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County of Alameda
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SUPERIOR COURT OF CALIFORNIA

COUNTY OF ALAMEDA

QIQIUIA YOUNG,

Plaintiff,

v.

THE BOARD OF TRUSTEES OF THE
LELAND STANFORD JUNIOR
UNIVERSITY, STANFORD HEALTH
CARE, and DOES 1 through 50, inclusive,

Defendants.

Case No. **25CV114068**

[REDACTED] COMPLAINT FOR:

- (1) RETALIATION (Cal. Gov't Code § 12940(h))
- (2) RETALIATION (Cal. Labor Code § 1102.5)
- (3) RACIAL DISCRIMINATION (Cal. Gov't Code § 12940(a))
- (4) FAILURE TO INVESTIGATE, PREVENT OR REMEDY UNLAWFUL RETALIATION OR RACIAL DISCRIMINATION (Cal. Gov't Code § 12940 et seq.)
- (5) DEFAMATION (PUBLICATION TO KTVU FOX NEWS IN ALAMEDA COUNTY)
- (6) FAILURE TO PAY FOR HOURS WORKED IN ALAMEDA COUNTY; AND
- (7) UNFAIR BUSINESS PRACTICES

JURY TRIAL DEMANDED

1 PLAINTIFF QIQIUIA YOUNG, (“MS. YOUNG”) hereby complains against
2 DEFENDANTS THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR
3 UNIVERSITY (“STANFORD UNIVERSITY”) and STANFORD HEALTH CARE
4 “STANFORD HEALTH CARE”) (STANFORD UNIVERSITY and STANFORD HEALTH
5 CARE are collectively referred to throughout this Complaint as “STANFORD
6 DEFENDANTS” or “STANFORD MEDICINE”), and DOES 1 through 50, alleges as
7 follows, and demands a trial by jury:

8 I. INTRODUCTION

9 1. No matter how wealthy and powerful any private institution and its leaders
10 may be, none is above the law. Not even STANFORD UNIVERSITY or STANFORD
11 HEALTH CARE.

12 2. Indeed, after a six-week jury trial in Alameda County, on March 28, 2024, the
13 jury found that STANFORD UNIVERSITY, through the School of Medicine’s Dean Lloyd
14 Minor, and STANFORD HEALTH CARE, including through its CEO David Entwistle,
15 engaged in unlawful conduct against MS. YOUNG, a current STANFORD HEALTH CARE
16 employee who is of African-American and Cherokee descent.

17 3. The Alameda County jury found by *clear and convincing evidence* that
18 STANFORD UNIVERSITY, through Dean Lloyd Minor, and STANFORD HEALTH
19 CARE, including through its CEO David Entwistle, acted toward MS. YOUNG with *malice,*
20 *oppression, or fraud,* including by defaming MS. YOUNG after she filed her lawsuit shining
21 a light on the systemic racism and abhorrent racial harassment and discrimination and
22 retaliation she suffered at STANFORD HEALTH CARE, as well as the racism
23 MS. YOUNG witnessed directed toward patients, and serious patient endangerment issues
24 MS. YOUNG reported.

25 4. The Alameda County jury also found that MS. YOUNG’s employer,
26 STANFORD HEALTH CARE, subjected her to racial harassment and racial discrimination
27 when, among other things, her co-workers threatened to, and then dressed like the Ku Klux
28 Klan (“KKK”) at work to intimidate her, and STANFORD HEALTH CARE’s managers and

1 directors failed to prevent and ratified such abhorrent conduct by, among other things,
2 requiring MS. YOUNG to continue working side-by-side with the people who had dressed
3 like the KKK for months afterward. Below is a document STANFORD HEALTH CARE
4 (“SHC”) possessed substantiating MS. YOUNG’s report; yet STANFORD HEALTH CARE
5 forced MS. YOUNG to continue working side-by-side with those individuals *for months*.



27 5. The six-week jury trial in Alameda County also demonstrated that
28 STANFORD HEALTH CARE substantiated MS. YOUNG’s reports that her co-workers

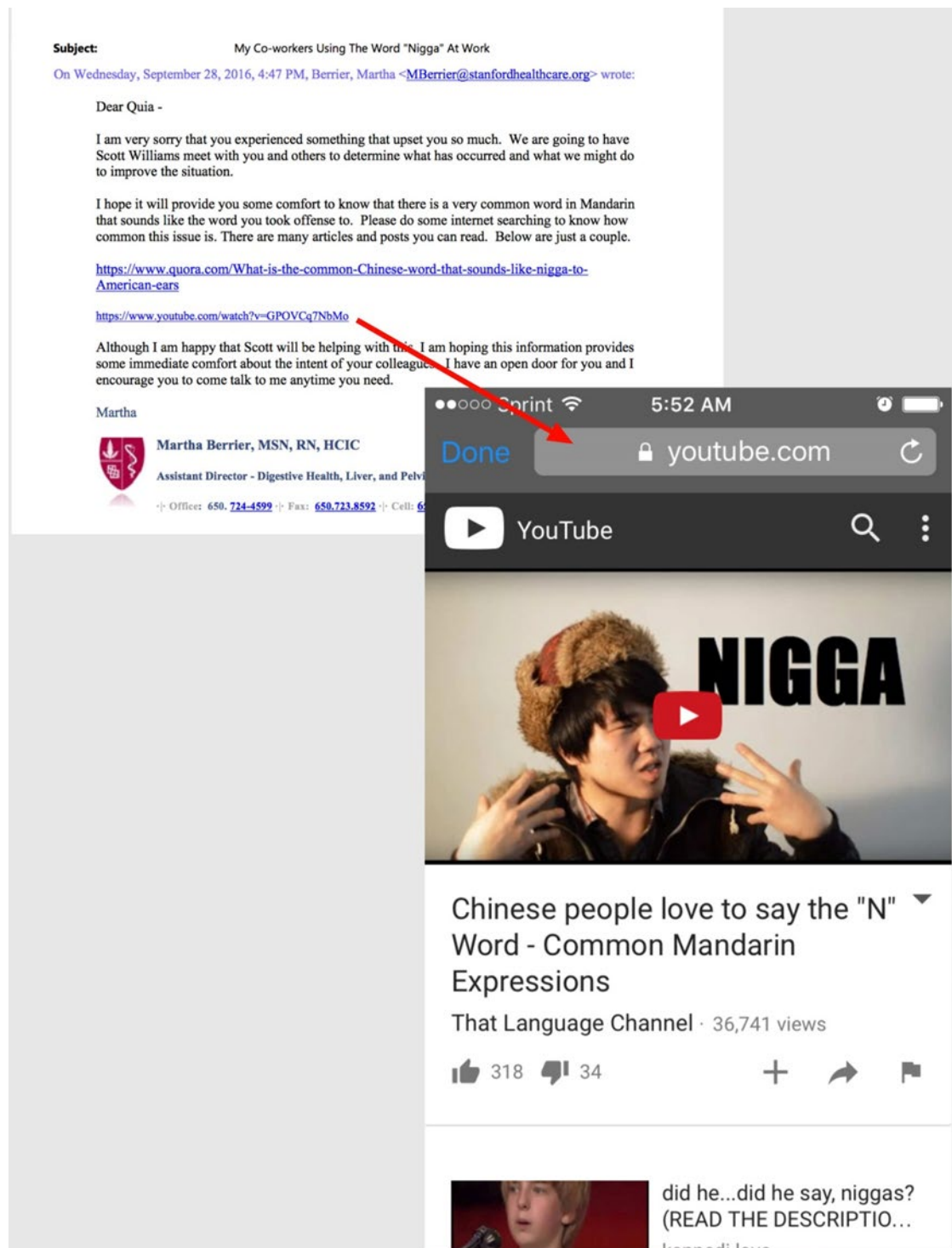
made overly racist statements, including MS. YOUNG's co-worker directing the "N" word at MS. YOUNG; another of her co-workers saying in front of MS. YOUNG "niggas ain't shit but bitches and hoes"; another of her co-workers saying that his wife "couldn't stand 'the smell' of Black people"; that "the smell of Black people" made his wife "sick" and that she claimed she "could smell them coming a mile away."

6. The Alameda County jury also heard – and saw – that MS. YOUNG’s manager, Martha Berrier, directed the “N” word to MS. YOUNG by trying to gaslight MS. YOUNG into believing that an employee who had directed the “N” word at her had been speaking Chinese. But it was a ruse; the employee who directed the racial slur at MS. YOUNG does not speak Chinese and STANFORD HEALTH CARE’s investigation revealed that a co-worker informed management that she had heard the woman use the “N” word in the past and she “uses the ‘N’ word to express herself.” An excerpt of STANFORD HEALTH CARE’s manager’s investigation notes is below.

- HAS HEARD NIV USED "N" WORD IN THE PAST
↳ USES "N" WORD TO "EXPRESS HERSELF.

