



Critique of Caltech Administrators' Response to Our Petition



Brought to you by *Caltech for Affordable Healthcare (CAH)*,
an autonomous campaign of the GSC Healthcare Committee

On May 1st, 2020, *Caltech for Affordable Healthcare (CAH)* submitted a [petition to the Caltech administration demanding no healthcare cuts and greater transparency in healthcare decision-making](#). On May 5th, *CAH* received the following email from Douglas Rees (Dean of Graduate Studies), Joseph Shepherd (Vice President for Student Affairs), David Tirrell (Provost), and Thomas Rosenbaum (President)...

(Full, unannotated email at the end of the document)

From the email:

"We appreciate the effort you and your colleagues have made to gather feedback from graduate students and the community regarding health insurance needs. In the best of times, modifications to health plans, especially with higher costs, are not popular. In the midst of a healthcare crisis, we understand that these conversations can raise even greater questions and concerns."

Our Response:

The timing of the proposed cuts to our health benefits amidst this crisis has resulted in **540 graduate students, 24 campus organizations, and 210 Caltech-affiliated supporters** voicing their demands for affordable healthcare [through our petition](#). Our concerns cannot be swept away as a mere inevitability of the present crisis. **It is precisely during a public health crisis that we must defend our access to high-quality, affordable healthcare for all of the members of our community.**

While the administration may understand the greater questions and concerns responding to healthcare cuts in a pandemic, they have failed to adequately address these increased concerns, as evidenced by the petition support. *CAH*, a grassroots student group, reached out to a large extent of graduate students far more effectively than the administration, despite our numerous requests to involve them in our work.

From the email:

"We recognize that graduate students would prefer to not have any alterations to their health care plan for the 2020-21 academic term. This is not an option given the rapidly escalating costs of health care in a time of financial constraints..."

Our Response:

Based on our analysis, the Institute saves less than \$300,000 on graduate student healthcare by implementing the proposed cuts (see Q17 of our [FAQ](#)). This is less than 0.04% of the Institute's annual operating revenue and well within the means of administrators' discretionary budgets. If Caltech aims to maintain a healthy community, cutting essential health benefits during a pandemic is not an option.

From the email:

"...but the Institute remains committed to bearing 80% of the premium costs."

Our Response:

This is a bare minimum commitment, consistent with basic norms and the Institute's legal obligations to provide affordable health insurance to its employees. Administrators have framed the Institute's 80% premium contribution as generous, when in reality, graduate programs at many of our peer institutions – including Harvard, UC Berkeley, Princeton, Yale, MIT, Duke, Columbia, USC, and UChicago – pay for 100% of the healthcare premium of their funded graduate students. The total cost of insurance plans paid by these universities are frequently 50% to 100% higher than the cost of Caltech's student health plan. Just as Caltech matches its peer institutions with its investment in science, so too must Caltech match its peer institutions by investing in its community (graduate students, postdocs, staff, and faculty).

From the email:

"We know that our decision may not satisfy everyone's individual wishes or needs, but it will be grounded in an effort to support the health and well-being of our community as a whole."

Our Response:

A critical lesson from the ongoing COVID crisis is that a community cannot be healthy unless all of its members are also healthy. Data from the 2019 GSC survey shows that over one-third of graduate students are already avoiding necessary healthcare due to expected costs. Women, graduate student parents, and students with chronic conditions face disproportionately high costs. The proposed healthcare cuts will not only worsen the health of our community overall, but also hurt our most vulnerable colleagues, many of whom are already struggling from the fallout of the COVID crisis. We have collected [stories](#) from some of these folks, which show that Caltech has already failed to "support the health and well-being" of many of our community members.

From the email:

"To that end, it is important to emphasize that throughout the process to review the student health plan, we have been working with members of the graduate student community to

understand their needs. The faculty health committee that is charged with reviewing available options and making recommendations to the Institute on such plans and services includes graduate student members. For more than a decade, graduate student participation on this committee has been important for shaping changes to the health insurance plan. In the present situation, the graduate student members clearly and forcefully advocated their positions—as they are expected to do in their role—and the perspective they brought to the discussion was invaluable in informing what plan features, such as preserving the copay amount and 25 copay-free mental health visits, were the most critical to maintain. We thank them and all the members of the community with whom they consulted for their feedback.”

