

December 18, 2019

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

University of California Board of Regents
Office of the Secretary and Chief of Staff to the Regents
1111 Franklin St., 12th floor
Oakland, CA 94607
regentsoffice@ucop.edu

Via email and U.S. Mail

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

Dear President Napolitano and Board of Regents:

As organizations working to ensure access to comprehensive reproductive and LGBTQ-inclusive and affirming health care throughout California, we are alarmed that UC is continuing affiliations that impose religious restrictions on medical care. After many of our organizations and others expressed concern last spring through letters and public testimony to the UC Regents, UCSF abandoned its plan for an extensive affiliation with Dignity Health that would have placed religious limitations on care UCSF providers could offer and that UCSF patients could receive in Dignity Health facilities. However, we subsequently learned that every 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. Additionally, UCSF has indicated that it plans to pursue future partnerships with Dignity Health relating to a variety of health services that can be affected by religious restrictions. Thus, we are writing to express, once again, our opposition to this type of affiliation.

Barriers to Comprehensive Reproductive Healthcare

We have serious concerns about the negative impact of these affiliations on access to high-quality reproductive health care services for which the UC medical system is renowned leader. Catholic health care entities are explicitly prohibited from providing a range of reproductive health services, including contraception, sterilization, appropriate miscarriage management, abortion, the least invasive treatments for ectopic pregnancies, and some infertility treatments. These restrictions directly harm patients by stripping them of their autonomy in medical decision-making and creating unnecessary barriers to care. They also prevent providers from practicing evidence-based medicine in accordance with their training and legal obligations.

Indeed, a current training agreement between Dignity Health and the UCSF schools of Medicine, Nursing, and Pharmacy contains a list of “Prohibited Procedures” that bars UC students and faculty from providing abortions at Dignity Health facilities “even in the case of extrauterine pregnancy,” as well as other forms of reproductive health care and compassionate end-of-life services.¹ This list is also included in an agreement between the UCLA School of Medicine and Dignity Health pertaining to emergency department services.²

Further, due to structural inequities and racism deeply embedded in the healthcare system, these types of restrictions in care disproportionately impact patients of color, particularly Black women who are more likely to die from pregnancy or child birth issues or experience unintended pregnancy than white patients, and who are also more likely to receive care in a religiously affiliated institution.³

Barriers to LGBTQ-Inclusive and Gender-Affirming Care

We also object to UC’s willingness, as a leader in LGBTQ-inclusive care, to involve its providers and patients in arrangements that would subject them to religious rules that directly exclude LGBTQ patients and their needs. Dignity Health and other Catholic health systems refuse to provide medically necessary transition-related care to transgender people, and, as a religious matter, they cannot provide services to assist LGBTQ people in conceiving a child, such as IVF, gestational surrogacy, and sperm/ovum donation.

These restrictions have led to discriminatory denials of care, as in the case of Evan Minton, whose gender-affirming hysterectomy was abruptly canceled when staff at a Dignity Health hospital near Sacramento learned that he was transgender. The impact of this type of discrimination is far-reaching and not limited to LGBTQ people seeking reproductive or gender-affirming services. Transgender people already experience disproportionate barriers to accessing health care. Religiously based denials of care exacerbate these existing barriers and may lead transgender people to avoid seeking even basic health care for fear of being mistreated, an impact that is compounded for LGB and transgender patients of color.

Restrictions Across Different Types of Care

When UCSF called off the extensive affiliation with Dignity Health, it simultaneously announced its intention to partner with Dignity Health in providing services such as psychiatry, primary care, and cancer care. These services, however, cannot be disentangled from the religious directives, because they all intersect with reproductive health care and LGBTQ-inclusive care.

¹ Dignity Health and UC Regents obo UCSF School of Medicine, School of Nursing and School of Pharmacy,

Educational Training Agreement (Sep. 1, 2018).

² Dignity Health and UC Regents obo David Geffen School of Medicine at UCLA, Emergency Department Coverage Agreement (Feb. 15, 2019).

³ American College of Obstetricians and Gynecologists, Committee Opinion No. 649, Racial and Ethnic Disparities in Obstetrics and Gynecology (2015), <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Racial-and-Ethnic-Disparities-in-Obstetrics-and-Gynecology> (noting racial disparities in reproductive health including preterm birth, cesarean delivery, and maternal and fetal death).

For instance, transgender youth, who already experience mental health disparities, need access to affirming and non-stigmatizing mental health services, but they cannot receive this care at Catholic facilities, which do not recognize gender dysphoria as a legitimate medical condition. Similarly, a pregnant person with cancer, or a primary care patient with irregular vaginal bleeding, cannot receive care at a Catholic facility that meets the standards of evidence-based medicine or the UC system. These intersecting restrictions disproportionately impact patients of color, low-income patients, and other marginalized patients who experience the greatest barriers across the continuum of care.

We believe that all patients deserve to receive quality, timely, and respectful care, free of discrimination, to address their health needs. Since UC has long been a leader in ensuring access to comprehensive reproductive, gender-affirming, patient-centered health care, we urge UC to live up to its values and fulfill its legal obligations by terminating the existing contracts that subject UC faculty, staff, trainees, students, or patients to religious restrictions on care and by refraining from entering into any new such agreements.

Sincerely,

Abortion Access Front
American Civil Liberties Union Foundation of California
Bay Area Lawyers for Individual Freedom
Black Women for Wellness
Business & Professional Women of Nevada County
California Nurse-Midwives Association
California Women's Law Center
California Latinas for Reproductive Justice
Center on Reproductive Rights and Justice at Berkeley Law
Citizens for Choice
Equality California
GLMA: Health Professionals Advancing LGBTQ Equality
Hollywood NOW
Lambda Legal
Maternal and Child Health Access
NARAL California
National Center for Transgender Equality
National Council of Jewish Women CA
National LGBTQ Task Force
National Trans Bar Association
Positive Women's Network
Religious Coalition for Reproductive Choice
Transgender Law Center
Women's Foundation of California