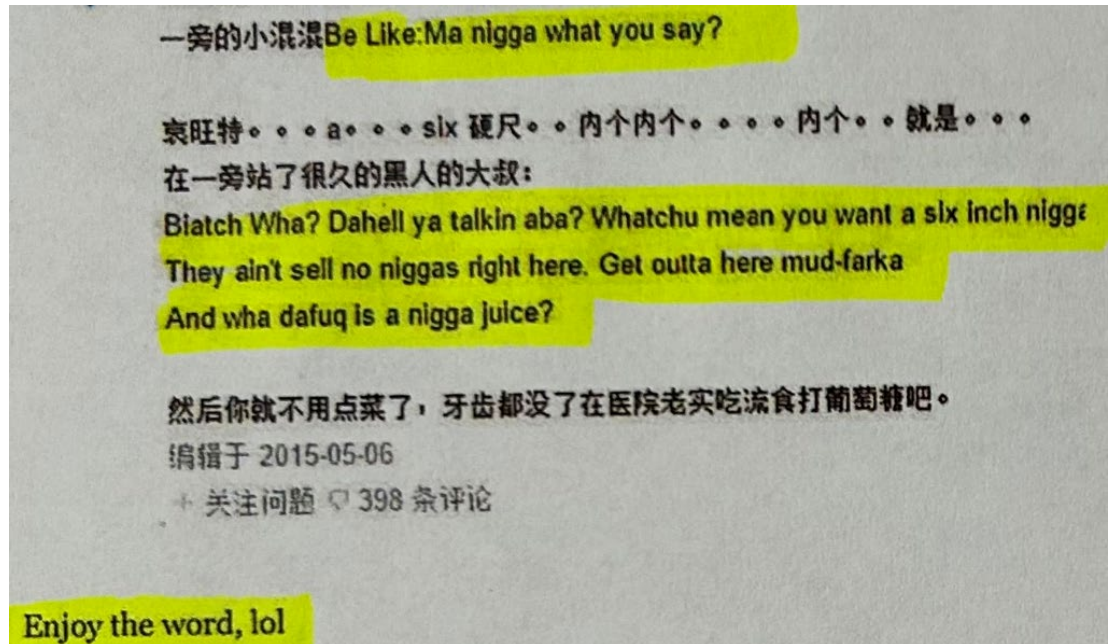
7. The evidence presented at trial demonstrated that in her effort to gaslight MS. YOUNG, MS. YOUNG’s manager Berrier sent MS. YOUNG a Quora article entitled “What is the common Chinese word that sounds like “nigga” (to American ears)?” that included horrendous racist comments, and two highly offensive videos repeating the “N” word *ad nauseum* and one mocking Black women with the racist stereotype of Black women loving fried chicken. On the following page is a photo of STANFORD HEALTH CARE manager Berrier’s email response to MS. YOUNG’s report of “My Co-workers Using The Word ‘Nigga’ At Work” with a screenshot of the first video Berrier sent to MS. YOUNG captioned “Chinese people love to say the “N” word – Common Mandarin Expressions” which was subsequently removed from YouTube for its content:

[See Screenshot on Next Page]



8. Below is just one of the shockingly horrendous racist comments that manager Berrier sent to MS. YOUNG in response to her *corroborated* report that her co-worker had directed the "N" word toward her as a racial slur:

[See Screenshot on Next Page]



9. Ultimately, STANFORD HEALTH CARE's Human Resources investigator had to substantiate that "this incident [in which MS. YOUNG reported her co-worker directing the "N" word at her] occurred essentially as Young reported it."

10. The Alameda County jury further found that STANFORD HEALTH CARE, through its managers, including Employee and Labor Relations, retaliated against MS. YOUNG for reporting racism and patient endangerment issues, including racism against STANFORD HEALTH CARE patients by: subjecting MS. YOUNG to a pattern of unwarranted discipline; keeping a secret discipline file on her with discipline listed as "To Be Determined"; moving her to a remote location where she had insufficient work and lost hours; trying to gaslight MS. YOUNG; and blaming the victim by accusing *MS. YOUNG* of creating a hostile work environment for her co-workers whom she had reported for publishing the "N word at work."

11. On March 20, 2024, in Oakland, Alameda County, STANFORD HEALTH CARE CEO David Entwistle physically grabbed MS. YOUNG's right hand against her will and without her consent in an effort to intimidate her and continue STANFORD HEALTH CARE's pattern of trying to bully her into submission instead of vindicating her rights.

///

1 12. A week later, on March 28, 2024, the Alameda County jury found that on
2 September 29, 2017 – the day after MS. YOUNG filed her lawsuit shining a light on
3 STANFORD HEALTH CARE’s violation of the Fair Employment and Housing Act
4 (“FEHA”) and myriad serious patient endangerment issues, and violation of California Labor
5 Code § 1102.5 – STANFORD HEALTH CARE CEO David Entwistle published, and
6 STANFORD UNIVERSITY Dean Lloyd Minor republished, a false statement to more than
7 23,000 people associated with STANFORD MEDICINE that *faulsely* implied that MS.
8 YOUNG was untruthful, unscrupulous, or dishonest, or dishonest in her reports of events of
9 racism, or dishonest in her reports of events concerning patient safety issues.

10 13. Also on March 28, 2024, the Alameda County jury determined that the
11 evidence presented in the six-week jury trial showed by *clear and convincing evidence* that
12 both STANFORD UNIVERSITY, through the conduct of Dean Lloyd Minor, and
13 STANFORD HEALTH CARE, including through the conduct of CEO David Entwistle, had
14 impugned MS. YOUNG *with malice, oppression, or fraud* justifying an award of punitive
15 damages to punish STANFORD UNIVERSITY AND STANFORD HEALTH CARE and
16 deter further such conduct under California Civil Code § 3294.¹

17 14. On that same day, while in Oakland, Alameda County, STANFORD
18 DEFENDANTS continued their pattern of threatening, bullying, intimidation, oppression,
19 and coercion by discriminating and retaliating against MS. YOUNG for successfully
20 opposing STANFORD HEALTH CARE’s racially discriminatory and harassing, and
21 retaliatory practices forbidden under FEHA and California Labor Code § 1102.5 by overtly
22 trying to immediately force her out of her job *that same day* (“SHC”). They wanted to get
23 rid of her and they wanted MS. YOUNG to know just how much they wanted her gone.

24 15. This discriminatory and retaliatory threat was made to MS. YOUNG in an
25 unprivileged text message by STANFORD DEFENDANTS, though their counsel of record,
26 Michael D. Bruno, in Alameda County and, on information and belief, the discriminatory
27 _____

28 ¹ The Alameda County jury’s Special Verdict is attached here as Exhibit (“Ex”) 1.

1 and retaliatory threat to MS. YOUNG's job was made at the direction of, or with ratification
2 by, STANFORD HEALTH CARE's CEO David Entwistle.²

3 16. MS. YOUNG received STANFORD DEFENDANTS' unprivileged
4 discriminatory and retaliatory threat to immediately force her out of her job in violation of
5 FEHA and California Labor Code § 1102.5 in Alameda County; she immediately felt bullied
6 and intimidated and feared for her job after trial. But she refused to abandon the job that she
7 worked so hard for or to abandon the vulnerable and often elderly patients whom she has
8 loyally done her best to protect from the serious patient endangerment issues she has
9 witnessed and reported. So, despite feeling bullied and intimidated and fearing for her job
10 after successfully prevailing on all of her FEHA claims and her Labor Code § 1102.5 claim
11 for retaliation, while MS. YOUNG and STANFORD DEFENDANTS were still in Oakland,
12 Alameda County, MS. YOUNG resisted and refused their efforts to force her out of her job
13 by buying her off.

14 17. Below is a screenshot of STANFORD DEFENDANTS' unprivileged
15 discriminatory and retaliatory threat to immediately force MS. YOUNG out of her job for
16 payment of REDACTED

17
18 **Michael Bruno** 2:53 PM
19 Settlement offer REDACTED, confidentiality, 1542
20 waiver and all parties dismissed. Ms. Young
21 departs SHC. Must be done today.

22 I do not have Lara's phone so I just sent it to you.
23 Please pass it along.
24

25 ² The threat is not privileged under California law, as Mr. Bruno sent STANFORD HEALTH
26 CARE's discriminatory and retaliatory threat to try and force MS. YOUNG out of her job in
27 a text message and only to one of MS. YOUNG's counsel: the attorney who was never
28 party to any mediation in the case. Consequentially, the attorney never signed any
agreement under Cal. Evid. Code § 1129 such that the threat to MS. YOUNG's job could
not be even arguably covered by any privilege recognized under the law.

