and stands ready to assist the systemwide Senate towards a viable solution, consistent with shared governance. Thank you for the opportunity to comment on this important report. If you have any questions, please let me know.

Sincerely,

A handwritten signature in black ink, reading "S. Majumdar" with a long horizontal flourish extending to the right.

Sharmila Majumdar, PhD, 2019-21 Chair
UCSF Academic Senate

Enclosures (6)

Cc:

Lundy Campbell, MD, UCSF CAP Chair
Steven Cheung, MD, UCSF Academic Senate Vice Chair
Geraldine Collins-Bride, RN, MS, FAAN, UCSF CAC Chair
Christine Glastonbury, MD, UCSF EQOP Chair
Sneha Oberoi, BDS, DDS, MDS, UCSF CFW Chair
Jennifer Perkins, DDS, MD, UCSF CEP Chair

Committee on Academic Planning & Budget

Paul Volberding, MD, Chair

February 13, 2020

TO: Sharmila Majumdar, Chair, UCSF Academic Senate

FROM: Paul Volberding, Chair, Academic Planning and Budget Committee

RE: Systemwide Review of the Working Group on Comprehensive Access Chair's
Report of Findings and Recommendations with Responses from Working Group
Members and UC Legal

Dear Chair Majumdar,

The Academic Planning and Budget Committee

The Committee on Academic Planning and Budget (APB) has reviewed the Working Group on Comprehensive Access (WGCA) Chair's Report and Responses, which was distributed for Systemwide Senate Review on January 29, 2020, and would like to provide comment in response.

APB appreciates the time and effort spent by WGCA members in drafting this report and related responses, and acknowledge the complexity of ethical issues surrounding this topic. Similar to the WGCA, APB members shared varying perspectives with regard to Options 1 and 2 in the report. While acknowledging the growing necessity and benefit of pursuing affiliations with non-UC entities, APB also shares concerns that non-evidence-based policy restrictions on care disproportionately discriminate against women and LGBTQ+ individuals, decrease access to necessary services, and lead to poor health outcomes. However, in general APB does not agree that the options presented in the report are the sole pathways forward.

APB members emphasize the need for additional clarification regarding UC's ability to conduct referrals and transfers under affiliation agreements with non-UC entities that prohibit certain services for women and LGBT+ people. Additionally, APB recommends development of more specific affiliation guidelines before moving forward in this process.

Thank you for the opportunity to comment on this important report.

Sincerely,

Paul Volberding, MD
Chair, Committee on Academic Planning and Budget
UCSF Academic Senate
2019-2020

February 12, 2020

Professor Sharmila Majumdar, PhD
Chair, UCSF Academic Senate

RE: Systemwide Review of the Working Group on Comprehensive Access Chair's Report of Findings and Recommendations with Responses from Working Group Members and UC Legal

Dear Chair Majumdar,

The members of UCSF's Clinical Affairs Committee ("CAC") write to comment on the Working Group on Comprehensive Access Chair's Report of Findings and Recommendations with Responses from Working Group Members and UC Legal ("WGCA Chair Report" or the "Report") and endorse "Option 1" described in the Report.

UC President Janet Napolitano assigned the Working Group the task of developing policy recommendations "to ensure UC's values are upheld when its academic health systems collaborate with other health systems" and "to ensure that UC personnel will remain free, without restriction, to advise patients about all treatment options and that patients will have access to comprehensive services."

The Working Group was unable to agree on a common statement of values, guiding principles, and monitoring guidelines for affiliations with other health care providers. Instead, the WGCA Chair Report presented two options that each have a similar statement of values, seven similar guiding principles, and a set of monitoring guidelines. The Chair's Report advises that the small but important differences likely would, under Option 1, allow affiliations with providers with policy-based restrictions on care and, under Option 2, prohibit affiliations with providers with policy-based restrictions on care. The policy-based restrictions at issue are primarily religious restrictions that limit the provision of reproductive, gender-affirming, and end-of-life care.

Notwithstanding CAC's unequivocal support for providing comprehensive reproductive, gender-affirming, and end-of-life care in line with evidence-based standards, CAC believes that allowing the University to affiliate with providers that do not provide these services gives the University the flexibility it needs to ensure UC values are upheld and give patients access to comprehensive services. Prohibiting affiliations creates a wall where there should be a bridge. Allowing affiliations, under the right terms and with proper monitoring, not only allows the University to uphold its values, but it gives the University an opportunity to advance and promote those values with its affiliates and increase access to health care for patients across California.

If the choice between Option 1 and Option 2 is the choice between allowing affiliations with providers that have policy-based restrictions on care and prohibiting them, CAC chooses to allow affiliations. That choice is not an endorsement of all affiliations. It is an acknowledgement that the University is stronger and better able to advance its mission when it has the ability to work with others.

Option 1 allows the University to affiliate with providers with policy-based restrictions on care in limited situations. Every existing and proposed affiliation should be carefully reviewed, and as stated in the Monitoring and Accountability section of Option 1, the University should "[v]erify that access to options currently available to patients for comprehensive reproductive health care, gender-affirming services and end-of life care will be maintained or improved as a result of the affiliation[.]"

CAC believes that affiliations should be reviewed by faculty before they are approved, and faculty should assist in monitoring compliance. CAC appreciates that UC Health require that reviews be nimble and timely, but UC Health should let its values and principles guide how it develops a process for evaluating affiliations, not just the substance of the affiliation. Shared governance is critical for the University of the California, and the perspectives and experience of UC faculty could meaningfully improve UC Health's ability to evaluate and maintain affiliations in line with its values and principles. To that end, CAC offers its services to UCSF Health as a committee with expertise in clinical issues and with capacity to help review affiliations.

CAC also supports the creation of a systemwide standing committee on health sciences. UC Health is experiencing tremendous growth, and a systemwide health sciences committee would be a resource for faculty, campuses, and the entire University as we navigate increasingly complex issues involving health care together.

