Misplaced Priorities:

How a Staffing Crisis at the University of California Undermines Public Health, Research, and Education

University Professional and Technical Employees

upte.org

UPTE
CWA 9119

Table of Contents

Introduction

Overview

Frontline staff across the University of California (UC) system endure a long-standing staffing crisis, while the university flaunts billions in liquid capital, resulting in care deficiencies and slowed research. As California's third-largest employer, UC shapes market standards and generates $82 billion in annual economic activity.[1] Given their enormous ability to influence the lives of every Californian, UC must do better.

UC employs a broad range of workers who support and advance life-saving healthcare, cutting-edge research, and the top-tier education that UC offers, twenty thousand of whom are represented by the union University Professional and Technical Employees (UPTE-CWA 9119).

This includes research employees working on solutions to climate change, zoonotic viruses like bird flu, and cancer treatments while also maintaining UC's research labs and animal populations, and more.[2] Mental health clinicians treat students at campus health centers and vulnerable patients, including those at high risk for self-harm and suicide, at UC Medical Centers and clinics. Nurse case managers help patients navigate care from the moment they walk into an ER or are admitted to the hospital, up through their discharge planning, insurance issues, and continuing care.

So why have sixty percent of UPTE-represented employees worked at UC for less than 5 years, including key roles like Nurse Case Managers, Research Associates, and Mental Health Clinicians?[3]

Percentages of full-time employees with less than 5 years of service by campus and job title	*UCD*	*UCI*	*UCLA*	*UCSD*	*UCSF*
Nurse Case Managers	48%	69%	64%	57%	43%
Mental Health Clinicians	62%	69%	67%	70%	64%
Staff Research Associates	51%	60%	64%	72%	73%
Clinical Research Coordinators	67%	83%	75%	74%	86%
Lab Assistants	78%	85%	90%	97%	53%

1. *UC Economic Impact January 2021*.
2. *https://ucnet.universityofcalifornia.edu/job/class-i-sciences-laboratory-and-allied-services/laboratory-assistant/.*
3. *UPTE Employee Rosters January, February, March 2025.*

This turnover unfolds against the backdrop of California's mental health crisis, with children's hospitals reporting dramatic surges in youth mental health emergencies.[4] At the same time, suicides among Black youth increased by 144% from 2007 to 2020—the fastest-growing rate.[5] Meanwhile, emergency departments across California are being overwhelmed, as some of the state's largest hospitals are turning away more than half of transfer requests; patients who are accepted often wait days in hallways before being admitted.[6]

It is more important than ever that UC—the second-largest provider of Medi-Cal hospital services by inpatient volume,[7] behind only Kaiser—focus on investing in adequate staffing levels to be able to deliver the quality patient care, research, and education California relies on.

The Staffing Crisis is Detailed by UC Leadership and the Data

> *"...we haven't been able to fill the vacancies across the system,"* and *"[t]hat is beginning to emerge as a risk factor for us, as a university, as a system."*
>
> **Jo Mackness**
> **Fmr. Staff Advisor to the Regents**

UC's leadership admits that high vacancies put patients, students, and staff at risk. Former Staff Advisor to the Regents, Jo Mackness, outlined the ongoing issue in 2022, saying *"[o]ne of the areas where we save money is we haven't spent as much money on compensation, largely because we haven't been able to fill the vacancies across the system,"* and *"[t]hat is beginning to emerge as a risk factor for us, as a university, as a system."*[8]

While UC spokespeople deny a staffing crisis, leadership has acknowledged high vacancies and recruitment issues for years.[9] UC's CFO, Nathan Brostrom, admitted during a Regents meeting in 2023 that vacancy rates statewide are three times what they were pre-pandemic, and *"that is not a good thing for the staff experience, faculty experience or student experience."*[10]

Former Staff Advisor Mackness reported to the Regents in 2022 that it is *"increasingly difficult to hire needed employees, and this should be a reason for offering larger salary increases."* She suggests that the University *"should try to find additional funds to increase the salary rates and consider other ways to deliver value to staff, such as tuition reimbursement for dependents of UC staff."*[11]