1 18. To advance STANFORD HEALTH CARE's discriminatory and retaliatory
2 efforts in Alameda County to force MS. YOUNG out of her job for having successfully
3 vindicated her rights under FEHA and Labor Code § 1102.5, which discriminatory and
4 retaliatory efforts, on information and belief, were made at the direction, or with the
5 ratification, of STANFORD HEALTH CARE CEO David Entwistle and STANFORD
6 HEALTH CARE'S Office of General Counsel, when MS. YOUNG returned to work in
7 April 2024, STANFORD HEALTH CARE, through its managers and directors, turned the
8 screws to continue STANFORD HEALTH CARE's managing agents' discriminatory and
9 retaliatory efforts to drive MS. YOUNG out of her job that were put into action in Alameda
10 County on March 28, 2024.

11 19. After MS. YOUNG successfully vindicated her rights under FEHA and Labor
12 Code § 1102.5 in Alameda County, was subjected to STANFORD HEALTH CARE CEO's
13 unwanted and non-consensual touching in Alameda County, and resisted STANFORD
14 HEALTH CARE's discriminatory and retaliatory efforts in Alameda County to force her out
15 of her job, STANFORD HEALTH CARE, at the direction, or with the ratification, of its
16 managing agents, continued its pattern and practice of discriminating and retaliating against
17 MS. YOUNG by materially and adversely affecting and altering the terms, conditions, and
18 privileges of her employment in an effort to wear her down and force her to quit.

19 20. To advance SHC's discriminatory and retaliatory efforts begun and rooted in
20 CEO Entwistle's wrongful conduct on March 20, 2024, and SHC's threat in Alameda
21 County on March 28, 2024 to force MS. YOUNG to quit, after MS. YOUNG returned to
22 work in April 2024, SHC, at the direction, or with the ratification, of its managing agents has
23 continued STANFORD HEALTH CARE's managing agents' retaliatory efforts begun in
24 Alameda County in an effort to force MS. YOUNG to quit by: (a) failing to provide MS.
25 YOUNG with a completed performance review for 2022-2023 and gaslighting and blaming
26 her management's failure; (b) giving MS. YOUNG a sham/perfunctory performance review
27 for 2023-2024; (c) denying MS. YOUNG any opportunities for advancement or promotion;
28 (d) treating MS. YOUNG as a pariah, including by permitting other STANFORD HEALTH

1 CARE employees to refuse to work alongside her; (e) maligning MS. YOUNG to
2 STANFORD HEALTH CARE employees; (f) ostracizing and excluding MS. YOUNG from
3 meetings - including intentionally holding meetings affecting MS. YOUNG's job after she
4 goes to lunch, thereby denying MS. YOUNG information and communications she needs to
5 do her job, and humiliating her; (g) requiring MS. YOUNG to work out of class (i.e., to work
6 in a role that is outside her job classification) without pay commensurate with the level of
7 work she performs; (h) allowing STANFORD HEALTH CARE employees to fabricate
8 complaints about MS. YOUNG; (i) denying MS. YOUNG prompt, thorough, fair, and
9 unbiased investigations into her reports and complaints of racial discrimination and
10 retaliation; and (j) denying MS. YOUNG prompt, thorough, fair, and unbiased investigations
11 into any complaints others have made about her.

12 21. MS. YOUNG became despondent when she experienced that – even after
13 *proving* she had been the victim of horrific racial discrimination, racial harassment, and
14 retaliation by four different STANFORD HEALTH CARE management teams at four
15 different STANFORD HEALTH CARE locations for shining a light on systemic racism,
16 including against patients, and serious patient endangerment issues; and even after *proving*
17 *by clear and convincing evidence* that the two most powerful leaders of STANFORD
18 MEDICINE, Dean Lloyd Minor and CEO David Entwistle, defamed MS. YOUNG with
19 malice, oppression, or fraud – she continued to be demeaned and treated by SHC, by and
20 through its managing agents, as a traitor and a fraud. In short, *nothing had changed.*

21 22. STANFORD HEALTH CARE, through its managing agents, continued and
22 to this day continue to contemptuously marginalize MS. YOUNG and her career. All
23 because MS. YOUNG – a woman of principle who is dedicated to shining a light on the
24 systemic racism and retaliation and STANFORD MEDICINE and protecting its patients –
25 resisted STANFORD HEALTH CARE's discriminatory and retaliatory effort, in Alameda
26 County, to coerce and intimidate her into quitting.³

27 _____
28 ³ On June 21, 2024, MS. YOUNG exhausted her administrative remedies with the California

1 23. As a result of the ongoing pattern of racial discrimination and retaliation
2 rooted in and stemming from STANFORD HEALTH CARE's March 28, 2024
3 discriminatory and retaliatory efforts in Alameda County to immediately force MS. YOUNG
4 out of her job for successfully vindicating her rights under FEHA and California Labor Code
5 § 1102.5 in Alameda County, MS. YOUNG seeks relief in Alameda County pursuant to
6 FEHA, California Government Code § 12940 et seq., and California Labor Code § 1102.5.

7 24. Additionally, on March 28 2024, the Alameda County jury found that, the day
8 after MS. YOUNG filed her lawsuit bringing to light serious issues of systemic racism and
9 patient endangerment at STANFORD MEDICINE, on September 29, 2017, the two most
10 powerful men at STANFORD MEDICINE, Dean Lloyd Minor and STANFORD HEALTH
11 CARE CEO David Entwistle, intentionally published a false and defamatory statement to
12 over 23,000 people associated with STANFORD MEDICINE falsely implying that MS.
13 YOUNG was untruthful, unscrupulous, or dishonest, or that she was untruthful,
14 unscrupulous, or dishonest in making her reports of racism and/or patient endangerment
15 issues, thereby defaming MS. YOUNG.

16 25. Further, the Alameda County jury found by *clear and convincing evidence*
17 that in publishing and republishing the abhorrent false and defamatory statement impugning
18 MS. YOUNG in an email with the subject line "An important message from SHC CEO
19 David Entwistle," STANFORD UNIVERSITY Dean Lloyd Minor and STANFORD
20 HEALTH CARE CEO David Entwistle wrongfully acted against MS. YOUNG *with malice,*
21 *oppression, or fraud* and awarded millions of dollars against STANFORD UNIVERSITY
22 and STANFORD HEALTH CARE to punish and deter their further such conduct.

23 26. While in trial, on March 8, 2024, MS. YOUNG discovered for the first time
24 the existence of a publication of false and defamatory statements that STANFORD
25 DEFENDANTS conspired to have published by STANFORD HEALTH CARE, through its
26 Senior Manager for Corporate Communications and Media Relations, Patrick Bartosch, to
27 _____
28 Civil Rights Department ("CCRD"); she amended her complaint with the CCRD on March
7, 2025 and March 10, 2025 and received immediate right-to-sue notices.

1 KTVU Fox News at 2 Jack London Square in Oakland, Alameda County, on September 29,
2 2017, *that had been concealed and fraudulently suppressed in response to document*
3 *requests that MS. YOUNG served on STANFORD HEALTH CARE in litigation.*^{4 5}

4 27. STANFORD UNIVERSITY, STANFORD HEALTH CARE, and DOES 1
5 through 50, and each of them, by the herein-described acts, conspired to, and in fact, did

6
7 ⁴ MS. YOUNG's defamation claims at trial did not include any publication of defamatory
8 matter that is now presented here. The sole defamatory matter in the prior lawsuit ("Young
9 I") was the publication and republication of defamation contained in a September 29, 2017
10 email from SHC CEO Entwistle and Dean Lloyd Minor to 23,000 people affiliated with
11 STANFORD MEDICINE with the subject line "An important message from SHC CEO
12 David Entwistle" attached as Ex. 2. Pursuant to the rule of discovery, MS. YOUNG has one
13 year from discovering the fraudulently suppressed publication of false and defamatory
14 statements of and concerning MS. YOUNG to KTVU to assert a new claim based on such
15 newly-discovered publication. Thus, this complaint is timely filed on Monday, March 10,
16 2025 as March 8, 2025 falls on a Saturday. (Cal. Rules of Court, rule 1.10(a),(b).)

17
18 ⁵ MS. YOUNG sought all communications between STANFORD DEFENDANTS and all
19 media outlets, including KTVU Fox News. To that end, MS. YOUNG served document
20 requests on STANFORD HEALTH CARE to which the false and defamatory publication by
21 Patrick Bartosch to KTVU was responsive; yet SHC failed to produce Bartosch's defamatory
22 publication – or *any* communications from SHC to KTVU. The relevant document requests
23 which define "DOCUMENTS" and "COMMUNICATIONS" to include emails or electronic
24 mail are attached as Ex. 3 include:

25 **REQUEST FOR PRODUCTION NO. 248:**

26 Produce all DOCUMENTS or COMMUNICATIONS between SHC and any news/ media
27 outlet referencing MS. YOUNG or the lawsuit she filed [Alameda County Case No.
28 RG17877051], or the response(s) of SHC or The Board of Trustees of the Leland Stanford
Junior University or Stanford Medicine to MS. YOUNG's lawsuit or claims.

