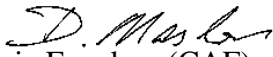


**UC RIVERSIDE** UNIVERSITY OF CALIFORNIA | **Academic Senate**  
**COMMITTEE ON ACADEMIC FREEDOM**

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.