UC reported in 2021 that *"[s]taff salaries tend to lag behind comparable market positions, and the lack of increases beyond inflation could affect staff satisfaction and turnover."*[12] Further, over the past ten years, UC admits that employees *"are contributing more to their health care costs and to the UC retirement system, putting downward pressure on the competitiveness of UC's total compensation compared with the regional labor markets where University centers are located."*[13]

4. https://calmatters.org/series/california-mental-health/.
5. https://medicine.yale.edu/news-article/youth-suicide-is-on-the-rise-yale-aims-to-save-lives/.
6. https://www.latimes.com/california/story/2023-05-28/patients-agonizing-waits-hospital-transfers; https://www.cbs8.com/article/news/local/working-for-you/uc-san-diego-health-boarding-patients-la-jolla-er/509-abc9e46f-6121-4b6e-b134- 788d2678768b#:~:text=The%20nurses%20said%20patients%20can,to%20the%20La%20Jolla%20hospital.
7. https://health.universityofcalifornia.edu/sites/default/files/2024-04/uc-health-fact-sheet-web.pdf.
8. https://regents.universityofcalifornia.edu/minutes/2022/fin11.pdf.
9. https://www.latimes.com/business/story/2025-02-26/uc-upte-healthcare-research-worker-strike.
10. https://afscme3299.org/wp-content/uploads/2023/05/Screen-Recording-2023-05-05-at-1.53.19-PM.mov.
11. https://regents.universityofcalifornia.edu/minutes/2022/fin11.pdf.
12. https://accountability.universityofcalifornia.edu/2021/documents/pdfs/acct-2021-ch-06.pdf.
13. Ibid.

Additional evidence demonstrating UC's failure to provide competitive total compensation, among other issues, was revealed when UC commissioned a literature review and survey through the **UC-CORO Systemwide Leadership Collaborative (CORO)** in 2021. Pulse surveys of UC managers and supervisors identified compensation levels as *"the primary driver of UC employee retention struggles."* Managers surveyed expressed that *"salaries are too low to be competitive, particularly when combined with the rising cost of living and a less compelling benefits package than was offered by UC before 2013."*[14]

Current UPTE wage data from UPTE Research (RX) and Technical (TX) bargaining units illustrate what CORO surveys reported. Thirty percent of the RX unit (1,928 employees) earn less than $30 per hour, and 69 employees earn less than $25 per hour. UPTE's most populated research titles, such as Staff Research Associate and Clinical Research Coordinator, earn wages on average between 17% to 28% below market.[15] For the TX unit, 40% (2,090 employees) earn less than $30 per hour, while 21% of the unit (1,085 employees) earn less than $25 per hour. Of the full-time employees in the TX unit, 606—over 15%—earn less than $25 per hour, with an average of just $22.7 per hour. Depending on the individual's marital and working status and number of children, the average wage ranges between 23% and 264% below the living wage in California for all categories except two working adults with no children.[16]

The CORO surveys also revealed a weak reclassification system in which managers and supervisors *"emphasized the need for process improvement, especially given the lengthy processes and weak support mechanisms for internal promotion and reclassification."*[17] Managers and supervisors also identified internal inequities in the application of employee benefits. For example, surveys revealed that *"...remote work is preferred by many employees; however, there is inequity in how departments are able to accommodate flex work arrangements. Establishing long-term policies around flexibility could improve recruiting and retention, while inconsistent policies create confusion."*[18]

While the CORO report surveyed workforce conditions and made recommendations in 2021, the Council of UC Staff Assemblies (CUCSA), in conjunction with the UC Office of the President (UCOP), examined in 2023 what progress UC had made in implementing those recommendations. CUCSA's surveys found that still more focus was needed on enhancing employee benefits as part of a total compensation review to address poor staff retention.