REQUEST FOR PRODUCTION NO. 249:

Produce all DOCUMENTS sent by SHC to news/media outlet KTVU, or to Lisa Fernandez
of KTVU, that named PLAINTIFF or were about PLAINTIFF's lawsuit or claims [Alameda
County Case No. RG17877051] or were about the response(s) of SHC or The Board of
Trustees of the Leland Stanford Junior University or Stanford Medicine to PLAINTIFF's
lawsuit or claims, including, but not limited to, any media statement that named MS.
YOUNG.

As set forth more fully, *infra*, STANFORD HEALTH CARE served verified responses
stating that the only document responsive to these requests was SHC 011325, which is
STANFORD MEDICINE's media statement. SHC's verified responses are attached
(collectively with SHC 011325) as Ex. 4.

1 negligently, recklessly, and intentionally publish or republish false and defamatory
2 statements of or concerning MS. YOUNG to KTVU Fox News in Oakland, thereby causing
3 excessive republications of defamation, of and concerning MS. YOUNG, through KTVU
4 Fox News studio in Oakland, defaming and humiliating and destroying the reputation of
5 MS. YOUNG to millions of people in her community. This false and defamatory
6 publication, which contains defamatory statements that are even more despicable and
7 humiliating than those the Alameda County jury found to have been published about
8 MS. YOUNG with malice, oppression, or fraud, included express and implied accusations
9 that: MS. YOUNG is crazy, a liar, a fraud, a traitor, and a gold digger. This newly-
10 discovered publication of defamation expressly and impliedly impugns MS. YOUNG's
11 character, truthfulness, and integrity and is defamatory *per se*.

12 28. This newly-discovered defamatory publication to KTVU Fox News was
13 outrageous, and was recklessly, intentionally, and maliciously published or republished by
14 STANFORD HEALTH CARE at the direction of its managing agents, including, but not
15 limited to, CEO David Entwistle, and at the direction of STANFORD UNIVERSITY's
16 managing agents, including through STANFORD UNIVERSITY's Offices of
17 Communications, including by its Vice President for STANFORD UNIVERSITY
18 Communications, Lisa Lapin; STANFORD UNIVERSITY School of Medicine Chief of
19 Communications and Public Affairs, Paul Costello; STANFORD UNIVERSITY and
20 STANFORD HEALTH CARE's Chief Strategy Officer, Priya Singh, and STANFORD
21 UNIVERSITY and STANFORD HEALTH CARE's Office of General Counsel, including
22 Debra Zumwalt and Angeline Covey. STANFORD UNIVERSITY and STANFORD
23 HEALTH CARE conspired to and intentionally published the malicious and defamatory
24 statement of or concerning MS. YOUNG to KTVU Fox News to cause KTVU Fox News to
25 republish the defamatory statement in print and on-air from the KTVU Fox News studio,
26 located at 2 Jack London Square in Oakland, California, Alameda County, which it did.

27 29. MS. YOUNG hereby seeks damages for this newly-discovered false and
28 defamatory publication that was fraudulently concealed and all foreseeable and newly-

1 discovered false and defamatory publications and republications discovered up to the time of
2 trial, including those republications MS. YOUNG herself was foreseeably forced and
3 compelled to publish.

4 30. MS. YOUNG’S employment at STANFORD HEALTH CARE has been a
5 bitter struggle marked by calumny: as the vindicated victim of abhorrent and substantiated
6 racial harassment, discrimination, and whistleblower retaliation, and defamation, at every
7 turn, STANFORD DEFENDANTS have evaded accountability and marginalized MS.
8 YOUNG and her *substantiated* reports of systemic racism, retaliation, and patient
9 endangerment issues. Rather than accepting responsibility for their actions and correcting the
10 problems, to try and protect the STANFORD MEDICINE brand and reputation,
11 STANFORD DEFENDANTS, through their managing agents, have published and
12 foreseeably caused to be republished false statements condemning MS. YOUNG as a liar,
13 attacking her integrity, and accusing her of fabricating or “exaggerating” reports of racism,
14 retaliation, and patient safety concerns.

15 31. STANFORD DEFENDANTS, with the ratification of their managing agents,
16 have caused to be foreseeably republished such false statements of or concerning
17 MS. YOUNG that are defamatory *per se* with knowledge of the falsity of their statements or
18 with reckless disregard for the truth.

19 32. In fact, in addition to substantiating MS. YOUNG’s reports of racial
20 harassment and discrimination, above, that preceded STANFORD DEFENDANTS’
21 defamatory publications, STANFORD MEDICINE also proved MS. YOUNG’s complaint
22 of systemic racism at STANFORD MEDICINE: in 2021, STANFORD MEDICINE
23 published its findings from its “inaugural” “Commission on Justice and Equity’s” attempt
24 “to dismantle systemic racism and discrimination at Stanford Medicine.” *See* Stanford
25 Medicine’s May 2021 Commission on Justice and Equity’s Recommendations attached as
26 Ex. 5, pg. 6.3.

27 33. The results of the STANFORD MEDICINE Justice and Equity Commission’s
28 conclusions and recommendations were filled with confirmation of MS. YOUNG’s

1 experiences: that STANFORD MEDICINE was rife with racial discrimination,
2 microaggressions, and Black employees' fear for reporting racial discrimination.

3 34. STANFORD MEDICINE publicly published its results (attached as Ex. 5).

4 35. After STANFORD MEDICINE's Justice and Equity Commission held
5 myriad "listening sessions" with those people identified as "Black, Indigenous and people of
6 color (BIPOC)" at STANFORD MEDICINE, the Commission on Justice and Equity found:

7 **Black Trainees and Employees**
8 **Do Not Feel Safe or Supported**

9 Beyond the composition of Stanford Medicine's community,
10 the everyday experiences of URM's at Stanford Medicine
11 are often distressing, filled with what they describe as
12 microaggressions in classes, labs, offices, and clinics,
13 impacting their mental health and professional work. Black
14 community members report feeling unsafe on campus
15 and detail multiple reports of harassment and profiling by
16 campus police. They describe fear of retaliation for reporting
17 incidents of racism, bias, and discrimination, and limited
18 action and accountability following those reports. The
19 apparent lack of visible university and Stanford Medicine
20 support and advocacy for Black community members
21 contributes to their lack of trust. The Commission believes
22 this is a wellness imperative at all levels that must be
23 addressed immediately.

19 See Ex. 5, pg. 6.11, also available online at:

20 https://med.stanford.edu/content/dam/sm/diversity/documents/Commission/Stanford_Medicine_Commission_Report_Final.pdf
21

22 36. Indeed, after having published and republished false and defamatory
23 statements condemning MS. YOUNG as a liar, attacking her integrity, and accusing her of
24 fabricating false reports of racism, STANFORD UNIVERSITY Dean Minor and CEO
25 Entwistle sent an announcement to MS. YOUNG further admitting to systemic racism at
26 STANFORD MEDICINE:

27 [See Screenshot on Next Page]
28

Dear Community,

Eighteen months ago, we [pledged](#) to confront systemic racism and accelerate change within Stanford Medicine and beyond. We remain wholly committed to this pledge, particularly in light of what our University has learned from its Inclusion, Diversity, Equity, and Access in a Learning Environment (IDEAL) [survey](#).

Similar to the Commission on Justice and Equity's report, the IDEAL survey findings underscore that Stanford is not immune to systemic racism and discrimination and that significant work remains in confronting bias, prejudice, and discrimination that touches all corners of our community.

See Ex. 6.

37. Moreover, the STANFORD MEDICINE IDEAL survey finding that Dean Minor and CEO Entwistle sent to MS. YOUNG further confirmed MS. YOUNG's reports of systemic racism, showing that, just as MS. YOUNG had experienced and truthfully reported, microaggressions, racially discriminatory and harassing behaviors **"are common in every Stanford school and across nearly every department and work unit"**:

The Scope of the Problem at Stanford | Microaggression, Discriminator, and Harassing Behaviors

- Data from the IDEAL Survey show that **these experiences are common in every Stanford school and across nearly every department and work unit.** (where there were more than 10 survey respondents)

See the IDEAL Survey results sent to MS. YOUNG by STANFORD MEDICINE attached at Ex. 7, pg. 8.17, which were publicly available on STANFORD UNIVERSITY's website at <https://irds.stanford.edu/news/ideal-diversity-equity-and-inclusion-survey-released> (but appear to have been removed).

38. Similarly, STANFORD DEFENDANTS' statement falsely implying that MS. YOUNG was untruthful, unscrupulous, or dishonest, and/or that she was untruthful, unscrupulous, or dishonest in making her reports of patient endangerment issues, was done intentionally with knowledge of falsity or reckless disregard for the truth.

