

THE REGENTS OF THE UNIVERSITY OF CALIFORNIA
September 16, 2020

The Regents of the University of California met on the above date by teleconference meeting conducted in accordance with Paragraph 3 of Governor Newsom's Executive Order N-29-20.

Members present: Regents Anguiano, Blum, Butler, Drake, Elliott, Estolano, Guber, Kieffer, Kounalakis, Lansing, Leib, Makarechian, Mart, Muwwakkil, Ortiz Oakley, Park, Pérez, Reilly, Sherman, Stegura, Sures, and Zettel

In attendance: Regents-designate Lott, Torres, and Zaragoza, Faculty Representatives Gauvain and Horwitz, Secretary and Chief of Staff Shaw, General Counsel Robinson, Provost Brown, Executive Vice President and Chief Financial Officer Brostrom, Executive Vice President Byington, Executive Vice President and Chief Operating Officer Nava, Chancellors Block, Christ, Gillman, Hawgood, Khosla, Larive, May, Muñoz, Wilcox, and Yang, and Recording Secretary Li

The meeting convened at 8:35 a.m. with Chair Pérez presiding.

1. PUBLIC COMMENT

Chair Pérez explained that the public comment period permitted members of the public an opportunity to address University-related matters. The following persons addressed the Board concerning the items noted.

- A. Miriam Goldman, UCSF student, expressed her disappointment that discussions about abolishing UC police departments (UCPD) had not continued. Students and people at UCSF Medical Center had been harmed by UCPD. UC must reimagine policing now. One coalition had called for the end of UCPD in one year.
- B. Matt Ryan, UCSF student and President of the Graduate and Postdoc Queer Alliance, expressed concern about the lack of transparency regarding the timeline for addressing issues raised in the Chair's Report from the Working Group on Comprehensive Access. Comments from the public comment period had not been publicized, and the amount of support for affiliations that restrict care for women and LGBTQ patients was unknown. Hospitals should provide access to the best possible care.
- C. Alia Reynolds, UCSB student and member of the Associated Students of UCSB and UC Student Association, urged the Regents to consider student basic needs, student worker layoffs, and financial aid cuts. Across UC, there had been about 1,200 layoffs, and students faced homelessness during the COVID-19 pandemic. Ms. Reynolds encouraged the Regents to support defunding UCPD and investing a portion of the funds in basic needs, citing a recent Title IX complaint that had been filed against UCSB Interim Police Chief James Brock for an alleged sexual assault.

- D. Abbey Reuter, UCSD student and Associate Vice President of Local Affairs for the Associated Students of UCSD (ASUCSD), asked that Regents support the Theatre District Living and Learning Neighborhood (TD LLN) project. TD LLN would increase on-campus housing and provide students with more on-campus opportunities, resources, and sense of community. Stable housing was important for student success and TD LLN would address housing insecurity that five percent of UCSD students faced.
- E. Becca Paskowitz, UCSD student, spoke in support of TD LLN on behalf of ASUCSD. On-campus housing had become more expensive and more scarce due to social distancing but was beneficial at UCSD because of high off-campus housing costs and the increasing price of on-campus parking. This project would add approximately 2,000 beds and help commuting students by adding 1,200 parking spaces. TD LLN would provide open seating and studying space between classes, as well as new educational, employment, and dining options.
- F. Nancy Groves, member of the University City Planning Group, spoke in support of TD LLN. A living and learning neighborhood like TD LLN was needed to accommodate the growing student population, and underground parking would maximize the use of land. The design of TD LLN blended with the surrounding character of the San Diego campus and would provide the housing that the community was struggling to add. She appreciated the project's preservation of open space and thanked the campus planning department for keeping the community informed and for its attention to the community's concerns.
- G. Al Korobkin, La Jolla area resident, addressed the Regents regarding item F2, *Budget, Scope, External Financing, and Design Following Action Pursuant to the California Environmental Quality Act, Theatre District Living and Learning Neighborhood, San Diego Campus*. He commended the campus for its outreach and engagement effort, and for a design that minimized the bulk and scale of the project. Housing in the San Diego area was in great deficit, and he supported this project that furthered UC's mission and improved students' higher education experience.
- H. Wandralee Lindtzie, UCSF staff member and representative of the UC Administrative Professionals Network, spoke in opposition to layoffs and furloughs. She called on UC to exercise compassion and questioned why layoffs and furloughs were being considered.
- I. Kenneth Conklin, resident of Hawaii and retired professor, spoke in support of the Thirty Meter Telescope (TMT) project on Mauna Kea. Based on his study of Hawaiian history and religion, he refuted the claim that the TMT project would be a desecration of Mauna Kea, a sacred place. Most Native Hawaiians were Christians, and some Native Hawaiians were abusing the ancient Hawaiian religion, which was abolished in 1819, when King Kamehameha I died, for political gain.