Sincerely,

Geraldine Collins-Bride, RN, MS, ANP-C, FAAN
Chair, Clinical Affairs Committee
UCSF Academic Senate
2019-2020

Communication from the Committee on Academic Personnel

Lundy Campbell, MD, Chair

February 12, 2020

TO: Sharmila Majumdar, Chair of the UCSF Division of the Academic Senate

FROM: Lundy Campbell, Chair, Committee on Academic Personnel
Sandy Feng, Vice Chair, Committee on Academic Personnel

CC: Todd Giedt, Executive Director of the UCSF Academic Senate Office; Kenneth Laslavic, Senior Analyst of the UCSF Academic Senate Office

RE: *Working Group on Comprehensive Access Report*

Dear Chair Majumdar:

At the February 12, 2020 meeting, the Committee on Academic Personnel (CAP) reviewed the *Working Group on Comprehensive Access Report*. Discussion was mixed, with a strong intention to uphold UC principles while also citing the following as areas of concern needing additional exploration by the Working Group:

1. Complexity of Issues Require a Nuanced Approach

- a. CAP recognizes the working group's concerns but found the presented options 1 and 2 too simplistic a response to such a complex issue which will affect thousands of California residents' access to healthcare. Absent from the report was both financial data detailing the impact to UC Health should these affiliations be terminated or severely restricted. Also absent was input from patients' as to how the loss of access will affect them.
- b. CAP advocates for an option 3: Development of both a formal UC Health Affiliations Office along with a tiered review process, focusing on increasing access to care, while also insuring adherence to the UC principles. CAP recognizes this won't be the only time an affiliation will be explored with a provider which has policy restrictions on care; so a process should be developed now which can address any future situations as they arise. The examination of proposed affiliations should be as nuanced as the patient care that is to be provided. Not all affiliations are created equal, so the UC approach shouldn't be an either/or or 'somewhere in between' approach.

2. "Slippery Slope" of Discrimination

- a. CAP recognizes the restrictions on women's reproductive healthcare, end-of-life services, and gender affirming surgery present a conflict with UC Health's principles. Every intention should be made to develop affiliations which maintain these principles. However many of the providers UC Health affiliates with, especially ones like Dignity Health, predominantly address the needs-- especially in rural areas of California—of underserved populations, which are a core part of the mission of UCSF. The valuing of one group's rights over another based on subjective measures goes against an evidence-based approach to healthcare.
- b. CAP further notes that as this won't be the only time the UC system addresses such affiliation issues, this could start a slippery slope of discrimination where today it is an issue with religious directives which impact care in the three areas cited above, while tomorrow it could be something else. This is of particular concern for UCSF and its affiliations within the city with both ZSFG and VAMC. Considering ongoing policy changes at the Federal level, it is

altogether feasible to imagine a situation where a long-standing affiliation with San Francisco's VAMC must be re-examined as new policies at all Veteran's Administration Medical Centers nationally now conflict with the UC Principles. We would advocate for an approach to be developed now to address such a situation in the future. As presented, the report seems more focused on speaking out against religious directives, than it does about supporting access to healthcare.

3. Impact on Teaching

- a. CAP acknowledges the impact to the UC Health teaching mission presented by affiliating with institutions with policy restrictions on care. While it would strive to accommodate any student's or trainee's request to not rotate through such institutions, the broader issue of such individuals not being trained in certain procedures or gaining experience in having real-life difficult conversations with patients presents a conflict. CAP recommends relevant departments explore alternative training avenues for addressing these gaps in trainee's education. Of a particular concern is for those UC campuses, like UC Davis, which will lose a significant portion of teaching opportunities if such affiliations are terminated.

4. Changing Landscape of Healthcare in the United States

- a. The landscape of healthcare nationally is changing, requiring affiliation or consolidation with other providers. To not affiliate presents a significant challenge to a healthcare institution and potentially, an inability to remain solvent in the future. While CAP acknowledges the philosophical and principle-based argument put forth by the Working Group Report, the failure to include a business-based practical analysis of the overall landscape is a missed opportunity and also presents as a significant lack of data.
- b. This missing information makes it difficult to come to an educated decision as to pursue option 1 or option 2, and required the committee to develop it's option 3.

CAP appreciates the opportunity to opine on this very important matter, and to work towards creating a more measured approach for the UC Health affiliations. If you've any questions on this response, please contact Academic Senate Associate Director Alison Cleaver (alison.cleaver@ucsf.edu).

February 12, 2020

Sharmila Majumdar, PhD, Chair
UCSF Academic Senate
500 Parnassus Ave, MUE 231
San Francisco, CA 94143

Re: CEP Response to the Report of the Working Group on Comprehensive Access

Dear Senate Chair Majumdar:

The Committee on Educational Policy (CEP) recently discussed the report from the Working Group on Comprehensive Access (WGCA) with a particular focus on the training of students and trainees.

CEP acknowledged the complexity of the ethical issues surrounding Options 1 and 2 in the report, notably a concern expressed by some WGCA members, that UC providers and trainees, including students, may feel distress while working at facilities with policy restrictions on care. That said, CEP members reiterated the observation made in the WGCA report that it is not unusual for UC providers and trainees to be in non-UC clinical settings that have some form of institutional restriction on care, including insurance restrictions, and thus it is not possible to adopt a UC principle that requires all affiliations to allow all UC personnel to perform all services and procedures at any non-UC institution. In other words, from a training perspective, this is essentially a non-issue, as a trainee would never be sent to a hospital, which adhered to the ERDs, in order to complete a training rotation in OB-GYN.

That said however, CEP does note the potential issues that may arise with respect to trainees who may express concern over training at faith-based affiliated hospitals. Indeed, disparities in the quality of training opportunities could arise if specialized training is only located at a UC-affiliated, faith-based hospital, at which a trainee may be morally opposed to working at. In order to mitigate such scenarios, the Committee therefore agrees with the respective fourth and ninth bullets in the Accountability section under Option 2 in the report:

Verify that the contract language expressly states that UC providers and trainees will not be required to enforce or adhere to religious directives in their decision making, delivery of services, or performance of procedures while working in the affiliate institution;

and...

Ensure that UC personnel and trainees have a point of contact at UC to which they can reach out confidentially if they believe that their ability to provide services or perform procedures based on their professional judgment is being impeded in any way at the affiliate's facility.

Thank you for the opportunity to comment on this important report.

Sincerely,

Jennifer Perkins, DDS, MD
Chair, Committee on Education Policy
UCSF Academic Senate
2019-20

CC:
Alison Cleaver, Associate Director, Academic Senate
Amber Cobbett, Faculty Engagement Analyst, Academic Senate

February 12, 2020

Professor Sharmila Majumdar, PhD
Chair, UCSF Academic Senate

RE: Systemwide Review of the Working Group on Comprehensive Access Chair's Report of Findings and Recommendations with Responses from Working Group Members and UC Legal

Dear Chair Majumdar,

The members of UCSF's Committee on Faculty Welfare ("CFW") care deeply about providing patients with comprehensive access to care, which includes reproductive, gender-affirming, and end-of-life care. While CFW cannot speak for the entire faculty at UCSF, CFW is charged with considering matters of general welfare of faculty. (Division Bylaw 160.) The ability of faculty to freely counsel and care for patients and to trust that the University prioritizes patients over growth significantly affect the welfare of faculty. Thus, CFW writes to comment on the Working Group on Comprehensive Access Chair's Report of Findings and Recommendations with Responses from Working Group Members and UC Legal ("WGCA Chair Report" or the "Report").

