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**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
SAN FRANCISCO DIVISION**

THE REGENTS OF THE UNIVERSITY OF
CALIFORNIA and JANET NAPOLITANO,
in her official capacity as President of the
University of California,

Plaintiffs,

v.

U.S. DEPARTMENT OF HOMELAND
SECURITY and ELAINE DUKE, in her
official capacity as Acting Secretary of the
Department of Homeland Security,

Defendants.

CASE NO. 17-CV-05211-WHA

DECLARATION OF DR. JOHN D. STOBO

STATE OF CALIFORNIA, STATE OF
MAINE, STATE OF MARYLAND, and
STATE OF MINNESOTA,

Plaintiffs,

v.

U.S. DEPARTMENT OF HOMELAND
SECURITY, ELAINE DUKE, in her official
capacity as Acting Secretary of the Department
of Homeland Security, and the UNITED
STATES OF AMERICA,

Defendants.

CASE NO. 17-CV-05235-WHA

CITY OF SAN JOSE, a municipal corporation,

Plaintiffs,

v.

DONALD J. TRUMP, President of the United
States, in his official capacity, ELAINE C.
DUKE, in her official capacity, and the
UNITED STATES OF AMERICA,

Defendants.

CASE NO. 17-CV-05329-WHA

DULCE GARCIA, MIRIAM GONZALEZ
AVILA, SAUL JIMENEZ SUAREZ,
VIRIDIANA CHABOLLA MENDOZA,
NORMA RAMIREZ, and JIRAYUT
LATTHIVONGSKORN,

Plaintiffs,

v.

UNITED STATES OF AMERICA, DONALD
J. TRUMP, in his official capacity as President
of the United States, U.S. DEPARTMENT OF
HOMELAND SECURITY, and ELAINE
DUKE, in her official capacity as Acting
Secretary of Homeland Security,

Defendants.

CASE NO. 17-CV-05380-WHA

COUNTY OF SANTA CLARA and
SERVICE EMPLOYEES INTERNATIONAL
UNION LOCAL 521,

Plaintiffs,

v.

DONALD J. TRUMP, in his official capacity
as President of the United States, JEFFERSON
BEAUREGARD SESSIONS, in his official
capacity as Attorney General of the United
States; ELAINE DUKE, in her official
capacity as Acting Secretary of the Department
of Homeland Security; and U.S.
DEPARTMENT OF HOMELAND
SECURITY,

Defendants.

CASE NO. 17-CV-05813-WHA

1 I, JOHN D. STOBO, DECLARE:

2 1. I am Executive Vice President of University of California Health ("UC Health"). The
3 matters set forth herein are true and correct of my own personal knowledge and, if called as a witness, I
4 could and would testify competently thereto.

5 2. I have been a physician for over 40 years. Prior to joining the University of California, I
6 served as president at the University of Texas Medical branch from 1997 to 2007. Before that, I was the
7 William Osler Professor of Medicine and Physician-in-Chief of the Johns Hopkins Hospital. I am a
8 member of the Institute of Medicine, and I have held leadership positions in a wide variety of national
9 professional organizations, including the American Association of Professors of Medicine, the American
10 College of Rheumatology, the American Board of Internal Medicine and the American Board of Internal
11 Medicine Foundation.

12 3. I have been working at the University of California ("UC") since October 2008. I am
13 responsible for system-wide coordination and communication among UC's health sciences schools and
14 medical centers, collectively referred to as UC Health.

15 4. UC Health is the third largest healthcare provider in California, and has the nation's
16 largest health sciences educational system. UC Health educates over 50% of California physicians. I am
17 responsible for policy development for UC's health system, and I monitor the performance for the
18 system's 17 health sciences schools and 14 hospitals on five campuses.

19 5. UC Health's mission is to improve health and wellness and positively impact quality, cost
20 and access to healthcare in California. UC Health measures this impact in part through community
21 benefit: care for the under-insured and un-insured, education of medical professionals and future health
22 leaders and medical research. UC Health, as part of the University of California's public service
23 mission, aims to address the needs of all populations in California and educate a workforce that will be
24 able to effectively serve populations with limited or unequal access to healthcare.

25 6. The rescission of the Deferred Action for Childhood Arrivals ("DACA") policy threatens
26 our ability to achieve this mission. UC Health medical schools have at least twelve DACA recipients.
27 DACA recipients in UC's medical schools have unique potential to practice in critical geographic areas
28 and specialties that might otherwise remain underserved. Without the DACA policy, these students will

1 lose the employment authorization necessary to become medical residents and eventually practicing
2 doctors that California needs.