- J. Christina Hildebrand, representative from A Voice for Choice, spoke in opposition the University's systemwide executive order requiring influenza immunization by November 1, 2020. A Voice for Choice asked that UC take the precautionary principle with regard to the flu vaccine. According to some research papers, the flu vaccine could put people at higher risk for coronaviruses. She called on UC to rescind the executive order or provide students with the religious accommodations given to faculty and staff, given that students would mostly be off campus and not mingling with other students this year.
- K. Janie Emerson, President of the La Jolla Shores Association and UCSB alumna, spoke in opposition to TD LLN, which would include a 21-story tower, conference center, and shopping center. The land was gifted to the University for education purposes, and UCSD was trying to remove deed restrictions. The entire project had not been disclosed to the community, so the community could not give its full input. The La Jolla Shores Association asked the Regents to delay or deny the project and avoid another community lawsuit.
- L. Jane Perry, retired UC Berkeley researcher and teacher, called on the Regents to withdraw support for the TMT project on Mauna Kea. Native Hawaiians opposed further trespass on Mauna Kea. The TMT project would be a human rights violation according to the United Nations without Native Hawaiians' free, prior, and informed consent. Telescopes did not belong at the sacred and fragile site, and industrialization at the summit did not align with UC's sustainable investing. The project would not be completed without violence toward indigenous people.
- M. Jason Rabinowitz, Secretary-Treasurer of Teamsters Local 2010, welcomed President Drake and spoke against layoffs and reductions in time. About 200,000 working people built the University into a great institution and financial powerhouse. UC must protect workers' jobs, income, and continue creating good jobs in the community. He called for insourcing contracted work, using reserves, and reducing executive bloat in order to speed economic recovery in California.
- N. Griffen Dempsey, UCSD student, spoke in support of TD LLN. UC San Diego's growth was outpacing the region's capacity, which forced students to commute long distances or live in overpriced off-campus housing. TD LLN would add 2,000 student beds, create a more contiguous campus community, and provide badly needed housing. He encouraged the Regents to approve this project. La Jolla Shores was an overserved community while students struggled to find housing.
- O. Cassie King, UC Berkeley graduate, called on the Regents to remove meat from campus dining halls and eventually ban all animal products from the University. She commended UC Berkeley's removal of Seaboard Foods as a supplier. The COVID-19 pandemic, wildfires throughout the state, and other repercussions from human interactions with animals placed pressure on institutions like UC Berkeley to take a stance against the animal agriculture industry.

- P. Catherine Cobb, President of Teamsters Local 2010, spoke about the importance of health and safety protocols for students and employees as UC reopens, given COVID-19 outbreaks in colleges throughout the country. UC must adhere to safety guidelines, be transparent in releasing safety plans, and work collaboratively with stakeholders like unions instead of imposing top-down decisions.
- Q. Somchate Wasantwisut, UCR international student, shared challenges faced by international students. Graduate students needed more time to complete their programs due to the COVID-19 pandemic, but international students could not extend their time without paying additional fees. UC Berkeley and UC Davis issued blanket extensions, UC Riverside and UCSD granted waivers on a case-by-case basis, and UCLA and UC Santa Cruz had not implemented extension policies. He asked the Regents to consider a systemwide, one-year waiver of fees to reduce the financial burden on international students.
- R. Karlo Silbiger, representative of Partnership for Los Angeles Schools, called for clarity with regard to UC's use of standardized tests. At a recent UC High School Counselor Conference, Partnership for Los Angeles Schools received unclear and inconsistent messaging regarding the preliminary injunction prohibiting the use of standardized tests in admissions that was issued in the case of *Kawika Smith v. Regents of the University of California*.
- S. Leanne Martinez, UCR staff member, called on the University to bring back workers and stop layoffs. She and 80 colleagues, most of whom were already struggling, were given layoff notices in July. Since her layoff, she had not received unemployment benefits from the California Employment Development Department. If she lost her job, she and her son would lose healthcare coverage. It was wrong for UC to lay off workers during the COVID-19 pandemic.
- T. Sara Mooney, Regional Affairs Director at the Campaign for College Opportunity, shared that student access organizations were confused by the lack of clarity regarding standardized tests at a recent UC High School Counselor Conference. A representative from one organization stated that taking the SAT and ACT into account, during a pandemic and in the midst of an economic depression and equity divide, would be detrimental and prejudicial to underrepresented students. She urged UC to communicate its actual policies on testing to students and their families.
- U. Miguel Avila, UCSD student and representative of the Undocumented Student Coalition, asked how UC would continue to support undocumented students. Undocumented families had been strategically excluded from federal COVID-19 aid, and their livelihoods were under the constant threat of immigration authorities. Undocumented students relied on campus aid, and undocumented student centers were taking more Deferred Action for Childhood Arrivals (DACA) and asylum cases.

V. Melissa Camacho, UC Davis Medical Center nurse, spoke about personal protective equipment (PPE). Nurses had a higher rate of COVID-19 infection and should be able to use the PPE of their choosing, including N95 masks, even if the choice is not supported by Centers for Diseases Control and Prevention guidelines. At the beginning of the pandemic, nurses were told that they would be disciplined for wearing masks. Nurses would continue to advocate for choosing their own PPE.

