Remarks at the Special Meeting of the Board of Regents
Mary Gauvain, June 23, 2021

Thank you, Chair Pérez, and good afternoon everyone. As Chair Pérez and President Drake have said, we have before us an important and consequential decision for the University regarding UC Health affiliations.

The Faculty Senate position on this matter is described in my letter to the President of May 11th, which is in the Boardbooks. Here I will give a brief overview of our position, and during the discussion Faculty Representative Horwitz and I will comment on some aspects of it.

A note on the process behind our position. It was developed over many years and involved a large number of faculty from different campuses, disciplines, and experiences at the University. Some were from the general campuses, and they included experts in bioethics, health policy, and healthcare law. Others were from UC Health, and they represented many different specialties and included medical doctors, nurses, and experts in public health and medical sociology. In addition, we have had many discussions with administrators at UCOP and UC Health, including President Drake and Executive Vice President Byington. And we have consulted widely with scholars and practitioners both within and outside the UC system.

Based on these deliberations, the Academic Council rejects affiliations with institutions that use policy-based restrictions on healthcare and where the practice of medicine is not fully aligned with the best scientific, evidence-based medical care available. Our position reflects what we consider the fundamental responsibility of UC Health: to, in all circumstances, practice the highest standard of medical care based on the best existing scientific knowledge. Moreover, as a public institution, this high standard of healthcare must be available to everyone. Therefore, affiliating with providers whose delivery of healthcare is subject to

policies that restrict the highest standard of care to certain individuals or groups is discriminatory. To affiliate with these providers would impose institutional barriers to UC-level healthcare for certain individuals and groups, which would undermine core values of the University and violate our public trust.

The faculty understands that as a public institution, the University has the responsibility to provide the best standard of medical care to individuals who have limited access to healthcare, especially low income and underserved populations. We would welcome discussion of how hospital affiliations can help UC Health achieve this goal. We are simply not convinced that the only way to do this is to affiliate with hospitals that follow policy-based restrictions for some individuals. To this end, we urge UC Health to foster affiliations with hospitals that do not restrict in any way the delivery of medical best practices, such as county and public hospitals who serve the most needy in our state.

We also reject the argument that discrimination at hospitals that use policy-based restrictions would occur whether or not UC Health affiliates with them. While this general point is indisputable, the point it raises is not what is at issue here. UC Health can pursue its goals to extend healthcare to needy Californians in many ways. Therefore, the claim that affiliating with hospitals that use policy-based restrictions is an all-or-nothing choice is misleading.

There may be discussion today about a possible compromise between the very distant opposing views on this matter. The Senate committee on Faculty Welfare has conducted careful study of the information that has been made available to us on this issue. The committee acknowledges that there may be a need to affiliate with discriminatory entities if there is overwhelming evidence that it supports “the greater common good.” Therefore, if this issue

comes up today, we ask the Regents to discuss how affiliations under these very specific circumstances would occur. In our view, it would be essential that they are established and monitored very closely according to meaningful and independent controls. Such controls, or guardrails, are outlined in the letter from the Faculty Welfare committee that accompanies my letter in the Boardbooks. Let me mention a few of them here.

Such arrangements should only occur when viable options do not exist. They should be only for specific purposes and a limited time frame. They should be vetted rigorously by an independent panel of experts who are free from conflicts of interest. This panel should consist mainly of biomedical ethicists with healthcare and health administration expertise. And, importantly, panel members must be free from any past, present, or future direct relationships with the UC Health enterprise. Contracts must explicitly state that UC providers and trainees are exempt from policy-based restrictions on care. And, finally, UC should not stand to profit financially from the affiliation.

In closing, the faculty recognizes that the University of California has built a world-class health system that provides both care and training at the highest level of quality. It is a system in which we have much pride and trust. We also want and expect that UC Health will abide by the highest standards of integrity in its work. This includes practicing medicine that is based on the best scientific knowledge available. Moreover, this high standard of care should be provided to all patients in the settings where UC personnel work. To do anything less is to renounce core values of the University. It is for these reasons that the faculty oppose affiliations by UC Health with entities that limit in any way our ability to practice the best scientific standards of medicine today. Chair Pérez, this concludes my remarks.