14. *www.ucop.edu/human-resources/systemwide-leadership-collaborative/2021_forms/uc-coro_southern_2021_report.pdf.*
15. *UPTE market equities comparisons.*
16. *https://livingwage.mit.edu/states/06.*
17. *https://www.ucop.edu/human-resources/systemwide-leadership-collaborative/2021_forms/uc-coro_southern_2021_report.pdf.*
18. *Ibid.*

UC Exacerbates Its Staffing Crisis by Instituting a Hiring Freeze

UC exacerbated the staffing crisis by instituting a systemwide hiring freeze on March 19, 2025, citing potential NIH funding cuts and state budget reductions. However, on March 5th, a federal judge preliminarily enjoined NIH from capping funding for indirect research costs, and on April 4, 2025, converted this into a permanent injunction.[19]

State funding cuts for the next fiscal year appear to be increasingly unlikely, as a majority of the California State Legislature recently expressed skepticism or opposition to decreasing UC's funding.[20] In fact, the State Legislative Analyst's Office reports that, even if cuts were to be implemented, UC's total core funding would remain basically flat.[21]

"UC emerged from the COVID-19 hiring freeze by announcing robust financials, and proceeded to acquire or start construction on nearly a dozen hospitals in a 12-month window. As our system's referral base has increased, our staffing has not kept pace with the increased patient volume.

I recently saw a patient for idiopathic sudden sensorineural hearing loss who was unable to obtain an appointment for weeks for a condition that can easily be treated if recognized and treated with steroids early. I have had to tell far too many patients in the last few years that their delays in obtaining diagnostic testing and care negatively impacted their chances at recovery. How much longer can UC turn a blind eye or deaf ear to these issues?"

Matt Stephen
Sr. Physician Assistant, UC San Francisco
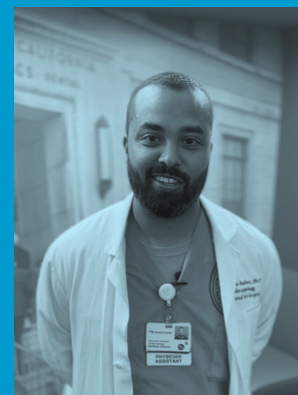
Case Study: UC's Staffing Crisis and Its Impacts on Healthcare

UC Plays a Critical Role in California's Health Infrastructure

UC Health provides 10 million outpatient visits and 1.23 million inpatient days annually.[22] Despite operating less than 6% of the non-federal, short-term, acute care hospital beds in California, UC's academic health centers are the second-largest provider of Medi-Cal hospital services by most measures.[23]

UC Health's contributions to direct community health improvement totaled 21% of spending by all nonprofit California hospitals in aggregate. UC Health contributed 40% of the aggregate in health professional education, 31% of research, and 26% of uncompensated Medi-Cal hospital care among California non-profit hospitals.[24]

19. www.highereddive.com/news/judge-permanently-blocks-nihs-plan-to-cap-funding-setting-up-appeals-batt/744647/#:~:text=Research%20universities%20won%20an%20extended,cost%20institutions%20billions%20a%20year.
20. https://lao.ca.gov/Publications/Report/4998#:~:text=Under%20the%202025%E2%80%9126%20budget,comes%20from%20various%20other%20sources.
21. Ibid.
22. https://health.universityofcalifornia.edu/sites/default/files/2024-04/uc-health-fact-sheet-web.pdf.
23. https://health.universityofcalifornia.edu/about-us/our-commitment-medi-cal.
24. https://health.universityofcalifornia.edu/sites/default/files/2024-10/uc-health-community-benefits-report-2022-2023.pdf.

Most UC Medical Centers serve as anchor institutions in their community, and UC Health derives significant financial benefits from its "public hospital" designation.

Delayed access to care has serious consequences, as shown by recent San Francisco Standard reporting of a patient who waited 52 hours in the ER and was paralyzed by the time she saw a doctor.[25]

Data Shows the Consequences of the Crisis, and UC Knows It

UC publicly denies a staffing crisis, claiming adjustments based on operational needs and research grants, yet reports and statistics suggest otherwise.[26] Statements by the Regents and UC Medical Center leadership, as well as alarming emergency department statistics, paint a different picture, in which patient access and care are jeopardized.

