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August 10, 2011

Mr. Adam Kissel
Vice President of Programs
Foundation for Individual Rights in Education
601 Walnut Street, Suite 510
Philadelphia, PA 19106

Re: Curtis Allumbaugh

Dear Mr. Kissel:

This letter responds, in brief, to some of the issues raised in your August 3, 2011 letter to Chancellor Linda Katehi concerning UC Davis School of Medicine ("SOM") student, Curtis Allumbaugh.

In June 2009 Mr. Allumbaugh applied for admission to the SOM's Rural Program in Medicine ("Rural-PRIME"), which is a combined, five-year M.D. and Master's degree program that focuses on developing physicians who can become leaders and advocates for improving healthcare delivery throughout the state's smaller, more isolated communities. Rural-PRIME offers an innovative curriculum, beginning with the first year of medical school, and is specifically geared toward students from rural backgrounds that have a strong desire to make a difference in communities like the ones in which they were raised.

One portion of the application called for Mr. Allumbaugh to provide information about whether he had a disadvantaged childhood, to which he responded "yes" and explained:

I grew up in Fresno County, a medically underserved area. While the city of Fresno has limited specialty care, the surrounding rural areas such as my home town of Reedley and neighboring, predominantly Hispanic/Latino communities such as Dinuba, Parlier, and Orange Cove are grossly underserved, even in primary care. Since the area is largely rural farm land, a substantial proportion of the population is comprised of farm workers and other low income laborers. Many doctors see little reason to open a practice in such communities where the patients may struggle to feed their families, are often on government sponsored medical insurance, or are completely uninsured and can not [sic] afford the cost of care. Many of the clinics which have existed in the area have perpetually faced difficult financial times, especially in this faltering economy. Sadly, some of them have been forced to close their [sic] because of the inability to turn a profit

and remain a viable business, adding further burden to the already overextended health care facilities in the area. **My firsthand view of the gross inequalities in medicine, especially in lower income, rural areas such as my home has instilled in me a burning desire to medically serve similar communities to help alleviate the current disparities in healthcare.** (Emphasis added).

Mr. Allumbaugh's application also highlighted his research experiences at the Alta Family Health Clinic in Dinuba, California, which focused on the healthcare needs of rural, Hispanic/Latino and impoverished populations.

Based on that application, the SOM offered Mr. Allumbaugh a space in the incoming 2010 class in Rural-PRIME, which he accepted on June 2, 2010 (by signing the Statement of Intention to Register). Within approximately two weeks of confirming his intention to register in Rural-PRIME, he was expressing some reservations. He nonetheless reaffirmed to the Program Director Donald Hilty, M.D. (by email dated June 20, 2010) his "desire to serve underserved and rural populations," adding that he had decided to "keep an open mind for now and see how things play out." On the evening of July 23, 2010 (upon the conclusion of the second day of the Rural-PRIME orientation), he sent Dr. Hilty an email asking if it was too late to withdraw from the program, stating: "I have finally accepted the reality that **I hate rural areas, no longer care about underserved populations**, and my misery would detract from my performance which would hurt me in pursuing my top three choices of plastic surgery, neurology, and dermatology." (Emphasis in original).

One could reasonably conclude from these few facts that Mr. Allumbaugh may have been using the Rural-PRIME opportunity as a way into the SOM, and that his application and subsequent reaffirmation of a desire to serve underserved and rural populations constituted "professional dishonesty." As you know, this is specifically listed as grounds for placing a student on academic probation in the SOM.

Mr. Allumbaugh's statement that he no longer cares about underserved populations also signaled an "inability to work effectively with patients" he would necessarily be working with as a medical student in Rural-PRIME. This is also specifically and separately listed as grounds for placing a student on academic probation in the SOM.

In this regard, I do not accept your positions that "Allumbaugh's sincere expression regarding his fit with Rural-PRIME appears to be a matter of discipline only because he stated his actual feeling at the time" and that "[w]hether or not he likes rural areas and underserved populations is a matter of personal conscience outside the bounds of professional competence." Plainly, Mr. Allumbaugh gained admission to Rural-PRIME based upon his repeated representations that he was committed to serving rural, underserved patients – representations that one could certainly conclude were dishonest.¹

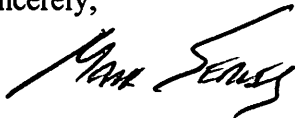
¹ In a conversation with Catherine VandeVoort, Ph.D. (his academic advisor) Mr. Allumbaugh used words to the effect that he could not recall everything that was in his application, but that he never actually said that he wanted to do rural health care. Given what the application actually says about his "burning desire" to serve medically underserved rural communities like the one in which he was raised, it appears that Mr. Allumbaugh's statement to Dr. VandeVoort was equally dishonest.

Further, his continued participation in Rural-PRIME would necessarily mean assisting rural, underserved patients (indeed, that is the essence of the program). It was thus entirely prudent to place him on academic probation to ensure that his expressed disregard for underserved populations and his hatred for rural areas did not compromise the program and disadvantage patients.

Your letter focuses heavily on Mr. Allumbaugh's July 21, 2010 (1:55 a.m.) response to an email sent earlier that evening by a second year SOM student [REDACTED] about a party he would be hosting on July 24. Very simply, what was a genuine expression of concern and an offer of albeit unsolicited friendly advice by a fellow student generated a response from Mr. Allumbaugh that was both unwarranted and unprofessional in tone. It was neither unreasonable nor improper for the SOM to have considered Mr. Allumbaugh's interaction with a fellow classmate in placing him on academic probation. An "inability to work effectively with classmates" is yet another independent ground for placing a student on academic probation in the SOM, and Mr. Allumbaugh's email clearly sent a signal that his interactions with fellow students also warranted ongoing attention.

In closing, the University of California, Davis believes strongly that its Principles of Community play an important and legitimate role both in actively promoting a respectful atmosphere and supporting freedom of speech in our community – goals that are not incompatible.

Sincerely,



Mark Servis, M.D.

Associate Dean of Curriculum and Competency Development

cc:

Linda P.B. Katehi, Chancellor, UC Davis

Claire Pomeroy, Vice Chancellor and Dean, UC Davis School of Medicine

Fred Meyers, Executive Associate Dean, UC Davis School of Medicine