More Transparent Processes Improve Trust and Faculty Welfare

CFW believes the Working Group would have been more effective if its membership and work had been more open and transparent. CFW appreciates the value of a group that can work quickly and in confidence, but the questions surrounding policy-based restrictions on care would have been better answered by a group that could have publicly reached out to patients, bioethicists, researchers, and other community stakeholders. The loosely-kept secrecy surrounding the Group's membership generated suspicion not confidence, and when the Group's membership was revealed, CFW members were concerned that the Group did not reflect the diversity the University of California's faculty and staff with respect to gender, race, ethnicity, rank, and clinical experience. CFW was also particularly concerned about the absence of the patient voice and recommends the President seek out patients' perspectives before moving forward.

CFW is also concerned about the limited amount of time the Working Group had to address this complex and important issue and the limited time for comment. As Dr. Gabriel Haddard pointed out in his letter attached to the Report, the work of the Group seemed unfinished. CFW members were left with more questions than answers. Had the Report been more complete and the process more transparent, CFW members would have greater trust in the University's ability to follow any agreed upon values and principles recommended by the Group.

As it stands, committee members are skeptical about the process and the motives behind the establishment of the Working Group. CFW raises these feelings of cynicism not to complain but because they are relevant to faculty welfare. Without transparency, there is no trust, and a lack of trust undermines faculty welfare and engagement with the University. Going forward, CFW asks the University to seek out faculty involvement as it navigates affiliations with other health care providers and make the process as transparent and open as practicable.

Values and Principles Should Guide All Affiliations, but Different Affiliations Require Different Analyses

Having commented on the need for greater transparency and engagement with stakeholders, CFW now turns to the substance of the WGCA Chair Report. The Working Group could not agree upon a statement of values and set of guiding

principles for establishing and maintaining affiliations going. Instead, the Chair presented two Options developed by the Group in a Report that was not adopted by the Group. Option 1 and Option 2 each have their own statement of values, seven principles, and proposed guidelines for monitoring affiliations. CFW acknowledges that both Options stress the importance of ensuring patients have comprehensive access to reproductive care, gender-affirming services, and end-of-life care. There is significant overlap in how the values, principles, and monitoring and accountability mechanisms are described in both Options. The Chair's Report suggests that Option 1 would allow UC Health to affiliate with providers with policy-based restrictions on care and that Option 2 would not. CFW notes that this evaluation is speculative because we cannot know whether providers with policy-based restrictions would agree to contracts shaped by either Option 1 or Option 2 or how the Options would actually translate into agreements and relationships.

When presented with the choice of either endorsing Option 1 or Option 2, committee members questioned how meaningful the choice would be. While committee members preferred Option 2, they felt uninformed about what would actually happen if UC Health was more restrictive about forming relationships with health care providers with policy-based restrictions on care. Committee members were concerned that the potential consequences had not been quantified and that descriptions were designed to scare faculty members into supporting affiliations with faith-based providers.

CFW does not support a total ban on affiliations with faith-based providers or other providers with policy-based restrictions on care. The term "affiliation" is too broad for such a categorical action. For example, CFW members would support an affiliation with Dignity Health designed to streamline the transfer of patients in need of reproductive services to UCSF that Dignity Health does not provide. An affiliation where UCSF would only accept transfers rather than send transfers would still be an affiliation, but it does not raise the same issues that prompted the formation of the Working Group.

CFW believes the University does not have to pretend that every type of affiliation is the same, and CFW recommends that the University create a framework for evaluating, establishing, and monitoring affiliations that takes the depth of the affiliation into consideration and specifically considers how the proposed affiliation could affect women, the LGBTQ+ community, and those grappling with end-of-life issues. This review process should include faculty-members who regularly serve patients with reproductive needs, LGBTQ+ patients, and patients with terminal illnesses.

CFW believes that Option 2 should be the standard of review for any proposed or existing affiliation, but for affiliations that cannot satisfy Option 2, there should be a rigorous mechanism for reviewing those affiliations and potentially exempting them and applying a more flexible framework like that described in Option 1. If a proposed affiliation nominally ties UC Health to a provider with policy-based restrictions on care or when a proposed affiliation does not meaningfully impact reproductive health, transgender care, or end-of-life treatment, Option 1 provides adequate protections for UC's values and principles. The suggestion that giving serious consideration to Option 2 will result in all cooperation between providers grinding to a halt doesn't account for the fact that there are different types and different levels of affiliations. While all affiliations should be guided by UC's values and principles, they should not be treated as identical interactions.

An affiliation to coordinate the disposal of biohazardous waste across providers, does not need a protracted negotiation involving religious directives. However, proposed affiliations with the potential to limit access to care should be subject to rigorous scrutiny, and CFW believes Option 2 provides better guidance for negotiating those affiliations. Similarly any affiliation that deeply entwines UC Health with another provider to warrants the strong protections set forth in Option 2 or should not go forward. CFW believes the proposed Dignity/UCSF affiliation is such an affiliation.

CFW supports the establishment of a committee or the use of an existing committee to review and advise UCSF Health on affiliations going forward. CFW is less interested in making an endorsement between Option 1 and Option 2 than it is in finding a path forward and having a voice at the table when a real choice is being made about an existing or proposed affiliation that involves hard data and less speculation. Deciding whether to continue, modify, or add affiliations should be guided by values and principles and also by faculty members meaningfully engaged in the shared governance of our University.

At the systemwide level, CFW supports the establishment of a committee dedicated to the health sciences. Such a committee would be a resource for the University as it navigates issues like these going forward. As the University becomes an increasingly large health care provider, it is important that health sciences faculty have a voice in its governance. Regardless of how the President and the Regents move forward with this issue, CFW hopes the process will be more transparent and will allow for greater participation from faculty.

Sincerely,

Sneha Oberoi, BDS, DDS, MDS
Chair, Committee on Faculty Welfare
UCSF Academic Senate
2019-2020

Committee on Equal Opportunity
Christine Glastonbury, MD, Chair

February 13, 2020

TO: Sharmila Majumdar, Chair, UCSF Academic Senate

FROM: Christine Glastonbury, Chair, Equal Opportunity Committee

RE: Systemwide Review of the Working Group on Comprehensive Access Chair's Report of Findings and Recommendations with Responses from Working Group Members and UC Legal

Dear Chair Majumdar,

The Committee on Equal Opportunity (EQOP) has reviewed the Working Group on Comprehensive Access (WGCA) Chair's Report and Responses, which was distributed for Systemwide Senate Review on January 29, 2020, and would like to provide comment in response.

EQOP appreciates the time, attention, and effort that went into producing this report by WGCA members. However, we are concerned with both the substance of the report, and the process for drafting and gathering feedback on the report.