2. APPROVAL OF MINUTES OF PREVIOUS MEETING

Upon motion duly made and seconded, the minutes of the meeting of July 29, 2020 were approved, Regents Blum, Butler, Estolano, Guber, Kieffer, Kounalakis, Lansing, Leib, Makarechian, Mart, Muwwakkil, Ortiz Oakley, Park, Pérez, Reilly, Sherman, Stegura, Sures, and Zettel voting “aye” and Regent Drake abstaining.¹

3. REMARKS OF THE CHAIR OF THE BOARD

Chair Pérez began his remarks by acknowledging how abnormal this fall term would be and expressed his hope that this abnormality would strengthen the University’s resolve to ensure that the UC community is stronger after the COVID-19 pandemic. He welcomed President Drake, 21st president of the University, to the Board. Chair Pérez expressed his joy regarding the presidential selection process and results, highlighting President Drake’s experience, history with UC, and commitment to serving all students. Chair Pérez also welcomed Faculty Representative Horwitz, Vice Chair of the Academic Council and Professor of Communication at UC San Diego. His research centered on democracy and political reform.

Later at this meeting, Executive Vice President Byington would provide an update on the COVID-19 pandemic’s impact on UC and strategic plans being developed by UC Health. The Academic and Student Affairs Committee would be briefed on academic plans for the fall term. The Board would hear a presentation on the actions that UC had taken in 2009, during the Great Recession. It is necessary that UC consider an array of options, including workforce action, but this would be a discussion item. The University received a temporary reprieve because State budget cuts were delayed pending the next federal stimulus package. While remaining hopeful, UC should still plan for bad news. Each of UC’s revenue streams was severely affected by the pandemic. The Board sought advice and ideas from campuses and all UC segments. As Speaker of the State Assembly during the Great Recession, Chair Pérez learned to avoid short-sighted cuts and job actions that would cause long-term harm. One of the University’s highest priorities remained protecting the most vulnerable employees. He reiterated that no such Board action would be taken at this meeting. UC also had an obligation to consider all challenges and make the most responsible decisions. There would also be a presentation on the impact of Proposition 209 on diversity at the University. Since the presentation on campus policing at the last Regents meeting, he continued to work with President Drake and others, and potential approaches might be presented in the coming weeks.

¹ Roll call vote required by the Bagley-Keene Open Meeting Act [Government Code §11123(b)(1)(D)] for all meetings held by teleconference.

4. REMARKS OF THE PRESIDENT OF THE UNIVERSITY

President Drake began his remarks by stating that he missed being able to welcome students to campus for the fall term and looked forward to a future return to normalcy. He was excited and humbled to return to the University in his new role. President Drake and his wife, Brenda Drake, returned to UC because of the high quality of the students, faculty, and staff, as well as UC's impact on individuals, the state, the nation, and the world. This was an inspiring place to study, work, and conduct research. Every UC location strove to uplift and strengthen the community through art and science, agriculture and engineering, clinical care and research, and more. This was true when President Drake was a UC student many years ago and was true today. He was grateful for the opportunity to collaborate with such committed and talented people. Even the best institutions can and must improve, and he looked forward to the work ahead.

The COVID-19 pandemic curtailed in-person interaction, but President Drake intended to continue outreach in creative and safe ways. Since the Regents met in July, the University was still grappling with the pandemic, wildfires, systemic racism, and many other challenges. The Board would be discussing the pandemic's impact on the budget, which presented challenges to UC's core operations. UC had a strong desire to protect its most vulnerable employees while preserving its education and research excellence. President Drake provided examples of how the campuses rose to recent challenges. The UC Davis Fire Department fought wildfires locally and in Southern California. The UC Davis Medical Center treated injured patients, and the UC Davis School of Veterinary Medicine cared for animals and provided search-and-rescue services. UCSF and UC San Diego were implementing smartphone technology that would notify users of high-risk COVID-19 exposure and supplement human contact tracing. The technology would not collect locations or share user identities. UC Santa Barbara was researching the disparate impact of COVID-19 on essential workers. Campus leaders continued to engage with their communities on antiracism, community policing, and public safety. President Drake was participating in some of these long-overdue dialogues. He and Chair Pérez were creating a framework for campus policing and safety. He believed that these conversations must begin at the campus level and planned to collaborate with the chancellors.

Washington Monthly, measuring universities for their contributions to social mobility, research, and public service, recently ranked all nine UC undergraduate campuses among the top 100 public institutions, with five UC campuses in the top ten. *U.S News and World Report* ranked all nine UC undergraduate campuses among the top 100 universities and the top 40 public institutions in the country, with UCLA and UC Berkeley at first and second place, respectively. All undergraduate campuses ranked in the top 80 universities for social mobility, with the Riverside, Irvine, Santa Cruz, and Merced campuses among the top five. UC admitted its most ethnically diverse class of students for fall 2020; underrepresented groups comprised 41 percent of admitted California students. Institutions across the country aspired to these numbers. In President Drake's view, UC was the university others wished to emulate.