The Regents have expressed concern about *"overcrowding in emergency departments at UC medical centers and increasing patient wait times,"*[27] and UC Davis Medical Center's Chief Medical Officer, Dr. Douglas Kirk, admitted in 2023 that they run *"over 100% occupancy essentially every day of the week."*[28] Executive Vice President of UC Health Rubin acknowledged that *"UC Health could not tolerate these continued challenges for inpatient access."*[29]

Instead of addressing recruitment and retention issues, EVP Rubin said UC's solution was acquiring more hospitals and community physician affiliations.[30] Addressing long-standing below-market compensation and weak reclassification procedures to facilitate better staff recruitment and retention for existing hospitals was not an option offered to the Regents.[31]

UC Medical Centers report poor performance scores on many quality-of-care metrics, including ambulance diversion hours, average length of patient stay once admitted, denied transfer requests, emergency department departure prior to admission, and bloodstream infections.

> *"Chronic understaffing is not only causing staff burnout and turnover, but it's also eroding patient care. We see patients in the ED waiting days for an available bed. Sometimes they are in gurneys and chairs lining the hallways. We are experiencing increased pressure to expedite discharges, but no increased staffing to support that demand. This goes for rehab, dietitians, social workers, case managers, pharmacists, clinical lab scientists, and more. In the outpatient setting, wait times for follow-up care are longer than ever before. This contributes to readmissions to the ED, which only exacerbates the inpatient issues. If UC continues to chronically understaff their hospitals, these issues will worsen."*

Liz Beaton
RN Case Manager, UCI

25. https://sfstandard.com/2025/03/10/ucsf-emergency-wait-times/.
26. https://www.latimes.com/business/story/2025-02-26/uc-upte-healthcare-research-worker-strike.
27. https://regents.universityofcalifornia.edu/minutes/2024/hs2.pdf.
28. https://www.latimes.com/california/story/2023-05-28/patients-agonizing-waits-hospital-transfers.
29. https://regents.universityofcalifornia.edu/minutes/2024/hs2.pdf.
30. Ibid.
31. Ibid.

- From 2019 to 2023, UCLA Santa Monica ED saw a 254% increase in ambulance diversion hours and 15% fewer FTEs, with patient wait times 48 minutes longer than the state average.[32]
- UCSF's average length of patient stay (ALOS) increased by up to 40% between 2018 and 2023 and is 60% higher than the state average.[33] An increased ALOS may indicate "inefficiencies or complications in patient care."[34]
- At UCSD-Hillcrest in 2023, 5.6% of ER patients left without being seen—an increase from 4.1% in 2019—and more than twice as high as the state average of 2.6%.[35]
- UCSF declined 41% of transfer requests from other hospitals in 2022, and UCD declined 57% in 2023. Transfer requests that are denied create delays that can put patients at higher risk of complications and hinder day-to-day life for patients.[36]
- UCSD nurses report patient wait times of up to 7 hours in the ER, and a 3- to 5-day wait sitting in conference rooms or hallways before being admitted.[37]
- UC Medical Centers experience, on average, 50% to 250% more Medicare patients who leave the emergency department (ED) before being seen than the state and national averages. In addition, average wait times before leaving the ED range from 25% to 65% more than the state and national averages.[38]

Medicare patients (2023)					
Hospital	*% Patients who leave the emergency department before being seen*	*> State & National*	*Wait time before leaving the ED (min)*	*>State*	*>Nat'l*
UCSF	5%	150%	258	25.2%	35.1%
UCLA Ronald Regan	7%	250%	326	58.3%	70.7%
UCSD Hillcrest	4%	100%	314	52.4%	64.4%
UC Davis	3%	50%	340	65%	78%
California	2%	*n/a*	206	*n/a*	*n/a*
National	2%	*n/a*	191	*n/a*	*n/a*

