

## Student Health Subcommittee Report, 2018-2019

### Background

Concerned Faculty decided to establish a Student Health Subcommittee to provide support to USC students adversely affected by the egregious misconduct that occurred at the Engemann Student Health Center. During the summer, Jane Junn, Professor of Political Science, convened the subcommittee. At that meeting, the group approved three principles to be transmitted to Rick Caruso and the Board of Trustees:

"Concerned Faculty of USC declares its support and compassion for the university's students, past and present. The education, development, and well being of our students should be the top priority of the university administration, as it is for its faculty. We stand together in asking the Board of Trustees to undertake immediate action to:

1. Form an advisory committee composed of USC faculty with specialization in policies addressing sexual misconduct and experience in treating those adversely affected by such conduct. This committee will advise the Board of Trustees directly, the student health center, and work with bodies of faculty governance and students.

2. Acknowledge and act to change the climate at USC by fully releasing legally-mandated information on sexual assault, discrimination, harassment, and misconduct against students and employees, along with any other data relevant to Title IX and Title VII of the U.S. Federal Code as well as the laws of the state of California.

3. Interact with compassion and in good faith with students and student groups who are organizing and working to improve USC's response to the underlying crisis, ensure that students seeking help are treated with dignity and are provided meaningful choices and support when seeking care, and create an educational environment in which they feel safe, valued, and respected."

During the academic year subcommittee co-chairs, Chih-Lin Hsieh, Professor of Urology, Keck Health Science Campus, and Alison Dundes

Renteln, Professor of Political Science, University Park Campus, met leaders of student groups including SAGE (Student Assembly for Gender Equality) (Anya Rosa Wang), the Undergraduate and Graduate Student Government (Alec Vandenburg, Milton Dimas, Kris Coombs, and Mai Mizuno), and the Inter-Health Council (Gia-Nhi Hoang, Katherine Franklin), and the USC Coalition Against Sexual Assault (Caitlin Dobson) to try to identify students' concerns. Students circulated a survey that posed four questions:

1. Do you have any concerns about the operation of Engemann Health Center (UPC) or Eric Cohen Health Center (HSC)? Please list and/or explain below.
2. What are the most important health issues to you? Please list them below. Feel free to include any additional details you may like.
3. What changes would you like to see? Please list them below. Feel free to indicate the level of priority for you.
4. If you have any other questions, comments, concerns, or suggestions, please leave them in the box below.

Students shared their concerns. One leader summarized some key issues as follows:

“1. Something that I've heard from many students that I wasn't aware of before was the lack of mental health specialists. My understanding is that our counselors are usually not specialized and that we especially lack psychiatrists who can especially grapple with long term issues of mental health such as medically diagnosed depression and bipolarism.

2. Another related issue is the lack of experience and care for LGTBTQ+ students, as I've heard many stories of those students being almost immediately referred to off campus providers and many of them report being misgendered.

3. While I know that the new influx of general counselors will help slowly decrease the incredible waitlist and referral line, at the very least we can give students who are referred off campus transportation stipends to relieve some of the financial burden. However, this still doesn't cover lack of insurance coverage and issues of time, confidentiality and stigma.

4. For many students, the intake phone call is insulting because they essentially need to give a "sales pitch" for why Engemann should help them. I don't have the solutions but potentially this could be achieved in an online intake form, through a trusted peer or mentor, or fewer barriers to entry and access.

5. The items above address resources deficits but somehow we need to restore trust as a prerequisite. Even for issues such as breaking a foot, I've heard students begin relegated to having appointments four days after the fact.”

Renteln and Gross attended the public forum on October 10, 2018 with Laura Welp, attorney with U.S. Department of Education, Office of Civil Rights. Although few students came, several alumnae spoke and asked to collaborate with Concerned Faculty and many journalists were present.

Renteln and Hsieh subsequently had a lengthy meeting with Dr. Sarah Van Orman, Associate Vice Provost for Student Health and Chief Health Officer of USC Student Health, on December 14, 2018. The topics covered in the meeting included mental health care, medical needs when the student health clinic is closed, difficulty securing appointments, and concerns about the limited choices of doctors.

Dr. Van Orman pointed out the various resources for mental health care and off-hour medical care that are currently available, outlined changes already being implemented, and described the Center's plans for the future. The University had approved the addition of 12 mental health counselors, and she said that would bring the ratio of number of counselors to students to 1 to 1,000, which meets the Standards for University and College Counseling Services recommended by the International Association of Counseling Services, Inc. in 2017. She also explained that USC planned to make long-term mental health care available on UPC campus. Finally, she confirmed that the Student Health Center is open for limited hours during weekends, although many students seemed not to know this.