President Drake thanked faculty and staff for their hard work preparing for this unprecedented academic year. He recognized students for their perseverance and thanked them for continuing to follow strict health and safety protocols. It was his hope that what was tackled at Regents meetings would support, shape, and propel efforts across the University. He looked forward to productive conversations with fellow Board members and was grateful to work with his former UC colleagues once more.

5. **REMARKS OF THE CHAIR OF THE ACADEMIC SENATE**

Faculty Representative Gauvain introduced Faculty Representative Horwitz, sociologist in the Department of Communication at UC San Diego, where he had been a faculty member since 1982. Mr. Horwitz's recent research focused on the rise of conservatism over the last 50 years in the U.S. He had long been involved in the Academic Senate and had previously served as department chair. She welcomed Mr. Horwitz and President Drake.

Ms. Gauvain spoke about the toll of the ongoing anxiety, worry, and uncertainty caused by the COVID-19 pandemic on faculty, students, and staff. Many experts have predicted that mental health concerns would continue and increase over time, a phenomenon that has been called the "pandemic echo." UC must pay close attention to it during the fall term. She commended faculty, students, and staff for their quick and effective shift to remote instruction during the spring. Although most courses would continue to be taught remotely in the fall, the extent of problems with teaching, advising, and testing was unknown. She called on the Regents to be mindful of the difficulty that the pandemic presented to people who work and learn at UC.

UC must do all that it can to identify and correct any practices that contribute to systemic racism. The Academic Senate planned to consider whether its actions would enable inequities to occur at every decision point and to act accordingly. In order to combat this societal injustice, everyone must be an agent of change. The climate crisis, like the pandemic, stemmed from disregard for and abuse of the environment. The Academic Senate was committed to determining how to use the University's vast resources and expertise to address the climate crisis. Work would be guided by the Green New Deal developed by UCSD faculty and led by Mr. Horwitz. A task force would not be created for this effort, because a task force focused on a single, defined task, and the climate crisis was not a singular issue. Climate must be considered from teaching, research, campus environment, finance and budget, and environmental justice perspectives. This would be a multidisciplinary effort involving researchers in science, technology, engineering, and mathematics (STEM) fields; social and health scientists; behavioral scientists; and artists, writers, and humanists. UC must play a leadership role in climate issues. This effort would enrich the UC community and inspire those outside of UC. Younger members of the University—students, postdoctoral researchers, and younger faculty—would be centrally involved because of their desire to live in a safer and cleaner world.

Ms. Gauvain expressed her firm belief that two things would help the University face the difficult year ahead. The first was working together; UC faced problems and uncertainties

that called for collective experience and expertise. The second was having hope, as well as empathy and compassion, especially for those most in need at this time.

6. **UPDATE OF COVID-19 IMPACT ON THE UNIVERSITY OF CALIFORNIA: UC HEALTH ISSUES**

[Background material was provided to Regents in advance of the meeting, and a copy is on file in the Office of the Secretary and Chief of Staff.]

Executive Vice President Byington stated that COVID-19 cases were declining across the state and nation, but there were still tens of thousands of cases every day in the U.S. and thousands of cases in California. On September 13, the World Health Organization (WHO) announced the highest number of COVID-19 cases, with India, the U.S., and Brazil in the lead. There might be an upward trajectory in cases as weather becomes colder and there are more indoor gatherings. California saw its highest number of cases on July 16. As Dr. Byington predicted, it took eight weeks to push the curve downward, but more work needed to be done in September and October. Dr. Byington presented a chart of nationwide COVID-19 hospitalizations as of September 2. California had nearly 9,000 hospitalizations in July and about 4,800 in early September. Currently, the state had about 3,500 COVID-19 hospitalizations and approximately 72,000 licensed hospital beds. California was doing a good job of bringing down hospitalization numbers and ensuring sufficient bed capacity to treat COVID-19 patients and other patients. Dr. Byington presented UC Health's COVID-19 cases since March. UC Health currently had 142 COVID-19 cases, the lowest number of cases it has had since June, and aimed for 100 cases or fewer. Dr. Byington presented data on UC Health's COVID-19 hospital admissions by age, which was collected by the Center for Data-driven Insights and Innovation. At the beginning of the pandemic, those older than 70 years old had the highest number of admissions. Currently, working-age individuals between 50 and 69 years of age had the highest number of hospitalizations. Hospitalizations of those who were 20 to 29 years old matched those who were over 80 years old. There was an increase in activity, work, and social interaction among younger age groups, and UC Health was seeing hospitalizations among those groups. Dr. Byington presented charts of testing trends and positivity rates for the state. There was some decline in testing but still about 100,000 tests were being administered daily. The test positivity, currently at about 4.4 percent, was also declining. The WHO recommended staying below five percent. Early in the pandemic, the test positivity rate at UC Health was highest among those who were 50 to 59 years old or older and lowest among children and adolescents. By late August and early September, positivity rates in children and adolescents, including college freshmen, had increased. Children had experienced the highest increases in cases, hospitalizations, and deaths.