39. For example, STANFORD HEALTH CARE's own 2015 and 2016 investigations substantiated that, as MS. YOUNG reported: (1) the crash cart used to

1 resuscitate patients who “coded” in the STANFORD HEALTH CARE Cancer Center was
2 not being properly checked; (2) White-Out had been used “to fix” regulatory compliance
3 records in the Cancer Center; (3) a STANFORD HEALTH CARE employee texted to her
4 friends a photograph of a STANFORD HEALTH CARE patient’s disfigured genitals⁶;
5 (4) single-use rubber bands used to remove hemorrhoids had been repeatedly returned for re-
6 use after having been in a prior patient’s anus and not properly sterilized (and ample
7 evidence demonstrated that this presented a health risk to STANFORD MEDICINE
8 patients); and (5) in **2016 and 2017**, two nurses conducting anal-rectal testing repeatedly
9 inserted *anal* probes into patients’ *vaginas* for lack of proper training, just as MS. YOUNG
10 had reported.

11 40. In 2019, MS. YOUNG reported that SHC patients were put at risk by having
12 unlicensed medical personnel conduct invasive procedures, including Esophageal
13 Manometry (a test that measures the pressure in the esophagus by inserting a tube up the
14 patient’s nose and down the throat), and that two patients had suffered a Code Blue during
15 the procedure. SHC’s investigation confirmed the truth of MS. YOUNG’s report. *See* Ex. 8.

16 41. The history of hatred, hostility, and ill-will directed by STANFORD
17 DEFENDANTS toward MS. YOUNG, whom they view as a traitor instead of the hero that
18 she is, is evidenced by *years*’ of STANFORD DEFENDANTS’ efforts to drive her out of her
19 job, as discussed *supra* and *infra*, including STANFORD HEALTH CARE management
20 maligning MS. YOUNG to other employees, which continues today, and smearing her
21 reputation to outside agencies, on information and belief, at the direction or ratification of
22 STANFORD DEFENDANTS’ joint Office of General Counsel.

23 42. For example, in **March 2016**, STANFORD HEALTH CARE, with, on
24 information and belief, the ratification of STANFORD DEFENDANTS’ Office of General
25 Counsel, provided a response to The Joint Commission (a non-profit that sets accreditation
26

27 ⁶ *See* Investigation confirming that SHC employees secretly photographed a patient’s
28 disfigured genitals and circulated the photo by text attached as Ex. 9.

1 standards for health care facilities) following MS. YOUNG's report of myriad *substantiated*
2 patient endangerment issues (including regarding the failure to properly check the Cancer
3 Center crash cart, improper use of "White Out" to "fix" regulatory compliance documents,
4 and the improperly returned and unsterilized hemorrhoid rubber bands). Specifically, at the
5 direction, and/or with the ratification, of its managing agents, including its Office of General
6 Counsel, in submitting its response to the Joint Commission regarding MS. YOUNG's
7 reports of patient endangerment issues, STANFORD HEALTH CARE deflected and
8 diverted attention from its own culpability by maligning MS. YOUNG to the Joint
9 Commission, falsely stating: **"there is a pattern by Quia Young; taking innocuous,**
10 **appropriate, and well-meaning information and distorting those statements into**
11 **objectionable or ill-intentioned directives."**

12 43. Voluminous documents prove the intense rancor toward MS. YOUNG that
13 has existed in STANFORD HEALTH CARE's management team since she first reported her
14 co-workers dressing like the Ku Klux Klan in late 2014, including, but not limited to: (1) a
15 disciplinary write up intended for MS. YOUNG from January 2015 that demonstrates that
16 MS. YOUNG's manager tried to discipline her immediately after she reported her co-
17 workers threatening to, and then dressing like the Ku Klux Klan, to intimidate her (the
18 discipline was never given to MS. YOUNG because the manager could not articulate what it
19 was for; MS. YOUNG learned of it for the first time in litigation); (2) a few months later in
20 2015, a separate team of MS. YOUNG's supervisors tried to write her up for working
21 overtime (after she had to work overtime to fill in for the employees who were eventually
22 fired following the Ku Klux Klan incident); (3) at the end of 2015, supervisors joked in
23 writing about needing to find discipline for MS. YOUNG after she filed her December 2015
24 charge of discrimination with the California Department of Fair Employment and Housing
25 alleging racial discrimination and harassment and retaliation for reporting the same; (4) in
26 2016, MS. YOUNG's new managers searched her belongings looking for an excuse to
27 discipline her; trumped up an excuse to write her up; and then moved her out of the Palo
28 Alto Cancer Center (where she had been reporting substantiated patient endangerment

1 issues) and dumped her in an isolated location in Redwood City; (5) in July 2017, after
2 corroborating MS. YOUNG's co-workers using and directing the "N" word at her, MS.
3 YOUNG's manager responded to her report of retaliatory bullying and patient privacy issues
4 by demeaning MS. YOUNG – in writing – by referring to her as a "piece" to MS. YOUNG's
5 supervisor (*See Ex. 10*), and accusing MS. YOUNG of creating a hostile work environment
6 for the employees who had published the "N" word in the workplace. *See Ex. 11*.

7 44. Indeed, even one of STANFORD HEALTH CARE's top leaders, Chief
8 Human Resources Officer David Jones, joined in on bashing MS. YOUNG – and did so in
9 writing. SHC's Chief Human Resources Officer had such disdain for MS. YOUNG that
10 when she requested a retraction of the false and defamatory email that Dean Minor and CEO
11 Entwistle published to over 23,000 people with malice, oppression, or fraud, ***SHC's Chief***
12 ***Human Resources Officer accused MS. YOUNG of attacking Dean Minor and CEO***
13 ***Entwistle***. The vitriol directed at MS. YOUNG by STANFORD HEALTH CARE's Chief
14 Human Resources Officer was ratified by STANFORD UNIVERSITY, through April
15 Madison-Ramsey of its Office of General Counsel, who is copied on the email, and who, on
16 information and belief, approved the message before it was sent to MS. YOUNG. *See Ex.*
17 *12*.

18 45. Moreover, when heading to trial in MS. YOUNG's successful lawsuit in
19 Alameda County, MS. YOUNG discovered that ***for nearly 5 years*** Suzanne Harris, Director
20 of STANFORD HEALTH CARE's Employee and Labor Relations had a "secret" active
21 discriminatory and retaliatory discipline file open against her. MS. YOUNG discovered that
22 Director Harris kept the "secret" discipline locked and loaded against her in violation of
23 STANFORD HEALTH CARE's policy requiring that employees be notified about discipline
24 against them and that discipline fall off after a proscribed period. Indeed, in violation of
25 STANFORD HEALTH CARE policy, Director Harris kept the "secret" discipline file
26 against MS. YOUNG open from October 2019 – a month after Harris learned that MS.
27 YOUNG reported to the California Board of Nursing that she witnessed a nurse perforate a
28 patient's sigmoid colon – until trial in 2024. Director Harris had ominously identified the

discipline against MS. YOUNG as “To Be Determined.” *See* Ex. 13.

46. This is just a handful of evidence demonstrating a decade of STANFORD DEFENDANTS' intense hatred and ill will toward MS. YOUNG, ratified by their managing agents, as evidenced by documents that predated STANFORD DEFENDANTS' intentional efforts to destroy MS. YOUNG's reputation to try and protect their own.

47. Retaliatory, intentional and calculated destruction of MS. YOUNG's personal and professional reputation, intimidation, shunning, ostracism and wide-spread destruction of her credibility and utter humiliation was STANFORD DEFENDANTS' goal in publishing the newly-discovered and fraudulently concealed defamation of or concerning MS. YOUNG. And it was published to KTVU Fox News in Oakland as retaliation for having filed her lawsuit in Alameda County, and with the intent of causing KTVU Fox News to republish the knowingly false and defamatory statements on-air, in Oakland, to untold millions of people from two of the most powerful institutions in the country. The message to everyone – including everyone in the health care industry in the Bay Area – who ever worked with, or would ever come into contact with MS. YOUNG, was that she was crazy, a liar, a fraud, a traitor, and a dishonest gold digger, and that her reports and complaints were false and baseless and the esteemed institution of STANFORD MEDICINE had nothing but disdain, distrust and contempt for MS. YOUNG.