Healthcare worker burnout is correlated with increases in two different types of bloodstream infections in patients.[39] Bloodstream infections are among the most serious health care-associated infections and can lead to death, longer hospital stays, and additional costs.[40] UC Medical Centers report more bloodstream infections than the state average in most cases.[41]

32. https://www.medicare.gov/care-compare/details/hospital/050112?city=Santa%20Monica&state=CA&zipcode=&measure=hospital-timely-and-effective-care.
33. UCSF's audited Annual Financial Reports for respective years. Reports were accessed from the HCAI. SIERA database (https://reports.siera.hcai.ca.gov/) on October 28, 2024.
34. https://evidence.care/understanding-gmlos-and-alos/.
35. Annual Hospital Utilization data filed with CHHS (https://data.chhs.ca.gov/dataset/hospital-annual-utilization-report) (Pivot profiles) for respective years.
36. https://www.latimes.com/california/story/2023-05-28/patients-agonizing-waits-hospital-transfers.
37. Ibid.; https://www.cbs8.com/article/news/local/working-for-you/uc-san-diego-health-boarding-patients-la-jolla-er/509-abc9e46f-6121-4b6e-b134-
   -788d2678768b#:~:text=The%20nurses%20said%20patients%20can,to%20the%20La%20Jolla%20hospital.
38. www.medicare.gov/care-compare/results?
   searchType=Hospital&page=1&query=ucsf&city=San%20Francisco&state=CA&zipcode=&radius=25&sort=closest&tealiumEventAction=Landing%20Page%20-
   %20Search&tealiumSearchLocation=search%20bar.
39. https://pmc.ncbi.nlm.nih.gov/articles/PMC10523533/.
40. https://pmc.ncbi.nlm.nih.gov/articles/PMC11432735/.
41. Ronald Reagan; UCLA Santa Monica; UCI; UCLA Olive View; UCDavis; UCSD Hillcrest; UCSF Med Ctr; UCSD Jacobs.

Number of Antibiotic-resistant Bloodstream Infections		
	*MRSA**	*VRE***
State Average	1	0.4
UCD Medical Center	2.15	0.7
UCLA Ronald Regan	0.61	3.06
UCLA Santa Monica	1.28	0.43
UCLA Olive View	2.17	0.82
UCSF Parnassus	0.64	1.31
UCSD Hillcrest	1.63	0.89
UCSD Jacobs	1.63	1.39
UC Irvine Health	0.62	0.85

*MRSA = Methicillin-resistant Staphylococcus aureus
**VRE = Vancomycin-resistant Enterococci

Case Study: UC's Staffing Crisis is Crippling its Mental Health Services

UC's Mental Health Workforce is Suffering from Burnout and High Turnover

UC Health is a major provider of mental health services. Through innovative partnerships with community groups and municipalities across the State, UC's mental health professionals treat and provide comprehensive services to California's most vulnerable populations. UC students and California residents—who grapple with depression, anxiety, sexual assault, stress, and even the risk of suicidality—need qualified, easily accessible, and professional mental health support. Delays in care can lead to hospitalization or even death.

For example, a student died by suicide on the UCD campus in April 2024.[42] Mental health counselor **Jon de Paul Dunbar** remembered how, *"it rocked our campus to the core,"*[43] while calling on more retention and staffing of mental health staff.

42. https://www.davisenterprise.com/news/ucd-students-death-ruled-a-suicide/article_638ce87a-0737-11ef-82df-23110dff83d4.html.
43. https://www.instagram.com/p/C_hEAqwRmxI/

Student suicide is a well-documented concern across campuses, with as many as 92 deaths statewide reported in a ten-year-period.[44] As there was no systemwide UC protocol in place for collecting suicide data as recently as 2019, it is possible that the real number of student deaths by suicide is even higher.[45]

Nearly one in seven California adults experiences mental illness, and one in 26 has a serious mental illness that interferes with daily activities.[46] One in 14 children has an emotional disturbance that "limits functioning in family, school, or community activities."[47]