Dr. Byington presented charts on mortality. COVID-19 was now the third leading cause of death in the U.S.; there were nearly 1,000 deaths per day. California had 33 deaths per 100,000 people, which was better than New Jersey, New York, Massachusetts, and Connecticut, and was partly attributed to exceptional care from hospital facilities that have not been overwhelmed. It was UC Health's goal to keep its facilities prepared and not overwhelmed, which was one reason UC Health was so supportive of an influenza vaccine

mandate for UC and all of California. At UC Health, COVID-19 mortality appeared to be highest among those who were 80 years or older, which was also the case nationally. However, mortality rates were declining overall. UC was getting better at treating patients and preventing those at high risk from becoming infected through non-pharmaceutical interventions such as wearing masks and physical distancing. It was very difficult to determine the case or infection fatality rate, because the denominator of all those who were infected was unknown. Dr. Byington presented a chart of 30-day inpatient mortality rates at UC Health from March to August. The average mortality rate was 1.5 percent for those who were zero to 29 years of age and three percent for those who were 30 to 59 years old. There were substantial increases in mortality in older age groups—9.2 percent among those age 60 to 69, 11.1 percent among those age 70 to 79, and 16.9 percent among those age 80 or older. Dr. Byington regarded these numbers as sobering for all age groups. Forty percent of the state's COVID-19 deaths occurred in long-term care facilities, which was comparable to the U.S. rate of 42 percent. Currently, 14,000 deaths had been reported in California, and 18,067 deaths were projected by November 1. By the following week, the U.S. was projected to reach 200,000 deaths, and the world was projected to reach one million deaths. While treatment was improving, there were growing concerns about the long-term effects on those who recover.

Earlier in September, the State released a Blueprint for a Safer Economy and new metrics to guide the reopening of counties and business sectors. There were now four color-coded risk levels: purple for “widespread” risk, red for “substantial” risk, orange for “moderate” risk, and yellow for “minimal” risk. A green risk level was omitted to prevent people from believing there was no risk. The metrics used to define risk were the number of new cases each day per 100,000 people and the positivity rate. The goal was to reach the minimal risk level. The minimal and moderate risk levels were recommended for resumption of in-person classes. Both metrics needed to be met in order to be in a risk level, and counties needed to stay in a risk level for at least three weeks to demonstrate that their metrics were under control. Some progress had been made since early September, when metrics showed widespread infection across the state. California now had about a four percent positivity rate and about seven cases per 100,000 people. In a widespread risk level, in-person instruction for higher education was closed. Dr. Byington presented a table of positivity rates by counties with UC locations. The majority of these counties were in the purple category, with several in the red category.

Dr. Byington shared some good news coming from UC Health and the campuses. There was less lost revenue in June, July, and August than there was in April and May. UC Health was making great progress in the resumption of ambulatory visits and a continuation of telehealth visits. System census was getting closer to 100 percent. UC Health was collecting data on its use of COVID-19 medications, and the Food and Drug Administration (FDA) recently gave the Center for Data-driven Insights and Innovations a grant to continue this work. UC Health was sharing this data with the FDA and the Association of American Medical Colleges, and people nationwide were paying attention to UC Health's trends in treatment and recovery. UC Health used routine drugs like corticosteroids as well as drugs in clinical trials. The Phase 3 clinical trial of AstraZeneca's COVID-19 vaccine was paused due to a neurological complication in one trial participant,

the second such complication for this vaccine. The United Kingdom decided that the trial could resume, but UC Health was awaiting recommendations in the U.S. Dr. Byington underscored the importance of health equity during the pandemic, as black, Latino(a), and indigenous communities were most affected. A bus from UC San Diego was taking vaccine trials to underserved communities. A new milk bank at UCSD, the first UC Health co-branded program, was the 30th accredited milk bank in North America. It was the first nonprofit milk bank in Southern California, the first university-operated milk bank in North America, and the first milk bank to open during the pandemic. It aimed to improve survivability for pre-term infants across the state. UC Health was collaborating with campuses, whose chancellors, campus leadership, faculty, and staff have embraced science and public health to make difficult decisions for safety and well-being on campus. Campuses have decreased their density, offered remote learning, reduced occupancy in dormitories, and prioritized students with no other housing options. Masks and distancing were required, engineering controls were added to make buildings safer, and an influenza vaccine was being mandated. UC has worked since February in order to have the capacity for routine testing. All campuses required two negative tests for individuals returning to campus and adopted periodic, asymptomatic testing. Campuses had trained case investigators and were working with County and local public health departments on contact tracing. UC had begun pilot programs to test wastewater, was monitoring buildings to focus testing, was partnering with Apple, Google, and the State on a pilot program for exposure notifications via mobile phone. The Berkeley and Merced campuses reported positivity rates below one percent and no large outbreaks. UC Health remained hopeful that measures taken would protect the campuses, and it was working to ensure alignment with the State and that UC campuses do not accelerate the pandemic.

Regent Makarechian asked if mortality rates were highest in New York and New Jersey because of the availability of hospital beds. Dr. Byington replied that bed capacity in New York, New Jersey, and Massachusetts was overwhelmed by an intense surge in the spring. Inpatient cases across UC Health hospitals peaked at 272. There were individual hospitals in New York that had as many as 800 COVID-19 patients. It was less an issue of space than it was of personnel; experts in critical care were not available to care for these patients. Healthcare workers in California did not want this to happen here.