Throughout the discussion, the lack of awareness of available resources appeared to have been a major cause for concern. The lack of adequate communication about resources remains a major problem. Conveying information about available resources more effectively would be beneficial. In addition, explaining the usual medical processes and the proper standard of care to students and faculty would improve student health care. Ideally, Student Health would design a single page pamphlet of illustrated flow chart for steps to seek for health care and post the phone

numbers of key resources in common areas across the university, even though such information may already be available on the Student Health website.

Other recommendations included using other mechanisms, such as recruiting pre-med and medical students for improving outreach, making short videos to educate students what to expect for the specific medical visit while waiting for physicians in the exam room, and giving students information about precisely who to contact to submit complaints upon leaving the clinic. Measures of this kind would raise awareness, educate students and faculty. Dr. Van Orman indicated that more aggressive outreach is one of Engemann's short-term goals.

Dr. Van Orman also maintained that the quality of professional comprehensive care for sexual assault victims is the reason for sending them to the Santa Monica Rape Treatment Center, even though the distance from campus is a serious issue. Another initiative in progress is the education for prevention of sexual violence. Michael Renov recommended using Peace Over Violence, which is much closer to the campus, as an alternative for sexual assault victims to Dr. Van Orman. Dr. Brenda Ingram, the Director of Relationship and Sexual Violence Prevention (RSVP) and Services, who joined USC recently from Peace Over Violence, responded with medical reasons and other considerations for using the Santa Monica Rape Treatment Center. Dr. Ingram also indicated that RSVP is developing an advocate program to support and accompany the victims through the process. Concerned Faculty may wish to discuss this issue to see if a center can be established in Engemann.

Concerned Faculty also supported students during the year in their efforts to organize public discussion of needed changes at the Health Center, Student Health Town Hall. <http://dailytrojan.com/2019/02/28/town-hall-addresses-student-health-concerns/>

Renteln moderated a panel organized by the Inter-Health Council in Doheny Library on February 20, 2019. Dr. Van Orman and three members of her staff attended to respond to student queries. The forum afforded students an opportunity to pose questions, hear what changes were already underway, and request the implementation of additional policies.

During the year we identified other concerns. These included the necessity of providing medical interpreters for international students, grief counseling, and other services. Although there are surely many health services that require improvement, the following are the policies on which the subcommittee focused.

## Recommendations

1. **Mental Health.** This is the primary health care problem that students consistently identified. Access to mental health professionals has sometimes resulted in tragic outcomes. Suicides on campus have led to litigation and relatively little public response by the university.

<http://dailytrojan.com/2018/09/07/editorial-board-usc-must-do-more-for-suicide-prevention/>

<http://dailytrojan.com/2018/04/04/student-found-dead-at-new-north-residential-college/>

<http://www.uscannenbergmedia.com/2018/04/05/usc-says-its-providing-extra-counseling-services-in-response-to-a-students-death-on-campus/>

**Solution:** USC should set up a Crisis Center that is always open. During the academic year Leavey library is open 24/7, although not during the summer. It might be a suitable location, at least until another permanent central location is identified.

Other universities with crisis centers, though not 24/7, include Berkeley <https://uhs.berkeley.edu/counseling/urgent>  
<https://thriveglobal.com/stories/campus-mental-health-crisis-health-centers-student-needs/>

Although USC may respond by observing that Engemann has a hotline, that may be insufficient in some cases. Students may not be able to reach anyone, and there may be a delay in responding

2. **Access to therapists** This was the primary request. Students repeatedly stated that they had to wait a few weeks before seeing anyone at Engemann. Then many were referred off campus, so had to wait even longer before having the support they sought. To our knowledge, Engemann did not provide transportation.

**Solution:** USC should hire many more therapists, preferably experienced psychiatrists and clinical psychologists. Students should be able to be seen immediately if they are experiencing acute problems. Others with less urgent concerns should be able to make appointments to be seen within a week.

No limit should exist on the number of visits students can have with therapists. If this requires renegotiating the health insurance policy, we recommend doing so. This should be a policy that cannot be altered, as it was in the past.

**3. Oversight of Student Health Services** Although the Academic Senate and Faculty Councils have ignored student health issues, Concerned Faculty should emphasize that this is a crucial part of faculty governance.

**Solution:** Dr. Van Orman expressed support for setting up an advisory board including faculty. She expressed interest in having a faculty oversight committee to guide and facilitate future improvements. Engemann should invite several faculty from across campus to serve on an advisory board.