While the increase in demand and acuity of illness pushes clinics and hospitals to capacity, UC is unable to retain its mental and behavioral workforce beyond short-term employment, with between 45% and 75% (depending on the campus) having worked at UC for less than five years. The average tenure for individuals working in mental health titles is 4.93 years, and the median is 2.84 years, compared to an average tenure of eight years at Kaiser Permanente (Southern California).[48]

At Counseling and Psychological Services (CAPS) for students on campuses, more than 65% of counselors have worked for less than five years. Seven of 10 campus CAPS centers had vacancy rates for counselors in 2023 between 19 and 37%. According to the 2024 Annual Report on Student Health and Counseling & UC Student Health and Insurance Plan at CAPS, *"[t]here has continued to be reliance on off-campus services during the resolving pandemic, and provider vacancy rates have adversely affected clinical capacity."*[49]

By its own assessment in 2022, UC's CAPS system, *"is funded to provide triage, demand management, and a short-term treatment model, not long-term care. At this level one would expect longer wait times; a larger timespan between treatment appointments (monthly appointments are common versus weekly treatment), and a high level of referrals for off-campus treatment to support longer-term, acute, and specialty care."*[50]

Although UC tracks systemwide utilization for campus mental health services to students, no data are made publicly available relating to the impact of recruitment and retention issues and high, long-term vacancies on mental health outcomes for students or hospital- and clinic-based patients.[51]

44. https://theaggie.org/2019/11/04/uc-davis-has-seen-20-deaths-by-suicide-over-the-past-decade-but-that-number-doesnt-tell-the-whole-story/.
45. Ibid.
46. https://www.chcf.org/publication/mental-health-california-almanac/.
47. Ibid.
48. https://about.kaiserpermanente.org/who-we-are/labor-relations/nuhw-bargaining/nuhw-fact-sheets/setting-the-record-straight-on-nuhws-false-claims.
49. https://regents.universityofcalifornia.edu/regmeet/feb24/h2attach1.pdf.
50. https://regents.universityofcalifornia.edu/regmeet/feb22/h3.pdf.
51. https://lao.ca.gov/Publications/Report/4481.

UC Unable to Recruit for Campus Mobile Crisis Teams

Campus Mobile Crisis Teams (CMCTs) provide crisis response services to all members of the on-campus community, with a particular focus on providing support to the unique needs of our student population. Mobile crisis teams are trained in crisis intervention and de-escalation to provide student-friendly wellness checks and mental health care coordination.[52] Although there are currently mobile crisis teams at four campuses—UCSC, UCB, UCSD, and UCR[53]—other campuses, including UCLA, have tried to stand up teams only to find that they cannot recruit qualified professionals. In the absence of CMCTs, police become involved and must detain persons evaluated to be a danger to others or themselves,[54] sometimes resulting in the use of force, including tasers, pain compliance techniques, control holds, and take downs.[55]

"As therapists, we have seen a sharp increase in student demand for one-on-one mental health services. The average student is feeling the pressure of increasingly crowded campuses, and I often hear stories of students feeling like 'just a number' in the UC system.

Students need support, to be and feel seen. They are especially asking for identity and cultural matches, a therapist who shares their background or speaks their native language. Consequently, therapists of color like me are swamped with requests for care.

Our crisis response team is still not up and running, despite two years of recruitment efforts. Recently, a student was transferred to my caseload while their therapist was out, and it still took them two weeks to be seen due to our limited availability. Unfortunately, I was out the day they were scheduled to start services with me, and as a result, the student had to be hospitalized for their own safety the next day.

Scenarios like this—
of moderate mental health concerns spiraling into
full-blown suicidal ideation in the absence of care—
will only continue to increase without a committed
effort to hire more therapists."