The WGCA was tasked with developing guidelines and policy recommendations that "would ensure UC's values are upheld when its academic health systems collaborate with other health systems". However, there were core disagreement among WGCA members regarding entities with non-evidence-based policy restrictions on care that resulted in two competing "options" for moving forward. Each option was presented with its own statement of values, principles, and guidelines that would govern UC Health affiliations with non-UC organizations. And despite significant overlap in the values, principles, and language outlining each option, the report advises that Option 1 would generally allow UC Health to affiliate with providers with policy-based restrictions on care, and that Option 2 would not. The Chair recommends adoption of either one of the two options, or some best combination of the two.

EQOP believes this narrow framing oversimplifies the complex public policy issues at hand. Moreover, EQOP does not feel that either option presented in the WGCA report is supported with sufficient data or analysis. This is echoed in Dr. Gabriel Haddard's response letter to the report, which confirms that the WGCA lacked "*...data about the frequency of events that put UC personnel in situations when they faced ethical dilemmas that were inconsistent with UC's obligations...[and] data about the frequency...that ERD restrictions affected general health care...*". Although the report references "*examples of existing services that would be disrupted if blanket prohibitions were enacted*", it does not provide meaningful analysis of the number of patients that could be affected. Additionally, the report does not include a substantive quantitative or qualitative discussion of the available entities with which UC Health could affiliate

with that would not impose policy-based restrictions. Ultimately, the report fails to adequately contextualize the relevant risks and/or benefits of either option.

EQOP is additionally concerned with the limited amount of time that both the WGCA was given to address this broad and complex issue, and that Senate members were given to respond. The WGCA was given only 90 days to produce comprehensive recommendations on this important issue. However, the Chair makes a point to emphasize that the WGCA did not perform a full analysis of the relevant implications of their recommendations and urges the President to *“consider additional input from the University community, key external stakeholders, and the broader public.”* To that point, EQOP believes more analysis is needed on this issue before moving forward. Likewise, EQOP is troubled by the short time allotted for Senate review of this report. The decision of whether to continue, modify, or add affiliations should be guided not only by values and principles, but also by faculty members meaningfully engaged in the shared governance of our University.

In closing, the EQOP committee would like to reaffirm our recommendation from our prior letter to the Academic Senate dated May 30, 2019, that Executive Council and all health science campuses be enabled to work closely with hospital administration for discussions of future affiliations. Active engagement of faculty representatives from clinical affairs committees on health science campuses and at the UC level may allow for greater understanding of issues, more problem-solving dialogue and increase the perception of transparency.

Thank you for the opportunity to comment on this important report

Sincerely,

Christine Glastonbury, MD
Chair, Equal Opportunity Committee
UCSF Academic Senate
2019-2020

Communication from the SOD Faculty Council

Elizabeth Mertz, PhD, MA, Chair

February 18, 2020

TO: Sharmila Majumdar, Chair of the UCSF Division of the Academic Senate

FROM: Elizabeth Mertz, Chair, SOD Faculty Council
Gwen Essex, Vice Chair, SOD Faculty Council

CC: Todd Giedt, Executive Director of the UCSF Academic Senate Office; Kenneth Laslavic, Senior Analyst of the UCSF Academic Senate Office

RE: *Working Group on Comprehensive Access Report*

Dear Chair Majumdar:

At the February 13, 2020 meeting, the School of Dentistry Faculty Council reviewed the *Working Group on Comprehensive Access Report*. While the School of Dentistry is not directly affected at this time by this situation—as it is not part of UC Health—faculty members felt strongly about standing alongside medical professional colleagues on this issue. Overall, discussion was mixed, but Council members determined the below was important to be stated:

The Faculty Council of the UCSF School of Dentistry recognizes the complexity of the current negotiations regarding the UC wide affiliation agreement. We appreciate the work that the task-force and the greater UC community have done, and are doing, to ensure that decisions are made thoughtfully and within the values of University.

While the negotiations do not have a direct impact on the educational and clinical endeavors of the School of Dentistry, we do wish to support our affected colleagues and students to encourage continued discussion that preserves our inclusive and affirming ethics, on issues such as the healthcare for women and LGBTQ+ communities.

We encourage further discussions with a more in-depth examination containing financial data and background on the impact to teaching efforts at all UC health care systems throughout California, of such affiliations being eliminated. As presented, significant information is absent. Further, the presented report seems to focus the discussion on philosophical matters, when the issues broadly speaking, focus on healthcare. The inclusion of patient impact hearing from patients themselves should be included in any future examinations.

The Council appreciates the opportunity to opine on this very important matter. If you've any questions on this response, please contact Academic Senate Associate Director Alison Cleaver (alison.cleaver@ucsf.edu).

UNIVERSITY OF CALIFORNIA, SANTA BARBARA

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ACADEMIC SENATE
Santa Barbara Division
1233 Girvetz Hall
Santa Barbara, CA 93106-3050

(805) 893-2885
<http://www.senate.ucsb.edu>

Henning Bohn, Chair
Debra Blake, Executive Director

February 18, 2020

To: Kum-Kum Bhavnani, Chair
Academic Council

From: Henning Bohn, Chair
Academic Senate

A handwritten signature in cursive script that reads "Henning Bohn".

Re: Working Group on Comprehensive Access Chair's Report of Findings and
Recommendations with Responses from Working Group Members and UC Legal

The Santa Barbara Division delegated its Committee on Diversity and Equity and Council on Faculty Welfare, Academic Freedom and Awards to review the Report of the Working Group on Comprehensive Access.

The Committee on Diversity and Equity (CDE) recognized that this is an extremely complex matter and that there will be issues of access for different populations no matter which option UC chooses. However, members felt strongly that UC has an obligation to stand on its values, and CDE ultimately supported Option #2, prohibiting affiliations with non-UC entities that prohibit certain services. Noting that UC already does not allow employees to use state funds to travel to states that have policies inconsistent with California values; CDE questioned how UC can continue to maintain partnerships with entities whose values are so misaligned?

CDE further expressed that UC has provided funding, research and training to these entities for far too long, allowing their influence to grow across the State. The Committee understands that disentangling these affiliations will be painful and hopes that UC will take a thoughtful look at the scope of damage this may cause to existing medical services, especially for UC faculty, staff and students. CDE therefore encourages consideration of ways to phase-out some of these affiliations, as opposed to immediate cut-offs. CDE hopes that by no longer affiliating with these entities, UC will be able to find innovative paths to expanding its own medical services throughout California. The Committee urges UC to stand on its own diversity and equity values rather than continuing to engage more and more deeply in a relationships that do not support these.

The Council on Faculty Welfare, Academic Freedom and Awards (CFW) framed its discussion in terms of principles, as the report of the Working Group did not take into consideration economic and other considerations. CFW unanimously recommended the elimination of UC Health affiliations with non-UC organizations that prohibit certain services for women and LGBTQ+ clients. The Council is aware that the practical impact of this recommendation is minimal in Santa Barbara, in contrast to other UC campuses where some people might lose access to care, but strongly believes that UC should have no affiliation with any institution that discriminates against anybody.