Regent Makarechian asked whether the chart of 30-day inpatient mortality represented every condition or only COVID-19. Dr. Byington replied that the chart pertained to every COVID-19-positive patient across UC Health.

Regent Makarechian asked how the COVID-19 mortality was calculated and how COVID-19 patients with other conditions were considered. Dr. Byington stated all of an individual's illnesses are coded when hospitalized. The physician at time of death declares the cause of death. Underlying heart disease, diabetes, or obesity might contribute to COVID-19 mortality, but health professionals still believed that the vast majority of deaths reported were from COVID-19.

Regent Makarechian asked whether the revenue losses presented included government reimbursements. Dr. Byington replied in the negative.

Regent Makarechian asked if there would be a vaccine UC would trust enough to mandate systemwide and when that could happen. He noted that Chair Pérez, who had tested positive for COVID-19, appeared healthy, so it was possible that the virus was not that bad. Chair Pérez stated that he was lucky to have experienced a mild case of COVID-19 and tested positive for antibodies, but he continued to take protective measures to avoid transmitting the virus or re-exposure. Until there were clear answers, it was imperative to be as safe as possible. Dr. Byington stated that she could not dismiss COVID-19 as being not that bad. She hoped that, within a year, vaccine trials could be completed and at least one vaccine is deemed safe and efficacious. If such a vaccine has been reviewed by the FDA and the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices, of which Dr. Byington was once a member, UC Health would require vaccination for its employees, and it would present the vaccine for President Drake to consider as a requirement for campus populations as well.

Regent Makarechian asked Dr. Byington to comment on new drugs being developed at UCSF and the University of Pittsburgh. Dr. Byington replied that there were two promising antibodies that bind to SARS-CoV-2 receptors and can neutralize the virus. Different delivery mechanisms were being investigated. UCSF was considering delivery via inhalation, and the University of Pittsburgh was considering injection or a patch. Human clinical trials would need to occur before these antibodies are widely used. All facilities of UC Health were open for every promising clinical trial. It was imperative that UC Health test these medications among diverse patient populations and bring them to clinical settings as quickly as possible.

Regent Lansing asked Dr. Byington to comment on point-of-care testing, noting that several institutions and pharmaceutical companies were seeking FDA approval for their point-of-care tests. She remarked that such tests could help reopen the state, especially given their eventual low price point. Dr. Byington replied that a number of such tests were seeking FDA emergency use authorization. UC campuses and clinical laboratories were trying to validate these tests. The White House had purchased 150 million of a much-publicized antigen test, the entire stock, which it would distribute to States. UC Health hoped to work with the State to bring some of these tests to UC campuses and facilities. UC was also developing its own testing. President Drake and the chancellors asked that Dr. Byington convene a task force on creating testing infrastructures that could support rapid, low-cost testing to augment what was being offered in UC clinical laboratories. Regent Lansing asked for an update on point-of-contact testing at an upcoming Health Services Committee meeting or Regents meeting. She believed that point-of-care testing would be available before a vaccine is approved.

Regent Lansing asked about data on COVID-19 reinfection. Dr. Byington replied that becoming infected with COVID-19 appeared to produce antibodies in most people. According to the CDC, these antibodies persist at least three months and possibly longer. There were several reports of people who appeared to have been infected a second time. Dr. Byington still had hope that antibodies could persist and protect an individual for a period of months. If antibodies could not fully protect against a second infection, they

might make the second infection milder. UC was trying to harness and scale up the body's most effective antibodies for distribution. She remarked that antibodies might be available before a vaccine.

Regent Lansing noted that outdoor activities would become more difficult as the weather becomes colder. She asked about the risk of gathering indoors for a small group of people who were physically distanced compared with gathering outdoors. Dr. Byington replied that outdoor activity would always present less of a risk. The positivity rate was predicted to rise in the winter, because people do not want to be isolated, especially for winter holidays, which involve large family celebrations. She suggested that, while the risk of gathering indoors could never be brought to zero, these gatherings should be short and have the fewest people possible. Individuals should be wearing masks for as much of the gathering as possible, except when eating, and open a window or maintain air flow. Dr. Byington also suggested carefully choosing who would attend an indoor gathering based on their contacts and how they were protecting themselves. It was her hope that more rapid testing would be available by 2021, so people could gather after getting tested. Regent Lansing asked whether being farther apart when distancing was relevant. Dr. Byington replied that such data was not available but that it would not hurt to do so.

Regent Sures asked how UC was preparing for the potential surge of cases in the fall or winter and if modeling had been done to predict such a surge. Dr. Byington replied that UC Health was reviewing its surge plans and optimizing its supply of personal protective equipment (PPE). There was no way to predict with any real accuracy more than one month into the future, but UC Health was doing everything it could to make predictions and consider factors such as influenza and increases in COVID-19 cases. UC Health believed that its facilities were ready. The 1,500 new beds added as surge capacity in the spring had not yet been used. The biggest issues were keeping personnel healthy and keeping units appropriately staffed.