Juliana Carranza
Clinical Social Worker 3, UC Los Angeles

52. https://caps.ucsc.edu/mobile-team/index.html.
53. Ibid; https://crisisresponse.berkeley.edu; https://swift.ucr.edu; https://tritoncore.ucsd.edu/.
54. https://lapdonlinestrgeacc.blob.core.usgovcloudapi.net/lapdonlinemedia/2021/09/MENTAL-EVALUATIOMENTAL-HEALTH-INTERVENTION-TRAINING-RESOURCE-GUIDE.pdf
55. https://police.ucsc.edu/report/policies/use-of-force.html.

Case Study: How UC's Staffing Crisis Slows the Pace of Crucial Research

UC is a Research Powerhouse

In 2023, UC received $3.84 billion in federal research funding and $1.39 billion for Department of Energy operations.[56] In the same year, UC researchers conducted 8.9% of all academic research in the U.S.,[57] and UCSF received the most research funding from NIH among public universities.[58] UCSF faculty have founded over 240 companies with an aggregate value of more than $165 billion[59]—and partnerships with pharmaceutical and biotechnology giants such as Thermo-Fisher Scientific, Amgen, GlaxoSmithKline, and Gilead.[60]

UC Health is currently running 4,600 clinical trials investigating potential treatments for more than 2,400 conditions, including cancer and cardiovascular diseases.[61] UC also conducts important biomonitoring of and testing for zoonotic diseases such as highly pathogenic avian influenza, or bird flu, at the California Animal Health and Food Safety (CAHFS) Laboratory at UC Davis.[62] Despite the importance of their mission, research staff in laboratories like CAHFS report chronic short staffing driven by high turnover and problems recruiting for vacant positions.

> *"The reality for research staff like me is that the pay is low, turnover is high, and we're constantly needing to find ways to get work done with fewer people than the work really needs. We rely on volunteer hours by undergrad or graduate students in order to keep the research going forward.*
>
> *Our research focuses on substance and alcohol use disorders. With more people in the lab, I can only imagine how much faster we could produce results and help the millions of people—many of whom are right here in California—who are struggling with substance or alcohol dependency. We are barely keeping up with the expected rate of enrollment for our main study and we are hoping to ramp up 2-4 more projects in 2025 alone. If our staffing remains the same or worse, gets cut, our only options will be to postpone some major studies or massively slow down research velocity across the board."*
>
> **Sam Weiller**
> Staff Research Associate 2, UC Berkeley

56. https://www.ucop.edu/federal-governmental-relations/_files/fact-sheets/uc-and-the-federal-government-factsheet-final.pdf.
57. Ibid.
58. UCSF NIH Funding.
59. https://innovation.ucsf.edu/silicon-valley-supports-ucsfs-innovation
60. GSK and UC; UC and Amgen Scholars UCB Public Health and Gilead; UCSF and Thermo-Fisher
61. https://health.universityofcalifornia.edu/research/clinical-trials
62. https://cahfs.vetmed.ucdavis.edu/#:~:text=How%20CAHFS%20is%20responding%20to,partnerships%20and%20full%20statement%20here.

Short Staffing in Two Critical University of California Research Facilities Affects Health and Safety

During a critical moment in the state's 2024-25 efforts to contain avian influenza (H5N1), the California Animal Health and Food Safety Laboratory at UC Davis saw all but two of seven staff quit. CAHFS is vital to the state's ability to track and prevent H5N1 influenza by testing cattle and poultry farms.[63] This severe staff shortage threatened bird flu testing across the entire west coast. Workers have recently reported repetitive motion injuries, and workplace issues persist from discontent over staffing, pay and unsustainable workloads. All of these conditions are corroborated by years of documented communications from workers in which these concerns are raised, but not addressed by UC Davis leadership.[64]

According to staff, long hours and no backup have increased the likelihood of human errors leading to unreliable tests and could result in potentially tragic consequences in which animals are euthanized unnecessarily, or the virus spreads undetected.[65] The crisis at CAHFS led to national press coverage, including the Sunday edition of the *Los Angeles Times*[66] and *The Washington Post*.[67]