UNIVERSITY COMMITTEE ON PLANNING AND BUDGET (UCPB)
Sean Malloy, Chair
smalloy@ucmerced.edu

Assembly of the Academic Senate
1111 Franklin Street, 12th Floor
Oakland, CA 94607-5200
Phone: (510) 987-9466
Fax: (510) 763-0309

February 20, 2020

**KUM-KUM BHAVNANI, CHAIR
ACADEMIC COUNCIL**

RE: Working Group on Comprehensive Access Chair's Report

Dear Kum-Kum,

In reviewing the chair's report and supporting letters and documentation from the Working Group on Comprehensive Access (WCGA), UCPB's deliberations were informed by the principles outlined in the [Final Report](#) of the UC Academic Senate Non-Discrimination in Health Care Task Force, which was unanimously approved by Academic Council in July 2019. These principles included:

- The mission, values, and policies of the University of California, as expressed in the California Constitution, Regents Policies, and the Academic Personnel Manual, are in conflict with the use of religious belief or sectarian doctrine that restricts or expands healthcare in discriminatory ways.
- Discriminatory practices based upon religious belief may pose harm to some in the delivery of healthcare, teaching, and research by the University of California, as well as to its employees' receipt of healthcare.
- Subjecting faculty members and their students to restriction through discriminatory practices, based upon religious belief, is contrary to academic freedom. Academic freedom extends through faculty members to students, includes research, teaching, and other faculty activities, and is a foundation value of the University.
- The University of California should avoid an entity such as a corporation, partnership, limited liability company, joint venture, or other forms of close legal affiliation, with any external entity that exercises discriminatory policies in healthcare
- Business agreements with external entities that exercise discriminatory policies should be avoided unless overwhelming evidence as to the greater common good is found to reach a high bar. Should such a bar be reached, a set of firm precepts, described in detail within this report, to protect the university community and the public, described in this report, must be met before a business agreement is entered.

In general, the committee found that these principles were best captured in "Option 2" of the WCGA report. Given the complexity of the issues involved, however, some members of the committee expressed concern that there was no "one-size-fits-all" solution and that an absolute prohibition on such relationships might adversely affect access to care, including through entities such as the Veterans Affairs (VA) hospitals that by law cannot provide abortion services. In this

respect, the final two principles outlined in the Senate report from 2019 and quoted above might prove a useful guide.

There are many types of possible relationships with outside hospitals and facilities, but the 2019 Senate report focused specifically on those which constitute a “corporation, partnership, limited liability company, joint venture, or other forms of close legal affiliation” as requiring special scrutiny. There may be compelling reasons for the UC to have some form of cooperation or interchange with groups, agencies, corporations, or even governments that do not fully share all of our values. There should be a much higher bar, however, for relationships that entail close affiliation in light of the legal and reputational risk to the university. Thus the bar for approving the kind of formal affiliation between Dignity Health and UCSF that was proposed last year should be higher than that posed to including Dignity-affiliated hospitals as options within the health network available to our employees as part our health insurance offerings.

In making these judgements, we concur with the Senate report’s conclusion that such arrangements must only be entered into when there is “overwhelming evidence as to the greater common good” and then only when adequate safeguards “to protect the university community and the public” are put in place. Such arrangements must not only meet the letter of state and federal law, but also uphold the values of UC, which may be more restrictive than that which is permitted by the law. Of particular concern are the potential effects on scholarship, academic freedom, and the reputation of UC for offering the highest standards of evidence-based care and training. Any benefits to UC or the public offered by these affiliations must be posed against the danger to these core values that have been central to the position of UC medical centers as leaders in both research and clinical care. To this extent we support the strong safeguards outlined in “Option 2” of the WCGA report, particularly when applied to the kind of formal, legal relationships highlighted in the 2019 Senate report.

UCPB also expressed frustration with the lack of transparency and failure to disclose relevant information on the part of UC Health leadership. This committee’s primary task is to analyze the budgetary implications of various policy options for the university. The Senate, however, has not been provided with the underlying financial details that would allow us to make an informed judgement of the costs and benefits with respect to UC Health. UC Health repeatedly warns of dire financial consequences should these kinds of affiliations be disallowed, but has failed to provide the transparent accounting that would allow us to independently evaluate that claim or see what alternative options or arrangements that did not threaten our core values might cost. The financial terms of last year’s proposed Dignity/UCSF affiliation, for example, were never presented except in closed sessions of the Regents, so it was impossible to evaluate that aspect of the deal or compare it to other possible options. When combined with the failure of UC Health to disclose the discriminatory terms of a number of its previous contracts until subject to a [Public Records Act \(PRA\) request by the ACLU](#), this committee lacks confidence in the leadership of UC Health to negotiate the complicated issues by affiliations with institutions that may clash with our values.

Sincerely,

A handwritten signature in black ink, appearing to read 'Sean Malloy', with a horizontal line above it.

Sean Malloy, Chair
UCPB



UNIVERSITY COMMITTEE ON FACULTY WELFARE (UCFW)
Jean-Daniel Saphores, Chair
saphores@uci.edu

Assembly of the Academic Senate
1111 Franklin Street, 12th
Oakland, CA 94607-5200
Phone: (510) 987-9466
Fax: (510) 763-0309

February 20, 2020

**KUM-KUM BHAVNANI, CHAIR
ACADEMIC COUNCIL**

RE: Chair's Report of the Working Group on Comprehensive Access

Dear Kum-Kum,

The University Committee on Faculty Welfare (UCFW) has reviewed the Chair's Report of the Working Group on Comprehensive Access. Our Health Care Task Force has also reviewed the Report produced by the chair of that working group. HCTF finds that the Report does not contain any information that alters their position articulated in the Final Report of the Nondiscrimination in Healthcare Task Force issued last summer. HCTF further notes that of the options presented in the Report, only option 2 is tolerable, and even then with serious caveats.

HCTF notes, and UCFW members agree, that the arguments put forward by proponents of these affiliations are disingenuous, often rely on faulty logic, and are not supported by any data. HCTF points out, and UCFW members corroborate, that the consultation process on this important topic has been inconsistent, opaque, and often stilted.

UCFW remains committed to the principle that UC medical personnel should base their health care decisions on scientific evidence and compassion. As a result, UCFW recommends eschewing any affiliation that in any way curtail that prerogative.

Sincerely,

Jean-Daniel Saphores, UCFW Chair

Copy: UCFW
Hilary Baxter, Executive Director, Academic Senate

Encl.