Regent Sures asked if UC had a plan that would ensure the equitable distribution of the vaccine. Dr. Byington replied in the affirmative. A systemwide bioethics group had been discussing the equitable distribution of vaccines for some time. The University would be informed by the National Academy of Medicine report, which outlined the groups that would receive a vaccine first. UC submitted public comment, and UC Berkeley Professor of Epidemiology Arthur Reingold participated in the report's creation. The report was now going to the CDC Advisory Committee on Immunization Practices, which would ultimately determine the vaccine's distribution. UC would make recommendations as necessary. Regent Sures stressed the importance of UC taking a leadership role in ensuring that the most vulnerable have access to the vaccine. Dr. Byington agreed.

Regent Reilly asked if there was still a shortage of testing supplies in California. Dr. Byington responded that there was always stress on the testing supply chain. UC has tried to broaden its portfolio to pivot to different supplies and was looking into expanding the use of SwabSeq across the system and outside of UC. SwabSeq used a different supply chain and different testing reagents.

Regent Reilly asked about the lag time between testing and receiving results. Dr. Byington replied that UC Health was meeting its goal of returning results in less than 24 hours at clinical laboratories and in surveillance testing. Every day of delay affects accuracy, and it becomes more difficult to act. After about three days, the test no longer has its utility.

Regent Reilly asked about long-term effects of COVID-19 and who was most susceptible to them. Dr. Byington stated that the population most susceptible was not yet known, but UC medical centers and faculty practices were setting up multidisciplinary post-COVID clinics to collect data and begin to answer these questions. In her experience as a pediatrician, Dr. Byington tended to see long-term effects in younger people.

Regent Kieffer asked about Dr. Byington's expectation regarding in-person instruction or in-person Regents meetings. Dr. Byington stated that her perception had not changed since February. The U.S. would expect to reach 50 to 60 percent herd immunity, either through natural infection or immunization, by July 2022. It was her belief that UC would undergo modifications and accommodations for the virus for at least another year. Dr. Byington predicted a lessening of disruptions from September 2021 to July 2022, when new therapeutics and testing are available, but this would not go away quickly. The pandemic of 1918 lasted about four years before things improved. Regent Kieffer asked whether the situation on UC campuses would remain largely unchanged in January 2021 and even in September 2021. Dr. Byington replied in the affirmative. UC should plan for winter, whose other risk factors include being indoors, heat, and other respiratory viruses.

Regent Stegura asked what was being done at the campuses to enforce mask wearing, social distancing, hand washing, and other safety measures. Chancellor Christ replied that UC Berkeley had a social norms campaign that featured masks on bear statues and extensive messaging. There were no new cases in the dormitories, and students themselves were using social media to monitor compliance. Off-campus parties presented the greatest risk. Chancellor Muñoz stated that UC Merced launched a number of "do your part" campaigns with messaging, emails, and social media. Merced Mayor Mike Murphy also contributed messaging to the campus. Chancellor Muñoz has partnered with Merced College President Chris Vitelli to publish a joint op-ed on the collective efforts of higher education in Merced. There were no new cases of infection on the Merced campus. Chancellor Khosla stated that classes had not started yet, but students were starting to return to campus. UCSD was engaging in multimedia and social media campaigns, as well as implementing "pods" of eight to 12 students who get tested and socialize together in order to prevent isolation and behaviors with bad outcomes.

Regent Ortiz Oakley asked for clarification regarding a conspiracy theory which claimed that deaths were being coded as COVID-19 deaths in order to access federal funding. Dr. Byington declared with great confidence that UC Health was not coding individuals as having COVID-19 to receive funds. UC Health has always reported the number of COVID-19 cases accurately, even to the point of being excluded from receiving funds, because it reported cases as individual hospitals, not as an entire system. UC Health engaged in normal U.S. coding practices. Dr. Byington expressed confidence that providers believed that COVID-19 was the cause of death when reporting this.

Regent Ortiz Oakley stated that institutions of higher education must provide clarity to students and continue to ensure that students' health and safety were foremost. Institutions were putting the blame on students for inevitably congregating when returning to campus. He looked forward to supporting chancellors in their efforts. Dr. Byington stated that the State convened UC, the California State University, and the California Community Colleges in a working group to align messaging, processes, and procedures. UC had done much to protect students, but it could not declare victory yet. Early in the pandemic, the curve of its spread in California seemed flattened, but cases escalated in the summer. UC was observing what was happening on college campuses on the east coast and needed to remain vigilant to ensure that the same would not happen in California. President Drake added that the overwhelming majority of students were behaving responsibly and that peer pressure was helping flatten the curve. He was very proud of how students had responded so far and continued to encourage them.