Our Response:

From the outset, the health plan selection process has minimized, rather than encouraged graduate student participation. The Faculty’s Standing Health Committee included only two graduate students out of 14 members. Furthermore, the committee’s final proposal was not decided on by a vote on record involving the graduate student representatives. One concerned graduate student representative shared the proposed cuts with the greater student body. This action, which was considered unorthodox by the committee chair, resulted in many graduate students voicing their needs and concerns. However, the summary email about the committee's decision made zero mention of any opposition to the broader cuts.

Beyond the issues with the Faculty’s Standing Health Committee, Caltech administrators have failed to “*work with members of the graduate student community to understand their needs.*” During the April 2 GSC COVID-19 Town Hall, the majority of student questions involved the impending cuts to our health insurance benefits, but these questions received only cursory mention.

CAH then hosted a town hall to allow students to voice their concerns to Caltech administrators, but all of the administrators who were invited refused to attend, stating that they had no new information to share with us until after the cuts were finalized. CAH then decided to make the voice of the graduate student body heard in the form of a petition that ~ 42% of the graduate student body has signed. Only after sending this petition to administration have we received the response we are here critiquing. Our requests for a meeting have been ignored. Caltech administrators have not adequately engaged with graduate students during this process, especially those who will be most impacted by these cuts.

From the email:

“That said, financial decisions involving Institute resources are made by the Institute administration. The committee's recommendations serve as input for that decision, but the Institute bears the responsibility to act. At this point in the decision timeline, the Institute is assessing the information and recommendations put forward and is currently finalizing the plan that will be announced shortly. The timeline for this process has been established to ensure that Caltech has a health insurance plan in place for its graduate student community in the fall. “

Our Response:

Here, the 'decision timeline', which has not been clearly communicated, is being used as an excuse to continue to ignore graduate student concerns. We disagree with the implication that the time for graduate student input has passed. The lack of transparency and democratic decision-making has clearly failed to address graduate student concerns, as evidenced by the support for this petition. The administration has failed to adapt their decision timeline to the scope of concerns put forth by graduate students.

While we recognize that graduate student healthcare is a financial decision for the Institute, **we emphasize that there is nothing more vital than healthcare in a pandemic.** Caltech's massive budgets and revenues afford it a financial flexibility far greater than anything any of its community members could possibly have. We reject the notion that the most vulnerable members of our community should bear the brunt of Caltech's financial planning, and instead call on the Institute's to plan its finances in a way that protects its at-risk community members.

From the email:

"When we have additional information about next year's premiums and cost-sharing, the Graduate Studies Office will provide this information to the graduate student community. At that time, the Graduate Studies Office would be open to hosting a forum to address remaining questions and to help bring greater awareness about the services, emergency funds, and support systems we have in place to further aid graduate students during challenging times."

Our Response:

Any additional information from Caltech administrators would come only after the cuts are finalized, far too late for those students who will be adversely affected by Caltech administrators' decisions. Although previous requests to meet have been ignored, CAH continues to request a meeting with Caltech administrators to discuss how these cuts will hurt the graduate student community at Caltech *before* the cuts happen.

Furthermore, the emergency fund is not a substitute for high quality, affordable healthcare. From concerns over the amount of the remaining funds in the wake of COVID-19 to fundamental issues of privacy, as well as the inherent delays in reimbursement, the emergency fund is at best an inadequate solution to a major problem with our health benefits (see Q7 of our [FAQ](#)).

From the email:

"In its response to COVID-19, the Institute's administration has maintained a strong commitment to supporting the community: from providing continuous employment to maintaining its commitment to increase graduate students' stipends by \$1,500 for the next academic year while every other sector of the Institute community is forgoing annual salary increases."

