





November 26, 2019

Janet Napolitano, President University of California Office of the President University of California 1111 Franklin St., 12th Floor Oakland, CA 94607 <u>president@ucop.edu</u>

Via email and U.S. Mail

## Re: UC Affiliation with Entities that Impose Religious Restrictions on Health Care

Dear President Napolitano:

We write to address the ongoing discussions regarding affiliations between University of California medical centers and Dignity Health, a Catholic hospital network that imposes significant religious restrictions on evidence-based and comprehensive health care. We remain seriously concerned about the nature of these affiliations and their impacts on UC providers and patients, as well as by the process by which UC appears to be moving these affiliations forward.

Earlier this year, we—the ACLU of California, the National Center for Lesbian Rights (NCLR), and the National Health Law Program—in partnership with the UC community and other advocacy partners, mounted a public campaign to stop an extensive affiliation plan between UCSF and Dignity Health. Since the affiliation was to serve as a model for medical centers throughout the UC system, we were relieved when UCSF announced it was abandoning what it referred to as "<u>a more integrated affiliation</u>." As part of its announcement, however, UCSF also stated that it had existing affiliations with Dignity Health, and would continue to explore future affiliations.

During the public debate about the proposed affiliation, UC representatives repeatedly asserted that the religious health care directives followed by Dignity Health would not prevent UC providers placed in Dignity Health hospitals from treating patients in accordance with UC's mission and its legal obligations to provide care that is free of bias and religious influence. Yet, we were alarmed to learn through a Public Records Act request that *every single UC campus with a medical center has already made agreements with religious hospitals that include language specifically requiring UC providers to comply with religious restrictions on care.* Following our receipt of this information, on November 15, 2019 we wrote the leadership of the six medical centers, including UCSF and copied your office, to reiterate our position that (1) this type of affiliation violates UCSF's legal obligations, as well as its long-held commitments to comprehensive reproductive healthcare and LGBTQ-inclusive care; and (2) to request that UCSF terminate these contracts and refrain from entering into any new arrangements that would subject UC faculty, staff, trainees, students, or patients to religious restrictions on care.

We are aware that in the aftermath of the affiliation debate, your office convened a working group of UC health system stakeholders and outside health system leaders to evaluate these current agreements and provide recommendations on how to ensure UC values are upheld in future affiliations. We share the goal of the working group to "ensure patients under the care of UC personnel at non-UC facilities have access to a full range of health care services." And while we look forward to the outcome of the working group process as recommendations are formed, we felt it was important to express our renewed concerns and to inform the broader UC community about the existence of current and past agreements that contained religious directives.

Indeed, around the time we sent our letter, on November 15<sup>th</sup>, several UC medical centers sent out emails to their faculty and staff seemingly defending existing agreements with religious hospitals and suggesting that future affiliations with religious hospitals are already being planned. But these emails seem to contradict statements by your office that it is the working group that is in charge of assessing the existing contracts and setting guidelines for new contracts—not the UC medical centers themselves. It is also our understanding that the UC medical centers did not inform the working group about the emails in advance, nor did your office inform the working group of "interim guidelines for UC health affiliations," which your office has apparently been following with respect to existing agreements and shared with a reporter. These facts suggest that it is not the working group that is making decisions about affiliations between UC medical centers and religious hospitals, and we are troubled both by what that means for the thoughtfulness in which these affiliations will be approached and by the lack of transparency in this process.

UCSF also directly responded to our most recent letter on November 20<sup>th</sup>, by again sending an email directly to all faculty and staff without the input of the working group, that mischaracterizes our requests as one to "terminate all UC relationships with any Catholic health care organization." This is not our position, and when we met with your office, we expressed that there may be relationships between UC medical centers and religious hospitals that do not subject the UC community to restricted and discriminatory care. We do, however, caution against the notion that the negative impact of religious directives on UC providers and patients is absent simply because an affiliation

does not include the practice of obstetrics and gynecology. Religiously imposed barriers to care exist across a range of health services.

We commend your leadership in establishing the working group following the public debate. We hope that the process remains committed to its stated goals and that the final recommendations will ensure UC's ability to live up to its values and fulfill its legal obligations to provide unbiased, non-discriminatory, evidence-based care.

Please direct future communications to Phyllida Burlingame, Reproductive Justice and Gender Equity Director at the ACLU Foundation of Northern California, via pburlingame@aclunc.org. We look forward to your reply.

Sincerely,

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Phyllida Burlingame Reproductive Justice and Gender Equity Director ACLU Foundation of Northern California

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Julie Wilensky Senior Staff Attorney National Center for Lesbian Rights

Ensan Berla fozee

Susan Berke Fogel, JD Director of Reproductive and Sexual Health National Health Law Program

cc: Charles Robinson, Vice President and General Counsel, Regents of the University of California via <u>charles.robinson@ucop.edu</u>
Rachel Nosowsky, Deputy General Counsel, Office of the General Counsel via <u>rachel.nosowsky@ucop.edu</u>
Daniel Gerber, Principal Counsel, Office of the General Counsel via <u>daniel.gerber@ucop.edu</u>