48. MS. YOUNG has been harmed by these malicious acts of STANFORD DEFENDANTS in Alameda County. This lawsuit results.

II. PARTIES

49. PLAINTIFF QIQIUIA YOUNG (“MS. YOUNG”) is an adult individual who is, and at all times mentioned in this Complaint, has been a resident of Alameda County, California. MS. YOUNG is an African-American and Cherokee woman and a descendent of enslaved people. Her family hails from Oklahoma, home to many of the “Grand Wizards” of the Ku Klux Klan. MS. YOUNG’s mother moved her family to California specifically to protect them from the KKK as she herself had to run from people throwing rocks at her in the streets. MS. YOUNG went into health care to help people and their families after her

1 own family experienced an unnecessary tragedy as the result of medical incompetence and
2 the cover-up of the same: while in the care of a medical facility MS. YOUNG's family
3 entrusted to care for her ill father, who also was African-American, MS. YOUNG's father
4 suffered a fall due to medical negligence. Moreover, instead of treating her father for the
5 resulting concussion, the medical facility hid the fall and the resulting concussion from MS.
6 YOUNG and her family. Sadly, as a result of the concussion, MS. YOUNG's father suffered
7 a stroke and passed away. It was this shocking and horrific experience that led MS. YOUNG
8 to seek a career in health care and that makes her a dedicated advocate for patients at
9 STANFORD HEALTH CARE.

10 50. At all times relevant to this Complaint, MS. YOUNG has been an employee
11 of DEFENDANT STANFORD HEALTH CARE within the meaning of California
12 Government Code §§ 12940 *et seq.* and California Labor Code § 1132.4.

13 51. DEFENDANT STANFORD UNIVERSITY is a trust with corporate powers
14 under the law of the State of California. It is one of the wealthiest universities in the world
15 with **\$51 Billion** in assets and an endowment of over **\$37.6 Billion**. Its headquarters are in
16 Stanford, California.

17 52. DEFENDANT STANFORD HEALTH CARE is a **\$12.9 Billion** California
18 corporation doing business in Alameda County, including at 5800 Hollis St, Emeryville,
19 California 94608 and at 27206 Calaroga Ave., Hayward, California 94545. STANFORD
20 HEALTH CARE's business affairs are intimately or closely related to the community in
21 Alameda County: STANFORD MEDICINE's first outpatient facility in the East Bay is a
22 90,000 square foot structure in Emeryville that provides multi-disciplinary specialty
23 outpatient care and diagnostic services. STANFORD HEALTH CARE advertises that
24 "Stanford Health Care in Emeryville brings a whole community academic model right into
25 the East Bay with state-of-the-art facilities, the ability to access patients here in this facility.
26 ... What we have to offer here is ... a lot of the imaging, the labs, the operating rooms, the
27 procedure rooms that you might need for your care are right here in Emeryville. ... We're
28 bringing the high quality, high touch, high precision Stanford Health Care to the East Bay

1 community and this is our venue for doing that.”

2 <https://stanfordhealthcare.org/newsroom/news/videos/emeryville-overview.html> (emphasis
3 added).

4 53. Despite its “non-profit” status, based on publicly available documents,
5 STANFORD HEALTH CARE’s CEO David Entwistle is paid over *\$5 million a year*.

6 54. STANFORD UNIVERSITY and STANFORD HEALTH CARE have the
7 same overlapping, shared leadership and management, including, but not limited to,
8 STANFORD UNIVERSITY’S office of the Vice President and General Counsel which “is
9 responsible for addressing legal issues arising out of the activities of STANFORD
10 UNIVERSITY [and] STANFORD HEALTH CARE ...” <https://ogc.stanford.edu/>.

11 55. STANFORD HEALTH CARE, including through its Office of General
12 Counsel, has known about systemic racial discrimination and retaliation within STANFORD
13 HEALTH CARE for years, through MS. YOUNG’s substantiated reports and complaints
14 and through the myriad reports and complaints of others, including faculty, staff, and
15 medical students, including through their own surveys, including, but not limited to, the
16 survey conducted by STANFORD MEDICINE Committee on Justice and Equity and the
17 Committee’s Recommendations, Ex. 5. But instead of addressing and correcting the pattern
18 and practice of racial discrimination, including retaliation, instead they choose to cover up
19 and deny discrimination, and blatantly retaliate against those like MS. YOUNG who have
20 been brave enough to report the systemic racism at STANFORD MEDICINE and to
21 vindicate her rights.

22 56. STANFORD HEALTH CARE has also covered up recurring patient
23 endangerment at its facilities, and has retaliated against MS. YOUNG who has courageously
24 spoken up and reported patient endangerment and injuries and suffered harassment,
25 mistreatment, threats of termination, and ongoing retaliation, including by having
26 STANFORD HEALTH CARE CEO David Entwistle physically intimidate and try to bully
27 MS. YOUNG while in Alameda County in retaliation for having sought to vindicate her
28 rights and by having STANFORD HEALTH CARE try to force MS. YOUNG to quit in

1 Alameda County, as discrimination and retaliation for having vindicated her rights under
2 FEHA and California Labor Code § 1102.5 that prohibits unlawful retaliation., and through
3 newly-discovered retaliatory defamation that STANFORD DEFENDANTS conspired to
4 have published through STANFORD HEALTH CARE to KTVU Fox News in Oakland,
5 California to further STANFORD DEFENDANTS' campaign of retaliation against
6 MS. YOUNG by publishing knowingly false and defamatory statements about her as part of
7 STANFORD DEFENDANTS' and each of their, plan to cause MS. YOUNG harm, silence
8 her, discredit her, cause her to be disbelieved, shunned and caused to quit.

9 57. DEFENDANTS STANFORD UNIVERSITY and STANFORD HEALTH
10 CARE have by-laws, policies, codes of conduct, procedures, and practices that are to be
11 followed, but which were not followed in the discrimination, retaliation, and defamation
12 against MS. YOUNG.

13 58. The names and true capacities of the individuals sued herein as Defendants
14 DOES 1 through 50, inclusive, are unknown to MS. YOUNG and are therefore sued by their
15 fictitious names. DOES 1 through 50 are in some way responsible for the acts and omissions
16 alleged herein. When MS. YOUNG learns their names and true capacities, she will amend
17 this Complaint accordingly.

18 III. VENUE AND JURISDICTION

19 59. All of MS. YOUNG's claims are properly venued in Alameda County.

20 60. California Code of Civil Procedure provides that "[a] corporation ... may be
21 sued in the county ... where the obligation or liability arises." Cal. Civ. Proc. Code § 395.5.

22 61. MS. YOUNG was subjected to retaliatory and discriminatory physical
23 intimidation by STANFORD HEALTH CARE CEO David Entwistle in violation of FEHA
24 and California Labor Code § 1102.5 in Alameda County, as well as STANFORD HEALTH
25 CARE's retaliatory and discriminatory threat in Alameda County to intimidate and coerce
26 MS. YOUNG her into quitting her job after she spent six weeks vindicating her rights
27 against STANFORD HEALTH CARE in Alameda County under FEHA and California
28 Labor Code § 1102.5. STANFORD HEALTH CARE and its managing agents has

1 continued, and continues, its discriminatory and retaliatory practice, rooted in and stemming
2 from its foiled attempt to coerce her to quit in Alameda County. MS. YOUNG's claims
3 under California Labor Code § 1102.5 arise from the same overlapping facts as her FEHA
4 claims such that venue also is proper under Labor Code § 1102.5.

5 62. Further, STANFORD DEFENDANTS' newly-discovered and fraudulently
6 concealed false and defamatory statements of and concerning MS. YOUNG, including
7 through their dissemination of their media statement through the newly-discovered and
8 fraudulently concealed publication by Patrick Bartosch to KTVU Fox News at 2 Jack
9 London Square, in Oakland, California, in Alameda County. Further, STANFORD
10 DEFENDANTS' knowingly published its media statement to KTVU Fox News in Oakland,
11 on information and belief, with the intention of having it broadcast on air from Jack London
12 Square in Oakland to the East Bay community in retaliation for MS. YOUNG having filed
13 her lawsuit in Alameda County.

14 63. A substantial portion of events creating liability occurred in Alameda County.
15 In addition, STANFORD HEALTH CARE is, as set forth above, closely associated with the
16 community in Alameda County, providing 90,000 square feet of medical services in
17 Emeryville to the Alameda County community that includes: Neurology; Cancer Center;
18 Pulmonology; Digestive Health; Body, Breast, Cardiovascular, Musculoskeletal and Brain
19 Imaging; Infectious Diseases; Nephrology; Orthopedics and Sports Medicine; Ear, Nose, and
20 Throat and Audiology; Family Medicine; Heart an Vascular; Pain Management; Primary
21 Care; Endocrinology; Skin Conditions; Hepatology; and Urology.

22 <https://stanfordhealthcare.org/campaigns/emeryville-os.html>

23 64. Venue also is proper in the County of Alameda pursuant to section 393 of the
24 Code of Civil Procedure, which provides "the county in which the cause, or some part of the
25 cause, arose, is the proper county for trial . . . [f]or the recovery of a penalty or forfeiture
26 imposed by statute." MS. YOUNG's claim against STANFORD HEALTH CARE for
27 recovery of unpaid wages (resulting from being forced to work off-the-clock), accrued when
28 she worked from her home, in Alameda County.