3 7. There is an acute shortage of doctors in certain areas of California, including rural areas,
4 the San Fernando Valley, and particular urban areas. The shortage is an issue across the U.S. and is
5 projected to worsen through 2030. The challenge is one of distribution; physicians tend to become
6 concentrated in more affluent areas and urban centers. There are also shortages of doctors in certain
7 critical specialties, such as general surgery, general psychiatry, and primary care. Producing more
8 doctors through larger classes or new medical schools will not alleviate these geographic and specialty
9 distribution issues across California.

10 8. UC Health is focused on creating a workforce of physicians to address this shortage and,
11 as such, carefully selects its entering classes to meet the anticipated healthcare needs of California in the
12 decades to come. Achieving our mission means ensuring the students in the class transition into
13 residency and then medical practice. For example, our Programs in Medical Education (“PRIME”)
14 program exemplifies the importance UC Health places on recruiting diverse and talented doctors
15 committed to serving communities that need them in California. PRIME’s purpose is to meet the needs
16 of California’s medically underserved populations in both rural communities and urban areas through
17 specialized training. The PRIME program started in 2004, and tailored versions of PRIME later rolled
18 out to every UC campus with a medical school. PRIME looks for medical school candidates who have
19 leadership qualities and are experienced with and committed to working with underserved populations.
20 The program combines specialized coursework, clinical experiences and mentoring in a tailored way
21 that prepares future physician leaders to provide care to specific underserved populations of nearby
22 regions. For example, the UC Irvine PRIME program focuses on the growing needs of California’s
23 Latino communities. The UC San Francisco and the UC Berkeley Joint Medical Program focus on urban
24 underserved population healthcare delivery.

25 9. The rescission of the DACA policy will impair UC Health’s efforts, such as PRIME, to
26 recruit and train doctors who are statistically more likely to serve the communities and the medical
27 specializations that California desperately needs. Research indicates that diverse doctors, like our DACA
28 students, are more likely to enter into specialties and practice in geographic regions with the greatest

1 shortage of physician services. A powerful indicator of where a medical student is likely to practice is
2 where they are from, so training exceptional students with ties to underserved areas increases the
3 likelihood that such areas will have more physicians in the future. Research also indicates that
4 physicians from minority populations are more effective in serving those same populations because of
5 improved engagement with patients. Improved healthcare delivery and outcomes drive down health
6 costs, improve community health, and increase the likelihood of economic success in that community.
7 Our DACA students are essential to achieving these powerful healthcare outcomes.

8 10. The rescission of the DACA policy is likely to prevent our DACA students from
9 completing, or even from starting, their residency training as physicians, since they will not be able to
10 work legally without employment authorization. The rescission of the DACA policy will therefore make
11 it more difficult for UC Health to deliver the kind of diverse next generation of physicians that UC
12 Health believes is critical for California.

13 11. I expect that the rescission of the DACA policy will also have an impact on patient care
14 in California's immigrant communities. Based on my experience, undocumented immigrants in general
15 are less likely to seek healthcare because they fear immigration enforcement at hospitals and healthcare
16 facilities. I believe this chilling effect would be particularly acute if our DACA medical students or
17 residents were also subject to immigration enforcement.

18 12. Moreover, the rescission of the DACA policy puts directly at risk UC Health's significant
19 investment of time and money into recruiting, retaining, and supporting its DACA-recipient students.
20 The tuition fees paid by a medical student cover less than half the cost of the student's education,
21 including residency. UC Health funds the remainder of the cost. UC Health will lose its significant
22 investment in each DACA student if that student is unable to finish school or become a practicing doctor
23 without DACA.

24 13. I am concerned that the rescission of the DACA program is likely to result in a higher
25 attrition rate for our DACA students. Medical students at UC Health are highly qualified, carefully
26 screened, and closely supported by each school. As a result, most students who start medical school at
27 UC also finish medical school; the attrition rate is otherwise quite low. However, the futility of
28 completing a medical degree without work authorization and incurring the significant debt that often

1 comes with that education and training increases the likelihood that our DACA students will not finish
2 medical school. If this occurs, both UC Health and the student will lose their investment in medical
3 training to date.

4 I declare under penalty of perjury under the laws of the United States that the foregoing is true
5 and correct.

6 Executed on October 26, 2017 in Oakland, California.

7
8 
9 JOHN D. STOBO