

February 18, 2025

To the Honorable Members of the Community Review Board and the OHA:

Thank you for examining the possible transaction between Oregon Health & Science University and Legacy Health. As a physician and president of the Physicians Committee for Responsible Medicine, whose many Oregon members care passionately about the equitable and affordable provision of healthcare, I wanted to share some perspectives with you, if I may.

As you know, any transaction must live up to certain principles. Among these are that the transaction:

- (1) will not jeopardize the financial stability of a healthcare entity involved and
- (2) will not be hazardous or prejudicial to consumers or the public.

It must also benefit the public good and communities by (a) reducing the growth in patient costs or maintaining sustainable cost growth, (b) increasing access to services in medically underserved areas, or (c) rectifying historical and contemporary factors contributing to a lack of health equity or access to services, or must improve health outcomes for residents of this state.

The proposed deal raises serious concerns in relation to each of the above criteria. It will likely increase medical costs and will make achieving the other criteria that much more difficult. In the best possible scenario, combining OHSU's and Legacy's hospitals will give the new conglomerate increased leverage with insurers, allowing it to demand higher reimbursement rates for medical services. Insurers pass these costs along to consumers. In addition, Legacy has been losing significant amounts of money in recent years, and OHSU will absorb these losses and pass costs along to patients. See the [Lund Report](#) for more details. In addition, OHSU's bond rating was lowered by major bond rating agencies, reflecting historical poor financial performance.

Apart from bailing out Legacy Health, OHSU's efforts to boost its income at patients' expense reflect its need to cover certain questionable costs that have nothing to do with patient care or public benefit.

Most noteworthy is OHSU's growing liability in its continued operation of a 1960s-era monkey laboratory, the Oregon National Primate Research Center, one of seven such centers around the country. Unlike Harvard University, which had the good judgment to close its primate research center, OHSU has maintained a monkey facility despite serious problems related to funding, animal welfare violations, and federal fines.

Funding Liability

As background, in 2015, NIH announced the discontinuation of funding for chimpanzee experiments. In that same year, Harvard Medical School closed its New England National Primate Research Center, ending years of

financial problems, animal welfare violations, and reputational damage. Harvard transferred the remaining animals and the financial burdens of housing them to other research centers.

Oregon's primate research center was founded in 1962, when research needs were very different. Located in Hillsboro, Oregon, the center is currently funded by NIH grant award P51OD011092. Although funding is precarious in the best of times, it is particularly difficult now. The current federal administration has signaled its intention to shrink federal research spending, and the appointment of Robert F. Kennedy, Jr., to head the Department of Health and Human Services makes large cuts in research funding likely. In addition, a portion of the center's funding comes from administrative ("indirect") charges related to research grants—precisely the funding that the current administration intends to cut. In the face of these economic shifts, the primate center is an enormous financial liability, blocking any prospect of growth for health programs for the public.

At the same time, improvements in nonanimal research technology have made it increasingly difficult to rationalize the maintenance of seven separate National Primate Research Centers. The closure of Harvard's center will likely be followed by the closure of others.

Violations and Reputational Harm

Part of the expense of running the Oregon National Primate Research Center has resulted from its highly publicized failures to maintain adequate animal care. It has been a consistent violator of federal animal welfare regulations, the worst of all seven existing centers. These violations have had a financial and reputational cost. Between 2014 and 2022, OHSU was found to have violated the federal Animal Welfare Act 31 times. In November 2022, the center settled its violations by paying nearly \$38,000 in federal fines, after a previous fine of \$12,000. The true cost of violations is much higher, in two ways:

1. The expenses for attorneys, laboratory personnel, the staff serving in OHSU's Research Integrity Office, and faculty and staff for its Institutional Animal Care and Use Committee who must deal with investigations and negotiations with federal officials over repeated violations and steps to try to prevent future animal mistreatment.
2. The reputational damage that offends donors, patients, their families, and legislators, and gives OHSU a deserved black eye in media headlines. In 2023, harsh publicity surrounding the primate center's killing of monkeys in its scalding cage-washing equipment, allowing animals to die of dehydration, and other violations led the Oregon Legislative Assembly to enact legislation requiring more transparency from OHSU regarding its animal use. None of this would have occurred had OHSU followed Harvard's example with a timely closing of an outdated facility.

Public support for animal experimentation overall has diminished greatly in recent years. A 2024 survey of 2,205 U.S. adults conducted by Morning Consult revealed that 85% of respondents agreed or strongly agreed with the statement "Animal experimentation should be phased out in favor of more modern research methods." A similar number agreed or strongly agreed that "Government funding should prioritize research methods that do not involve animal testing."

As OHSU's primate facility finds itself on more and more tenuous footing, it will turn to increased patient charges to make up for losses. If this merger proceeds, this means that charges will increase across the board for all hospitals and clinics in the newly formed system. From Legacy's standpoint, involvement with an

institution that cannot reliably keep monkeys alive or even free from serious injury, repeatedly breaks ethical rules, and inflates its bureaucracy as a way of covering unjustified costs can only erode confidence in the hospitals whose care should be beyond question.

While some people may wish to make a case that a certain amount of research on monkeys is necessary, that viewpoint became hard to defend after the Institute of Medicine [declared in 2011](#) that research involving chimpanzees—who are more genetically related to humans than monkeys—was “not necessary.” Soon thereafter, NIH stopped funding chimpanzee research altogether. Since then, the use of other nonhuman primates has been increasingly questioned. If OHSU were to close its primate center, in the unusual circumstance that some monkey experiments are deemed vital, the six other National Primate Research Centers can take responsibility for that work. As scientific research moves further and further away from animal use and toward the use of more modern techniques, the primate research center system has become a liability.

These facts suggest that OHSU’s acquisition of Legacy Health aims not to help patients, but to increase medical charges so as to pay for ill-advised aspects of its work. Without rectifying these problems, the transaction fails to meet the criteria specified above. Should the proposed transaction go forward, it should be on the condition that OHSU follows Harvard’s lead in closing its monkey experimentation facility and fully devotes itself to patient care and a more modern approach to research and discovery.

Thank you again for your contribution to the health of Oregonians.

Sincerely,

A handwritten signature in black ink that reads "Neal D. Barnard MD". The signature is written in a cursive, flowing style.

Neal D. Barnard, MD
President