Chronic short staffing has also affected the safety of clinical trials at UCSD Moores Cancer Center. Fifty-five percent of Clinical Research Coordinators have worked at the Center for less than two years—leading to potential safety concerns for patients in clinical trials as documented in the *San Diego Tribune*.[68] According to staff, wage disparities as a result of systemic title misclassification are to blame for high turnover rates and low morale that are threatening patients' abilities to enroll in cancer trials.[69]

Conclusion

UC Has The Money to Address the Staffing Crisis They Created

It is well-documented that even when facing financial turbulence, UC has the ability to quickly improve its core budget capacity by generating additional discretionary revenue through multiple strategies.[70] For example, during the pandemic, UC spent down approximately $1.3 billion in the Blue and Gold Endowment Pool (BGEP)—a low-cost, liquid, and diversified investment vehicle that annually generates millions of dollars of discretionary revenue. After spending the balance down to zero,[71] UC was able to increase the balance through investment returns by $3.8 billion in four years.[72]

63. https://cahfs.vetmed.ucdavis.edu/news-events/how-cahfs-responding-rise-h5n1.
64. https://www.latimes.com/california/newsletter/2024-12-02/bird-flu-lab-workers-concerns-essential-california.
65. Ibid.
66. Ibid.
67. https://www.washingtonpost.com/business/2025/02/19/bird-flu-california-lab-strike/.
68. https://www.sandiegouniontribune.com/2023/06/29/moores-cancer-center-workers-say-wage-practices-affecting-clinical-trial-operations/.
69. Ibid.
70. https://lao.ca.gov/Publications/Report/4998.
71. https://regents.universityofcalifornia.edu/regmeet/mar25/i1.pdf.
72. https://regents.universityofcalifornia.edu/governance/policies/6110.html; https://regents.universityofcalifornia.edu/regmeet/nov18/i2.pdf, https://www.ucop.edu/investment-office/annual-report-240923_ucar24_final.pdf.

Larry Summers—the former President of Harvard University— has pointed out that one of the functions of endowments "*is to be drawn down in the face of emergencies, and covering federal funding lapses surely counts as one...believe me when I say that ways can be found in an emergency to deploy even parts of the endowment that have been earmarked for specific use by donors.*"[73] UC currently holds over $41 billion in endowments.[74]

Additionally, UC's management staff grew by 42.5%, while the number of frontline professional and support staff increased by only 18.6% in the past five years.[75] The University plans to spend $30 billion on land acquisition and capital projects in the next six years[76] and is sitting on $26.2 billion in liquid capital,[77] all while frontline workers are expected to do more with less. Do these choices reflect the expectations we have for such an important public institution?

UC's New President Must Take Action

"UC should not cower to the threats coming out of DC. It has abundant resources and must set an example of what strong public institutions should be. UC's duty is to always prioritize the real patients, students, and people of California. We are calling on UC to engage in meaningful bargaining with us and end this hiring freeze, which is only going to make the growing staffing crisis worse."

Dan Russell, UPTE President
Business Technical Support Analyst, UC Berkeley

It's time for UC leadership to live up to UC's stated values, the first of which is Accountability. At the end of the current school year, UC President Drake will retire, and the UC Regents will have the opportunity to select a UC President who will embody true leadership by putting Californians first and bringing the staffing crisis to an end.

Staffing levels cannot afford further deterioration while executives prioritize investment returns and market share over the public good. The next UC President must break from the status quo and choose instead to safeguard the future of patient care, research, and education for generations to come.

73. https://www.nytimes.com/2025/04/03/opinion/larry-summers-harvard-trump.html
74. https://www.ucop.edu/investment-office/investment-reports/annual-reports/annual-endowment-report-fy-2023-2024.pdf.
75. https://www.universityofcalifornia.edu/about-us/information-center/employee-fte.
76. https://www.ucop.edu/capital-planning/2023-29-cfp-web-update.pdf.
77. UC Medical Centers Annual Report, Cash; UC Working Capital Report 2024.