Our Response:

The stipend increase was intended to allow graduate students to cope with rising housing costs over the past several years, as was recommended by the GSC last fall. The stipend increase, which was decided before the healthcare committee even convened, was not intended to cope with an increase in healthcare costs for the 2020-2021 academic year. Furthermore, as a blanket increase, a stipend increase does not address the variations in healthcare use amongst graduate students (see Q15 of our [FAQ](#)).

Caltech must support its graduate students, if they are to produce research for the Institute, hence the need for “continuous employment.” The decision to increase the graduate student stipend was made independently of the decision to freeze salaries, and it has nothing to do with healthcare. Ultimately, the Institute is far better positioned to absorb rising costs and should do so rather than passing these costs down to its community.

From the email:

These actions have required sacrifices for individuals and the community overall; these are truly challenging times and we expect that they will continue to demand prudent decision-making and a continuous state of change in the months and year ahead.”

Our Response:

Going forward, we hope Caltech’s decision-making reflects the two points at the heart of our petition: the Institute’s imperative (1) to protect the well-being of its community and (2) to involve its community members heavily in decision-making processes that affect them. As pressure mounts to prematurely reopen states across the country, an undeniable public health hazard, we call on Caltech to make decisions that protect its community against abuse, exploitation, and medical and financial disaster.

Full Email from Caltech Administrators (5th May 2020):

"Dear Dawna Bagherian and Ollie Stephenson,

We appreciate the effort you and your colleagues have made to gather feedback from graduate students and the community regarding health insurance needs. In the best of times, modifications to health plans, especially with higher costs, are not popular. In the midst of a healthcare crisis, we understand that these conversations can raise even greater questions and concerns.

We recognize that graduate students would prefer to not have any alterations to their health care plan for the 2020-21 academic term. This is not an option given the rapidly escalating costs of health care in a time of financial constraints, but the Institute remains committed to bearing 80% of the premium costs. We know that our decision may not satisfy everyone's individual wishes or needs, but it will be grounded in an effort to support the health and well-being of our community as a whole.

To that end, it is important to emphasize that throughout the process to review the student health plan, we have been working with members of the graduate student community to understand their needs. The faculty health committee that is charged with reviewing available options and making recommendations to the Institute on such plans and services includes graduate student members. For more than a decade, graduate student participation on this committee has been important for shaping changes to the health insurance plan. In the present situation, the graduate student members clearly and forcefully advocated their positions—as they are expected to do in their role—and the perspective they brought to the discussion was invaluable in informing what plan features, such as preserving the copay amount and 25 copay-free mental health visits, were the most critical to maintain. We thank them and all the members of the community with whom they consulted for their feedback.

That said, financial decisions involving Institute resources are made by the Institute administration. The committee's recommendations serve as input for that decision, but the Institute bears the responsibility to act. At this point in the decision timeline, the Institute is assessing the information and recommendations put forward and is currently finalizing the plan that will be announced shortly. The timeline for this process has been established to ensure that Caltech has a health insurance plan in place for its graduate student community in the fall.

When we have additional information about next year's premiums and cost-sharing, the Graduate Studies Office will provide this information to the graduate student community. At that time, the Graduate Studies Office would be open to hosting a forum to address remaining questions and to help bring greater awareness about the services, emergency funds, and support systems we have in place to further aid graduate students during challenging times

In its response to COVID-19, the Institute's administration has maintained a strong commitment to supporting the community: from providing continuous employment to maintaining its commitment to increase graduate students' stipends by \$1,500 for the next academic year while every other sector of the Institute community is forgoing annual salary increases. These actions have required sacrifices for individuals and the community overall; these are truly challenging times and we expect that they will continue to demand prudent decision-making and a continuous state of change in the months and year ahead.

*Sincerely,
Douglas C. Rees
Dean of Graduate Studies*

*Joseph E. Shepherd
Vice President for Student Affairs*

*David A. Tirrell
Provost*

*Thomas F. Rosenbaum
President"*