UNIVERSITY COMMITTEE ON FACULTY WELFARE (UCFW)
HEALTH CARE TASK FORCE
Mark A. Peterson, Chair
markap@ucla.edu

Assembly of the Academic Senate
1111 Franklin Street, 12th
Oakland, CA 94607-5200
Phone: (510) 987-9466
Fax: (510) 763-0309

February 13, 2020

**JEAN-DANIEL SAPHORES, CHAIR
UNIVERSITY COMMITTEE ON FACULTY WELFARE**

RE: Chair's Report of the Working Group on Comprehensive Access

Dear Jean-Daniel,

This memo is to convey the position of the Health Care Task Force on comprehensive access following the public release by the University of California Office of the President of the Chair's Report of Findings and Recommendations from the Working Group on Comprehensive Access (WGCA) and the associated responses from Working Group Members, including Senate faculty, and UC Legal.

The HCTF conducted a Zoom meeting on February 11, 2020, to discuss these issues and formulate its recommendation to the University Committee on Faculty Welfare (15 of the 16 Members at-Large attended, along with *ex officio* Members Kum-Kum Bhavnani, Academic Council Chair; Mary Gauvain, Academic Council Vice Chair; and Shelley Halpain, UCFW Vice Chair).

Without objection, the members of the HCTF reaffirmed the Task Force's previous unanimous endorsement of the report from the Academic Senate's Non-Discrimination in Healthcare Task Force and the Academic Senate's prior objections to University of California medical center affiliations with faith-based health care institutions that impose religion-based restrictions on medical decision making and treatments, such as the Ethical and Religious Directives (ERDs) that govern Dignity Health.¹ Nothing presented in the Report of the Chair of the Working Group on Comprehensive Access or the associated correspondence alters our understanding of the underlying issues or the HCTF position on these types of affiliations.

The HCTF also objected to the effort of some medical center leadership to conflate the issue of employee health benefits and health plans with the matter of formal affiliations between UC medical centers, as well as medical and nursing schools, with Dignity-owned and other faith-based hospitals.

Recognizing that the two options presented in the Report of the Chair from the Working Group on Comprehensive Access were never formally, explicitly considered by the Working Group, according to Academic Senate members of the WGCA, if an option were to be chosen, the HCTF would support

¹ [Final Report of the Non-Discrimination in Healthcare Task Force PDF](#), memo from Chair May to President Napolitano (7/19)

Option 2 if it explicitly involved aggressive negotiation between the UC medical centers and the religiously based institutions to ensure that no UC health care provider would be subject to, in any manner (directly or indirectly), restrictions such as those imposed by the ERDs. The HCTF questioned whether the UC had ever actually tried to achieve contracts consistent with the UC mission and principles, and why the UC seems to present itself as a weak negotiator with hospital systems that are in need of strong partners in order to survive.

Option 1, as presented in the Chair's Report, is unacceptable. Under this option UC medical providers would remain subject to ERDs and other religious guidance in their health care decision making when they provide patient care in faith-based hospitals that are governed by those provisions, whether or not they are explicitly included in a contract with a UC entity. Nor does Option 1 provide any real protections for UC medical providers who resist those pressures or those who act as whistleblowers reporting violations of UC principles and evidence-based medical care.

The arguments offered by the leadership of the UC campus medical centers in support of affiliations with faith-based hospitals like Dignity Health can be summarized as resting on two types of normative claims, albeit unlabeled. The first is captured by "utilitarianism": providing the greatest benefit (in this case, health care services) to the greatest number, with an expressed emphasis on people of limited means or those who reside in rural areas distant from medical facilities. The proponents assert that more people in the state would be helped by this strategy than would be harmed by any discriminatory actions. First, the Working Group on Comprehensive Access was not presented with, nor is conveyed in the Chair's report, any empirical evidence to support this assertion. Second, rights—such as protections from discrimination—should never be subjected to a "cost/benefit analysis".

The second implicit normative claim is that these affiliations are "Pareto Optimal": at least one person—the claim is many more—would be made better off in the provision of medical services without anyone else being made worse off, and, relatedly, no one is made better off by preventing these affiliations. Here, too, no evidence has been put forth to support this proposition, especially the notion that no one would be harmed. In addition, members of the HCTF do not accept the posited analogy that lack of availability of certain services in a particular faith-based hospital due to religious principles is no different from hospitals in general not providing the entire set of possible medical treatments (e.g., liver transplants are not done at every facility). The latter limitations in availability reflect capacity constraints and non-prejudicial specialization, not depreciatory moral judgments about categories of patients or types of health care services that patients may desire or are considered medically necessary according to standard, evidence-based guidelines.

Sincerely,

Mark A. Peterson, UCFW-HCTF Chair

Copy: UCFW-HCTF
Kum-Kum Bhavnani, Chair, Academic Council
Hilary Baxter, Executive Director, Academic Senate



UNIVERSITY COMMITTEE ON ACADEMIC FREEDOM (UCAF)
Sarah Schneewind, Chair
sschneewind@ucsd.edu

Assembly of the Academic Senate
1111 Franklin Street, 12th Floor
Oakland, CA 94607-5200
Phone: (510) 987-9466
Fax: (510) 763-0309

February 18, 2020

**KUM-KUM BHAVNANI, CHAIR
ACADEMIC SENATE**

**RE: WORKING GROUP ON COMPREHENSIVE ACCESS CHAIR'S REPORT OF FINDINGS
AND RECOMMENDATIONS**

Dear Kum-Kum,

UCAF has discussed the Working Group on Comprehensive Access Chair's Report of Findings and Recommendations, with Responses from Working Group Members and UC Legal and we have a number of comments.

Cooperation with entities that do not share UC core values. The whole working group agreed that the central question was whether the UC should affiliate with organizations that do not share its commitment to core values, including working for diversity, equity, and inclusion; and protecting and promoting academic freedom. This question is not limited to the immediate question of hospitals. It extends to cooperation with, for example, the government of the People's Republic of China and the many universities under its command, whose faculty by no means enjoy academic freedom; and to cooperation with universities in countries whose oppression of certain ethnic groups extends to denying them participation in university life. There are no easy answers to whether the UC, or UC faculty as individuals, ought to cooperate in such cases. There is no simple solution to the problem of how best to structure that cooperation so that the UC is working to improve bad situations, rather than worsening them or just shrugging our collective shoulders and walking away. UCAF appreciates that the Working Group tried to think through the issues, and UCAF understands how difficult it is for a group to come to full agreement: as Chair Gillman writes, good and thoughtful people "can hold passionately divergent views." Since there is no simple right answer, UCAF holds that free, open, and informed discussion of how to cooperate with entities that do not share UC core values should continue and recur, always conjoining attention to basic principles with attention to the details of the precise situation, and including as many stake-holders as possible.