Regent Muwwakkil noted the nation's history of unequal access to medical care and the precedent for mistrust among communities of color with regard to medical advice from the government. He cited the Tuskegee Syphilis Study and recent accusations of medical mistreatment in U.S. Immigration and Customs Enforcement (ICE) facilities. He asked how UC would gain public trust in the vaccine that is delivered, especially among communities that were historically victimized. Dr. Byington acknowledged that this was one of the most difficult challenges faced today. In her experience, directly engaging with communities, working with community leaders and in venues within the communities, had worked in the past. She had done the same in her own medical practice. UC locations had many community connections that should be used to build trust in science and the vaccine. Dr. Byington expressed her horror at the reports regarding ICE detainees. She had written about trust in science related to the Tuskegee Syphilis Study, the use of Henrietta Lacks' tissue sample, and other instances. She would share with the Regents the editorial she had written. The U.S. was polarized and politicized, and convincing people that science was in their best interest would be a very difficult challenge. Regent Muwwakkil added that there was difficulty not only in developing the vaccine but also gaining the trust of those who would receive it. He looked forward to partnering with Dr. Byington in that endeavor.

Regent Estolano commended Dr. Byington on stating that UC was prepared to provide independent analysis and recommendations on guidelines for vaccine distribution. She asked when the 150 million rapid tests acquired by White House would be distributed. Dr. Byington replied that UC used its connections to gain a better understanding but did not have information. States were also trying to gain an understanding. The distribution of other supplies such as Remdesivir was very difficult in the beginning. UC did not currently have access to those materials.

Regent Estolano asked if Dr. Byington had a high degree of confidence that UC would have an adequate supply of PPE for medical and supporting personnel in light of the anticipated surge during the fall and winter. She recalled the concerns shared by one speaker during the public comment period. Dr. Byington replied that having an adequate supply of PPE had been a continuous priority for UC Health since January. UC Health had been taking inventory, storing PPE, and purchasing PPE as it was able. Every campus

tracked PPE daily, sometimes twice daily, so UC Health had a very precise knowledge of supply. N95 masks were used for COVID-19 patients and those suspected of having COVID-19. There was a color-coded classification system of green, yellow, and red for the supply of PPE and actions to take if the supply was low. Green meant that a 42-day supply of PPE was available; all campuses were currently in the green category. UC had a systemwide contract with U.S. distributor Halyard for N95 masks at a good price and with an assurance of a 45-day supply if needed. The first delivery was expected in November. UC has done absolutely everything for the best PPE supply, and UC Health facilities rivaled any hospital in the U.S. for preparedness and supply. Whether this supply would be sufficient would depend on behavior and what happened in the winter. UC has requested and pre-purchased millions of masks. UC medical center chief executive officers have built up the storage and supply chain. Dr. Byington was confident that UC had sufficient PPE.

Regent Estolano asked who had access to PPE. Dr. Byington stated that every patient in the hospital was tested, even asymptomatic patients coming in for treatment unrelated to COVID-19, and UC Health was confident in that testing. PPE was provided for all who were COVID-19-positive and those with suspected cases of COVID-19. There was a difference of opinion with the unions. Some union members wished to use N95 when working with all patients, but there were not sufficient supplies to do that. UC Health was prioritizing the use of N95 masks by diagnosis to ensure that those supplies would be available in the winter.

Faculty Representative Horwitz expressed less confidence in the CDC and FDA and asked whether a reliance on the CDC and FDA could compromise UC Health's mission. Dr. Byington replied that, in all her years of working with the CDC, she had never doubted or acted in contradiction to CDC guidance until now. The CDC did not recommend testing students who were returning to campus, but UC subject matter experts disagreed, so UC opted to test students twice before entering into periodic surveillance. The CDC stated that people who were asymptomatic and exposed to COVID-19 did not need to be tested, and UC Health disagreed. The University has created systemwide guidance defining exposure, as well as how and when to test. As the FDA investigates vaccines, UC Health would be looking at the safety and efficacy data. The University had subject matter experts who were among the best in the world and had taken different stances from the CDC at least twice.

Regent-designate Torres thanked the Board for supporting Proposition 14. The California Institute for Regenerative Medicine (CIRM) funded three COVID-19 clinical trials, one of which was at UCSF. CIRM also had pre-clinical trials for brain damage caused by COVID-19. Regent-designate Torres would provide a report on these and other efforts to the Board.

Chair Pérez stated that there were questions of how much science was guiding the CDC as opposed to other influences. Many healthcare professionals throughout the system were concerned about whether UC was using the right standard for PPE distribution. The CDC's early masking guidance was not what it should have been. It was essential that UC continue to communicate with employees and collective bargaining representatives in order to provide comfort regarding the standard UC was using. PPE management that is guided by science and best practices should not be thought of as managing scarcity. All at UC Health

were under tremendous, unprecedeted stress. UC must address that stress and validate concerns. Dr. Byington shared that she met monthly with health professional unions to hear their concerns and convey UC's methods of management. The University was among the first in the nation to implement universal masking and universal testing and had a very low rate of healthcare workers testing positive for COVID-19. UC Health believed that it was doing an excellent job of protecting its workforce and acknowledged the stress that workers were under. It was an overriding priority that UC Health find ways to increase the safety of the work environment.

The meeting adjourned at 11:10 a.m.

Attest:

The Secretary and Chief of Staff