1 65. Venue also is proper in Alameda County under the special venue provisions
2 of the California Fair Employment and Housing Act (“the FEHA”), California Government
3 Code section 12965(b) which provides a “wide choice of venue afforded plaintiffs by the
4 FEHA venue statute effectuates enforcement of that law by permitting venue in a county
5 which plaintiffs deem the most appropriate and convenient.” *Brown v. Superior Court*, 37
6 Cal. 3d 478, 486 (1984). The FEHA provides, in relevant part: “An action may be brought in
7 any county in the state in which the unlawful practice is alleged to have been committed, in
8 the county in which the records relevant to the practice are maintained and administered, or
9 in the county in which the aggrieved person would have worked or would have had access to
10 the public accommodation but for the alleged unlawful practice ...” Cal. Gov’t Code
11 §12965(b). Here, as described in the preceding paragraph, MS. YOUNG was subjected to
12 retaliatory and discriminatory physical intimidation by STANFORD HEALTH CARE CEO
13 David Entwistle in violation of FEHA in Alameda County and was subjected to
14 STANFORD HEALTH CARE’s retaliatory and discriminatory attempt to threaten and
15 intimidate her into quitting her job for having vindicated her rights against STANFORD
16 HEALTH CARE under FEHA in Alameda County – the nefarious goal of which – to drive
17 MS. YOUNG out of her job and force her to quit – has been advanced and continued by
18 STANFORD HEALTH CARE and its managing agents. Further, records relevant to
19 MS. YOUNG’s claims are maintained in Alameda County at MS. YOUNG’s home.

20 66. DEFENDANTS STANFORD UNIVERSITY and STANFORD HEALTH
21 CARE have by-laws, policies, codes of conduct, procedures, and practices that are to be
22 followed, but which were not followed in the treatment, retaliation, and retaliatory
23 defamation against MS. YOUNG.

24 67. The names and true capacities of the individuals sued herein as Defendants
25 DOES 1 through 50, inclusive, are unknown to MS. YOUNG and are therefore sued by their
26 fictitious names. DOES 1 through 50 are in some way responsible for the acts and omissions
27 alleged herein. When MS. YOUNG learns their names and true capacities, she will amend
28 this Complaint accordingly.

IV. FACTUAL ALLEGATIONS

A. Statement of Relevant Background Facts

68. In 2011, PLAINTIFF QIQIUIA YOUNG began her employment with STANFORD HEALTH CARE as a Certified Medical Assistant (“M.A.”) in the Gastrointestinal Oncology (“GI Oncology”) unit of DEFENDANT STANFORD HEALTH CARE’s Cancer Center in Palo Alto, California. As an M.A., MS. YOUNG was responsible for, among other things, preparing patient examination rooms prior to the visit to ensure that proper equipment and supplies were set-up for examinations, required procedures, and/or treatments; escorting patients to exam rooms, measuring and recording vital signs, documenting medication, and collecting medication information and specimen samples; cleaning exam rooms following visits; performing routine examination and treatment procedures; and administering medication under the supervision of a licensed physician or nurse.

69. As an M.A., MS. YOUNG was assigned to work with multiple physicians in the Cancer Center, including the Cancer Center surgeon who created and ran STANFORD HEALTH CARE’s Pelvic Floor Clinic, which focuses on pelvic floor disorders. The main pelvic floor disorders treated by the Pelvic Floor Clinic are urinary incontinence, fecal incontinence, and pelvic organ prolapse. An important part of the services offered by the Pelvic Floor Clinic – now the Pelvic Health Center – includes the diagnostic services provided by its Pelvic Floor Testing. (At present, MS. YOUNG is the technician who runs the machine that does Pelvic Floor Testing.)

70. At the outset of her employment, management recognized MS. YOUNG’s attention to detail, empathy, and love for her patients. In her initial annual performance reviews, MS. YOUNG was praised as follows: “Q displays a positive attitude consistently on a day to day basis despite the workload. **She is respectful of others** and goes above and beyond to protect patient’s confidentiality and personal integrity. Qiqiuiia cares very much for her patients ... Q has been a great addition to the GI Oncology team. I have enjoyed

1 teaming with her to work on establishing best practices and look forward to involving her
2 more in creation of new patient processes ... Q has great empathy and concern for her
3 patients. She truly loves this patient population and loves her interactions with them ... Q is
4 professional and takes great pride in her work. She is constantly coming up with constructive
5 ideas on how to improve the patient experience. She is highly observant ...”

6 71. Moreover, her initial management team recognized that MS. YOUNG’s
7 ability to see problems and find solutions was an asset to STANFORD HEALTH CARE and
8 their patients. As a result, MS. YOUNG’s initial manager recognized in her 2014-2015
9 performance review: “Q is professional and takes great pride in her work. She is constantly
10 coming up with constructive ideas on how to improve the patient experience ... **Q is a good**
11 **team player** ... and one of the “Goals” her initial manager set for her was to “[W]ork with
12 May Riley from Infectious disease, other Patient Care Techs and management to improve
13 our sterile processing for scopes in the GI clinic.”

14 72. However, beginning in or about 2014, there was a shift in management in GI
15 Oncology, which is where the Pelvic Floor Clinic was situated. Kathryn Gail Bailey
16 (“BAILEY”) was promoted to be the Director of Clinical Operations of the Cancer Center,
17 reporting to Vice President of the Cancer Clinic, Sri Seshadri (“SESHADRI”). Tim Svozil
18 (“SVOZIL”) was hired as the Assistant Clinic Manager for GI Oncology, and, on
19 information and belief, Assistant Manager SVOZIL hired Natalie BURANZON
20 (“BURANZON”) as an M.A. in GI Oncology. On further information and belief, Assistant
21 Manager SVOZIL had a personal relationship with BURANZON such that BURANZON
22 was allowed to torment MS. YOUNG based on her race on an ongoing basis, and Assistant
23 Manager SVOZIL would ratify the hostile work environment BURANZON created for
24 MS. YOUNG.

25 73. For example, beginning when MS. YOUNG was pregnant in 2014,
26 BURANZON would unplug MS. YOUNG’s computer, requiring MS. YOUNG to crawl
27 under her desk (with a pregnant belly) to plug her computer back in to be able to perform her
28 job duties. When MS. YOUNG reported this harassment to Assistant Manager SVOZIL, he

1 did nothing. As a result of Assistant Manager SVOZIL's inaction, MS. YOUNG began
2 maintaining a notebook to document the harassment BURANZON was subjecting her to.
3 BURANZON stole MS. YOUNG's notebook and, when she reported it, SVOZIL again did
4 nothing.

5
6 **B. Stanford Health Care's Staff Dresses Like The Ku Klux Klan At Work**
7 **And Circulates A Photograph Directed At Ms. Young, While**
8 **Management Feigns Ignorance and Promotes Two of The Harassers.**
9

10 74. The day before Halloween in 2014, a member of STANFORD HEALTH
11 CARE's GI Oncology staff, Gupreet Tak ("TAK") threatened MS. YOUNG by saying that
12 she was going to dress like the Ku Klux Klan ("KKK") for Halloween. MS. YOUNG was
13 shaken, offended, and horrified.

14 75. The following day, Elizabeth Dobbins ("DOBBINS") dressed like the KKK
15 in a Cancer Center exam room and BURANZON photographed her and circulated the
16 photograph among the Medical Assistants and, on information and belief, to SVOZIL.
17 DOBBINS and BURANZON's racist actions were committed with the intent of intimidating
18 MS. YOUNG, and creating a hostile work environment for her.

19 76. Despite SVOZIL's knowledge that his staff had dressed as a member of the
20 KKK at work to create a threatening and hostile work environment for MS. YOUNG, he did
21 nothing about it. Even worse, in November of 2014, SVOZIL and BAILEY promoted TAK
22 and BURANZON, and, when, a month later MS. YOUNG discovered and reported it
23 immediately thereafter, BAILEY feigned ignorance and blamed MS. YOUNG for not having
24 brought the initial threat to her attention sooner, as if it had been MS. YOUNG's
25 responsibility to prevent her staff from dressing like the KKK to intimidate her.

26 77. Below is the photograph of STANFORD HEALTH CARE's staff dressed and
27 photographed as a member of the KKK, circulated for the purposes of threatening and
28 intimidating MS. YOUNG based on her race.



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78. Moreover, this was not the first time STANFORD HEALTH CARE's Cancer Center staff had used Halloween as an excuse to create a patently hostile work environment for African-American employees. When MS. YOUNG began working for STANFORD HEALTH CARE she was made aware that staff previously had come to work on Halloween wearing "blackface," a remnant of the United States' blatantly racist past in which White

1 actors would paint their faces black and proceed to mock Black people as minstrels.