Mention of academic freedom in the WGCA report. UCAF appreciates that academic freedom finds a place in the "Recommendations" (page 6, #1f) of the report and that that the two sides agreed completely on Principle #6 on Academic Freedom (p.76). Since, however, the agreements as they stand require UC personnel to affirm or follow religious teachings (Appendix B), including the idea that "death is a sacred part of life's journey" (Appendix C), UCAF worries that this agreement means that the WGCA was merely paying lip service to importance of the unhindered search for truth and the ability to teach and disseminate it freely: the principles on which everything else in the University depends.

Concrete measures required to protect academic freedom. UCAF does not write to endorse either of the proposed options, some hybrid of the two, or any other specific plan for how to move forward. Our decision not to endorse an option is based in part on the inadequacy of the data provided. For instance, no clear numbers are provided on the questions of how many patients, students, and faculty would be affected by either the continuation of these affiliations or their cessation. No clear analysis is offered of what other options the UC has in each area, or how much work would be involved in setting up affiliations with non-Roman Catholic hospitals where they exist, including city and county hospitals and clinics and those affiliated with other religions. These factors should matter in the final decision, but whatever that decision is, UCAF holds that, to be acceptable, any plan must go beyond expressing vague support for academic freedom. It is crucial, for any plan to continue UC's affiliation with hospitals that prohibit some forms of evidence-based care, that UC put in place and clearly describe the specific ways in which it will protect the academic freedom of academic appointees engaged in teaching and research, *see* APM-010, the freedom of scholarly inquiry of its students, *see* APM-010 Appendix B, and the protection of professional standards for its non-faculty academic appointees assigned to Catholic hospitals, *see* APM-011.

Current affiliation agreements violate the law and Academic Freedom. UCAF takes seriously the guidance given by the only bioethicist and the only UC law professor in the Working Group, Professor Michele Bratcher Goodwin (pp. 114-19). Professor Goodwin is very familiar with Roman Catholic institutions, having graduated from a Catholic-affiliated law school, taught at one, and directed its health law program. She is an eminent member of the UC faculty: Chancellor's Professor of Law at UC Irvine, with a special, internationally-recognized expertise in health policy. Her letter argues that the existing affiliation agreements are unconstitutional because they bind UC students, faculty, and employees "to follow religious doctrine." Her letter makes it very clear that if affiliations continue, UC must insist on explicit language in the agreements, as we describe below, that ensure that UC values and principles, as well as state and federal constitutional requirements, are firmly upheld. This language is absolutely necessary to protect UC personnel's academic freedom, freedom of conscience, and professional autonomy and responsibility. These are concerns over and above concerns about the health and dignitary needs of patients who are denied admittance or full and proper care because of religious doctrine.

Specific measures that any further affiliation must embrace. UCAF therefore agrees with the dissenting opinion expressed in a letter of December 24, 2019 to President Napolitano from Professors Bhavani, Jacoby, and May (pp. 87ff.) that:

1. Guidelines for agreements should explicitly state that "UC personnel, including trainees, are *not* expected to abide by religious directives." (p. 88).
2. Guidelines for agreements should explicitly state that UC personnel will have full autonomy, in accordance with normal professional practice, to "fully inform patients of all options, make clinical decisions, provide any services, and perform any medical procedures that they, in consultation with the patient, deem medically necessary and appropriate" (pp. 88-9)

UCAF holds that these affiliations require concrete protection of academic freedom.

- a. **Training in principles of academic freedom.** All personnel involved must be trained, annually, in what academic freedom actually consists in, so that they will recognize violations. Students and faculty need to understand that, by virtue of their affiliation with the University of California, they are committed to providing the highest quality evidence-based care to their patients, speaking and seeking truth. Their training must emphasize that UC personnel working or training at any clinical site — whether at UC facilities or elsewhere — must:

- (i) make clinical decisions consistent with the UC standard of care and their independent professional judgment, respecting the needs and wishes of each individual patient;
 - (ii) inform patients of all of their health care options;
 - (iii) prescribe any interventions that are medically necessary and appropriate; and
 - (iv) transfer or refer patients to other facilities when the care they need is not available where they are being seen.
- b. **Confidential reporting of violations of academic freedom.** UCAF is troubled that Option 1 fails to ensure that UC personnel and trainees will be able to report confidentially when their ability to provide services or perform procedures based on “their professional judgment is being impeded ... at an affiliate’s facility,” cf. Option 2, page 34. Any plan for affiliation must include such protections. Students, faculty, and staff need a method to confidentially report violations of their academic freedom to UC bodies entrusted with protecting their rights. The UC must develop and include in affiliation agreements a system for confidential reporting, and it must make widely and easily available information on that system.
- c. **Guaranteed reassignment in case of a violation of academic freedom.** As currently drafted, Option 1 also does not explain what would happen to UC personnel or trainees who, while exercising their professional judgment in accordance with “applicable, acknowledged, national, professional standards,” *see* APM-011, violate a religious affiliate’s policies. This is a glaring omission. UC personnel and trainees who are protected by APM-010 and 011 must know *before they are assigned to a religious affiliate* how the UC will actively protect their academic freedom, and what procedures will be in place to respond to any violations. UC must commit to re-assigning students, faculty, or staff to other facilities if their academic freedom is being violated by a clinical affiliate with an ERD.

In fulfilling their commitment to providing the highest quality evidence-based care to patients, UC personnel may have their hospital privileges at religious affiliates threatened or revoked. That possibility, to say nothing of an overt reprimand, may tempt UC personnel to compromise the quality of care. To avoid this, UC personnel—especially students and residents—must have a guarantee that the University of California will do everything it can to re-assign them to clinical affiliates without an ERD if their current affiliate prevents them from delivering the highest quality care. The same commitment should be made to faculty who train medical students, nurses, and administrators.

There are places where, according to the proponents of Option 1, no facilities other than religious affiliates exist. Where reassignment is impossible, before-the-fact protection of the academic freedom of UC personnel and trainees is all the more important.

- d. **Tracking academic freedom violations and providing disinterested oversight.** The UC must develop a system to carefully track such violations and regularly revisit all affiliations, withdrawing from them if there are too many violations. Oversight should come not only from the UC Medical Schools, but rather should include faculty from other parts of the University, who have no conflict of interest.

Academic freedom matters to patient health. The stress on academic freedom is not tangential to, but central to, the missions of the education of and service to all who live in California. That is because academic freedom protects research, including research into matters of health. “Evidence-based care,” the

focus of #1a, requires free research. Therefore, the simple guideline offered by President of UCSF Health Laret in his letter (pp. 98-102): “always do what is in the best interests of the patient” – which he calls “a sacred commitment” – does nothing to settle the issue of affiliations that come with restrictions on academic freedom. Nor does the letter from Dr. Lubrasky (pp. 103-106), which relies on the motto “first: do no harm.” When restrictions are placed on what teachers in hospitals may teach and students may learn and practice, it harms not only the patients of today, but also the patients of tomorrow. As Dr. Haddad, Chancellor Hawgood, Dr. Hetts, *et al.*, write in their letter (pp. 107-113), the UC aspires “to improve health and health care for all people living in California now *and in the future*.” (Emphasis added.) Without protection of academic freedom, paths to new understanding are cut off.

