



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

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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,

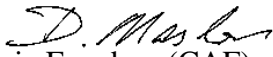
Dylan Rodríguez  
Professor of Media & Cultural Studies and Chair of the Riverside Division

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

**UC RIVERSIDE** UNIVERSITY OF CALIFORNIA | **Academic Senate**  
**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 6<sup>th</sup> 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

A handwritten signature in black ink that reads "Harry WK Tom".

**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: Senate

From: School of Business Executive Committee

Re: [Systemwide Review] Report Review: Report of the Working Group on  
Comprehensive Access: Distributed for Review: 1/29/20

Please let this memo serve as an official notification that the School of Business Executive Committee has no opinion regarding this topic.

# UNIVERSITY OF CALIFORNIA, RIVERSIDE



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EXECUTIVE COMMITTEE:  
COLLEGE OF HUMANITIES, ARTS, AND SOCIAL SCIENCES

RIVERSIDE, CALIFORNIA 92521-0132

February 13, 2020

TO: Dylan Rodriguez, Chair  
Academic Senate

FROM: Lucille Chia, Chair *Lucille Chia*  
CHASS Executive Committee

RE: Report Review: Report of the Working Group on Comprehensive Access

The CHASS Executive Committee reviewed the Working Group on Comprehensive Access Chair's Report of Findings and Recommendations, with Responses from Working Group Members and UC Legal via email. The committee does not have any specific comments.

Lucille Chia, Chair

CHASS Executive Committee





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 that reads "Louis Santiago".

Re: Report of the Working Group on Comprehensive Access

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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

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February 13<sup>th</sup>, 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



CHAIR, ACADEMIC SENATE  
RIVERSIDE DIVISION  
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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 black ink, appearing to read "Dylan Rodríguez", is written over a light blue horizontal line.

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  
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February 19, 2020

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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.

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