**4. Emergency Medical Fund for USC Students** Students have generous health insurance at USC that covers 90% of medical expenses if in-network and 50% if not in network, after the deductible is met. For those who experience a catastrophic illness, major accident, or other emergency during their time at USC, however, paying 10% of medical bills can be overwhelming. Students who are first generation may be unable to pay them, and this may require that they delay completion of their degrees or, in a worst case scenario, not finish at all. The current possibility of loans leaves students with even heavier debts than they already incur from paying for their tuition.

**Solution:** USC could follow the lead of a few institutions that have established an emergency medical fund. It would allocate funds to pay off these expenses in appropriate circumstances. The resources would be to pay for medical bills not covered by the university's health insurance plan, experimental therapy if it has potential for success, physical therapy beyond the number of sessions authorized currently, and the annual deductible for medical services and medications, and the co-pay for medications.

Under the Provost's office, the committee reviewing the applications for funding could be comprised of a representative of the Provost's office, a representative from the Student Health Service, a representative from Town and Gown, a representative from the Academic Senate Executive Board (preferably a faculty member from Keck), a member of the Board of Trustees, and a student, with additional members to be appointed as deemed necessary. The decisions would be made within a week of the application.

The committee would be expected to approve treatments for extraordinary medically necessary procedures resulting from, for example, devastating accidents, surgeries for unanticipated health problems. The allocation of emergency medical funds would be disbursed so as not to affect financial aid adversely. Coordination of funding would be with the

financial aid office. USC would consider peer institutions' policies for establishing a cap.

Students who have extremely serious health problems must see a physician at the campus Student Health Service (e.g. the UPC Engemann Student Health Center) before being authorized to see a specialist. This can mean a student cannot obtain a referral for three weeks and will face a delay of a month before even being able to attempt to schedule an appointment with a specialist. Students receiving support from the Emergency Medical Fund would be authorized to see specialists without seeking a referral from the Student Health Service.

Students would be required to submit copies of their bills within three months of the date of service and allow a file of their medical records to be retained until graduation. These would be maintained in the Provost's office to ensure confidentiality and compliance with HIPAA.

If students are seen by doctors affiliated with USC, either on the Keck Health Sciences campus or other facilities connected to the university and have surgeries performed in USC owned hospitals or out-patient facilities, USC would forgive those costs. Doctors unwilling or unable to do so would receive payment from the emergency medical fund. In the event a USC doctor is unavailable to perform the surgery(-ies) or procedure(s) required for the student, the committee would be authorized to allow the student to have it performed by a specialist at another hospital. In these circumstances when the student has an extraordinary medical condition, the student would have the choice of the doctor, regardless of the fee or location of the specialist.

Students who have extraordinary medical expenses will be allowed to have an automatic extension in their years to completion of their degrees. The committee will provide a document attesting to the genuine need for additional time. No school will be able to override this unless the student is on academic probation.

Student quality of life would improve if they knew the expenses necessary for their medical conditions would be managed and that USC is providing the support, both financial and moral to ensure they can finish their studies. This will relieve enormous experienced by students facing catastrophic health problems. It will redound to the record of the university as an institution that cares about the health and well being of students. It is likely to ensure future commitment to the university and active involvement in the alumni association.

The existence of an emergency medical fund, not at many peer research institutions, would set USC apart as a university of social conscience. It is a step in the right direction for the Trojan family.

5. **Sexual Health** USC had only one full-time gynecologist at the student health center for decades. Female students should always have choice and access to female physicians, if they prefer. If they wish to see a specialist off campus, that should be covered by health insurance.

**Solution:**

Establish a policy that at least two female gynecologists always be on staff at the Student Health Center. USC should invariably provide an alternate provider other than USC student health services for gynecological and mental health care, and that this provider be available in a location close to campus, if not on campus.

**Conclusion**

Concerned Faculty might wish to request a meeting with Michelle Engemann, a member of the Board of Trustees, to request specific policy changes on which a consensus exists.

**Student Groups**

**Inter-Health Council** Gia-Nhi Hoang [gianhiho@usc.edu](mailto:gianhiho@usc.edu)

President Katherine Franklin [kefrankl@usc.edu](mailto:kefrankl@usc.edu)

**SAGE** (Student Assembly for Gender Empowerment), Co-Executive Directors were Anya Kushwaha ([akkushwa@usc.edu](mailto:akkushwa@usc.edu)) and Rosa Wang ([rosawang@usc.edu](mailto:rosawang@usc.edu)). The official organization email is [uscsage@usc.edu](mailto:uscsage@usc.edu)

**Student Government** Kris Coombs [kris.coombs.2017@lawmail.usc.edu](mailto:kris.coombs.2017@lawmail.usc.edu)

**USC Coalition Against Sexual Assault.**

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