Respect for faith, and the duty to promote core values. UCAF holds that religious belief and the pursuit of truth in research can be fully compatible, as evinced by the people of faith who work within the University in all capacities, including carrying out high-level scientific research. Variety in faith and in ethical values is normal and protected. That means that, as some WGA members said, the UC need not fully endorse every view of every institution with which it has a relation. But, as the report also recommends, the UC has a public duty to shape its relations with affiliates to underline and strengthen our own institutional principles: academic freedom in scholarly inquiry and teaching in particular. That is the life-blood of the University and what makes it different from other institutions.

UCAF appreciates the opportunity to comment on this matter. Please feel free to contact me with any questions.

Sincerely,

Sarah Schneewind, Chair
UCAF

UNIVERSITY OF CALIFORNIA, ACADEMIC SENATE

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SANTA BARBARA • SANTA CRUZ

UNIVERSITY COMMITTEE ON RESEARCH POLICY (UCORP)
Andrew Baird, Chair
Email: anbaird@ucsd.edu

University of California
Academic Senate
1111 Franklin Street, 12th Fl.
Oakland, California 94607

Feb. 19, 2020

KUM-KUM BHAVNANI
CHAIR, ACADEMIC COUNCIL

RE: Working Group on Comprehensive Access Report

Dear Kum-Kum,

UCORP discussed the “Working Group on Comprehensive Access Chair’s Report of Findings and Recommendations, with Responses from Working Group Members and UC Legal” at its meeting on February 10, 2020. Members voted unanimously (12-0, with all members voting) to reaffirm the principle it stated in a letter to Academic Council Chair Robert May, dated May 16, 2019, that “UC should not affiliate with organizations that violate UC’s missions and values.” UCORP encourages efforts to locate affiliates to enhance patient care, education, and research that share UC’s values.

Thank you for the opportunity to comment on this report. UCORP members would like to express their deep appreciation to Chancellor Gillman and the Working Group on Comprehensive Access for their careful and systematic study of this very complex issue.

Sincerely,

A handwritten signature in black ink, appearing to read "A. Baird".

Andrew Baird
Chair, University Committee on Research Policy, on behalf of UCORP 2019-2020



UNIVERSITY COMMITTEE ON AFFIRMATIVE ACTION, DIVERSITY,
AND EQUITY (UCAADE)
Mona Lynch, Chair
lynchm@uci.edu

ACADEMIC SENATE
University of California
1111 Franklin Street, 12th Floor
Oakland, California 94607-5200

February 19, 2020

**KUM-KUM BHAVNANI, CHAIR
ACADEMIC COUNCIL**

RE: UCAADE comments on Report on the Working Group on Comprehensive Access

Dear Kum-Kum:

On behalf of UCAADE, I share the following comments on the Report on the Working Group on Comprehensive Access. The Report was distributed to committee members for review, and some members were also able to solicit feedback from their local campus committees at their regularly scheduled meeting. The Report presented two potential policy options for the UC, and we considered both.

Our consensus position is that, while this is a very complex issue, the only viable option for ensuring equity and inclusion and for upholding UC's core values, is Option 2, which would ban affiliation with non-UC entities that prohibit certain services for women and LGBTQ+ people as a function of those entities' values statements. Specifically, we endorse the position that the UC should not affiliate with non-UC organizations "whose institutional policies (a) prohibit the use of contraception, abortion, assisted reproductive technology, gender-affirming care for transgender people, and the full range of end-of-life options and (b) permit non-clinicians to make clinical decisions affecting the health and safety of individual patients irrespective of the professional judgment of health care providers and/or the informed decisions of patients." (WGCA Report, p. 4). While this is UCAADE's consensus position, as you will see in the comments below, one committee member shared a response from his local committee that was not committed to exclusively endorsing Option 2.

As the WGCA Report indicates, the comprehensive access issue emerged from concerns about ongoing and proposed affiliations with Catholic health care entities that require either the Ethical and Religious Directives for Catholic Health Care Services (ERD) or the Statement of Common Values (SCV) to govern care, both of which prohibit delivery of some kinds of care and services even by UC-affiliated providers, ensuring differential impact based on sex, gender, gender identity, religion, and sexual orientation. The kinds of services and treatments that are prohibited include contraception, abortion, assisted reproductive technologies, gender-affirming treatment for

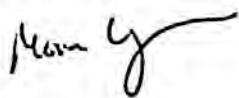
transgender people, and certain end-of-life options for terminally ill people. As such, these policies allow for discrimination against women and LGBTQ+ patients, as well as against the terminally ill seeking to exercise the protections of the California End of Life Option Act. Offering affected patients the option of transfer to a different facility to obtain the care, services or treatment needed does sufficiently not mitigate this discriminatory action, and it has the potential to exacerbate any illness or condition for which treatment was sought.

Beyond being in conflict with the UC commitment to equity and inclusion, affiliating with health care entities that give precedence to values, such as those represented in SCV and ERD, over evidence-based practices also conflicts with the UC's research and training mission. While Option 1 is justified by some Working Group members for its potential training opportunities in medicine, this strikes us as an expedient justification that would allow us to sacrifice our commitment to both scientific principles and inclusive treatment, for access to a wider medical network. Instead of putting our students (and our clinicians) in a morally and ethically compromised position, we could better use our energies to advocate for the resources that we need to provide UC-quality, evidence-based medical care and medical professional training throughout the state.

The UCLA representative on UCAADE offered his local committee's mixed endorsement that expressed strong support for Option 2 in that it aligns best with UC policy, UC's standing as a public institution, and its commitments to diversity, equity, and inclusion, but also saw value in Option 1—if undertaken judiciously—to ensure training opportunities for those in UC health science programs, and to enhance the availability of health care access where alternatives are sparse. These comments and suggestions highlight the complexity of the issue, however this committee feels that we have no choice but to uphold our core commitments as a public institution which can only be done through Option 2.

As to how the UC will disengage from ongoing affiliations with non-UC entities that are in conflict with our commitments, the UCSB representative offered her local committee's suggestion to institute a phase-out period wherein the UC works to mitigate any harm caused by lost services, especially in localities that are underserved by compliant health care services.

Best,

A handwritten signature in black ink, appearing to read "Mona Lynch", with a stylized flourish at the end.

Mona Lynch
Chair, UCAADE