2 79. Although STANFORD HEALTH CARE's managing agents were made
3 aware of prior staff coming to work in "blackface" at Halloween, no preventative measures
4 were taken to ensure nothing of the sort occurred again. As a result, overt racism did recur
5 and directly impacted MS. YOUNG's work environment and was so severe as to alter the
6 terms and conditions of her employment by creating an objectively hostile work
7 environment, as determined by the Alameda County jury on March 28, 20124. Moreover,
8 even after MS. YOUNG made her report, nothing whatsoever was done to prevent further
9 racism or a racially-charged hostile work environment at STANFORD HEALTH CARE's
10 workplace. As a result, systemic racism at Stanford continued.

11
12 C. **Ms. Young Discovers And Immediately Reports Stanford Health Care's**
13 **Staff Dressing Like The Ku Klux Klan At Work, And Begins To Suffer**
14 **Immediate Gaslighting And Retaliation.**
15

16 80. On December 15, 2014, STANFORD HEALTH CARE staff SHARISHMA
17 MAHARAJ, whose racist statement "I want to be like this in Oakland KKKKKKKKKKK" is
18 pictured above, approached MS. YOUNG and told her BURANZON and DOBBINS were
19 "not (her) friends." She further told MS. YOUNG that BURANZON and DOBBINS had
20 dressed like the KKK in STANFORD HEALTH CARE's Cancer Clinic and circulated the
21 photograph depicted above. Further, MS. YOUNG was led to believe the conduct was
22 known to and sanctioned by Assistant Manager SVOZIL. In response to hearing this and
23 seeing the photograph above, MS. YOUNG felt immediately threatened and subject to a
24 hostile work environment as a result of being an African-American woman.

25 81. MS. YOUNG immediately reported her co-workers dressing like the KKK
26 and circulating the photograph to intimidate her to Kim Ko ("KO") of Human Resources and
27 to BAILEY. Almost immediately, MS. YOUNG was subjected to increased harassment and
28

1 ongoing retaliation, including, but not limited to, gaslighting⁷; heightened scrutiny of
2 MS. YOUNG's performance and attendance; an attempt to issue MS. YOUNG a fraudulent
3 disciplinary write-up; denial of promotion; decreased hours; and being subjected to a
4 fraudulent performance write-up, eventually public shaming, humiliating and retaliatory
5 attempts to destroy her credibility and reputation through defamatory false accusations of
6 dishonest and falsity in her complaints and reports of racism and patient safety issues, among
7 other things.

8
9 **D. Stanford Health Care's Staff Secretly Photograph Disfigured Patient**
10 **Genitals.**
11

12 82. Also in or about November 2014, BURANZON secretly photographed and
13 circulated the photograph of a STANFORD HEALTH CARE patient's disfigured genitals.⁸

14 83. When STANFORD HEALTH CARE learned that BURANZON had secretly
15 photographed and circulated the photo of a patient's disfigured genitals, their response was
16 to provide training on patient privacy rights. But STANFORD HEALTH CARE and its
17 managing agents did nothing to provide training to prevent race harassment in their
18 workplace, and so it continued, and continued to create a devastating hostile work
19 environment for MS. YOUNG.

20
21 **E. As A Result Of Stanford Health Care's Immediate Campaign Of**
22 **Retaliation, Ms. Young Turns To The Cancer Center Surgeon For Help**
23 **And Stanford Health Care Then Retaliates Against The Cancer Center**
24 **Surgeon By Inexplicably Closing The Pelvic Floor Clinic She Headed.**
25

26 _____
27 ⁷ "Gaslighting" is the use of persistent denial, lying, misdirection, and contradiction in an
attempt to delegitimize a person's experience or make them think they are crazy.

28 ⁸ See corroborating report attached as Ex. 9.

1 84. Suddenly having to defend her job as the result of reporting blatantly racist
2 and threatening behavior at work, MS. YOUNG turned for support to her supervising
3 physician, a well-trusted and highly-respected surgeon in the Cancer Center who created and
4 ran Stanford Health Care's Pelvic Floor Clinic, and who is also an African-American
5 woman, Dr. Kim Rhoads. It was only after Dr. Rhoads supported MS. YOUNG's report of
6 race harassment that STANFORD HEALTH CARE took heed and conducted an
7 investigation, which was done in the guise of a "Climate Survey" – or
8 "temperature check" – the results of which were kept secret, and nothing improved, but,
9 rather worsened.

10 85. As a result of her support of MS. YOUNG, Dr. Rhoads – a brilliant surgeon
11 with a medical degree from UCSF and a master's degree in Public Health from Harvard
12 University – then also became a target for STANFORD HEALTH CARE's campaign of
13 retaliation, which resulted in the inexplicable closure of Dr. Rhoads' Pelvic Floor Clinic.

14
15 **F. Dr. Rhoads Recommends Promoting Ms. Young To Be The Patient**
16 **Testing Technician Needed To Reopen Her Pelvic Floor Clinic, But**
17 **Management Continues Its Retaliation Campaign By Repeatedly And**
18 **Inexplicably Passing Ms. Young Up For Promotion.**
19

20 86. Through Spring and Summer of 2015, the Pelvic Floor Clinic was closed,
21 purportedly because it lacked a Patient Testing Technician. MS. YOUNG applied for and
22 was qualified for the position. Indeed, Dr. Rhoads recommended her as the candidate most
23 qualified for the position, which would allow the Pelvic Floor Clinic to reopen. Still, Spring
24 and Summer passed and, in retaliation for making a complaint of racist conduct, the position
25 was offered to others, but not to MS. YOUNG.

26 87. Dr. Rhoads was very concerned about the blatant retaliation she witnessed
27 being directed against MS. YOUNG for having reported her co-workers dressing like the
28 KKK and circulating the photograph of the same to threaten her. As a result, Dr. Rhoads

1 questioned the legitimacy of STANFORD HEALTH CARE's reasons for continuing to pass
2 up MS. YOUNG for promotion to the Pelvic Floor Clinic's Patient Testing Technician
3 position, despite being the most qualified candidate and despite Dr. Rhoads' support,
4 particularly as Dr. Rhoads *ran the Pelvic Floor Clinic*.

5 88. Finally, in August of 2015, under heightened scrutiny from Dr. Rhoads,
6 STANFORD HEALTH CARE had run out of excuses and promoted MS. YOUNG, who
7 was, and had always been, the most qualified person for the job. After months of having her
8 promotion inexplicably denied, MS. YOUNG was promoted from a Medical Assistant to a
9 Patient Testing Technician III for the Pelvic Floor Clinic. Nevertheless, STANFORD
10 HEALTH CARE tried to deny her pay commensurate with the title.

11 89. When the Pelvic Floor Clinic reopened that Fall, MS. YOUNG witnessed that
12 Dr. Rhoads was being treated like a second-class citizen within the Cancer Center, and that
13 whenever MS. YOUNG worked with her, MS. YOUNG's working conditions deteriorated,
14 such that she was not scheduled to take meal periods, and often was denied meal periods
15 entirely (but was not compensated for missing them).

16
17 **G. Out Of Fear Of Further Retaliation, Ms. Young Asks Dr. Rhoads To**
18 **Report Egregious Patient Endangerment Issues She Witnessed To**
19 **Stanford Health Care And When She Does, Their Response Puts Patients**
20 **At Greater Risk Of Death And They "White Out" Documents To**
21 **Fraudulently Conceal Records Relating To The Same.**
22

23 90. After having been subjected to repeated retaliation, MS. YOUNG felt forced
24 to stand silent as incompetent management and untrained medical staff at STANFORD
25 HEALTH CARE's Cancer Center allowed immune-compromised cancer patients to be
26 regularly endangered by exposure to tuberculosis, and other highly infectious diseases such
27 as scabies, shingles, HIV, AIDS, MRSA, and C. difficile (C. diff.). Perhaps even worse,
28 STANFORD HEALTH CARE forbade MS. YOUNG to inform those immune-compromised

1 cancer patients that they had been exposed to infectious diseases, or to even discuss the
2 matter.

3 91. Of additional concern was the fact that MS. YOUNG was instructed by
4 management to lie to safety auditors and say that all daily safety “checks” (referred to as
5 “Ever Ready” Checklists) were being completed properly, when they were not. Prior
6 management had known how to properly check and stock the emergency crash cart used to
7 resuscitate patients in emergency situation, and had trained MS. YOUNG how to do so.
8 However, other managers and staff who were hired after MS. YOUNG were not properly
9 trained. As a result, no one other than MS. YOUNG and her co-worker Salma Morales knew
10 how to properly check and stock the emergency crash cart, and yet the “Ever Ready”
11 checklist records were falsified daily to show that the crash cart had been checked and was in
12 working order, when it was not. So when a cancer patient “coded” – *i.e.*, went into cardiac
13 arrest – the emergency crash cart was not in working order!

14 92. And when shortly thereafter, in November 2015, another patient in the Cancer
15 Center needed oxygen, the emergency crash cart was not stocked with proper oxygen tubing!
16 To save the patient’s life, MS. YOUNG had to run as fast as she could from one building to
17 another to find the oxygen tubing and bring it back to resuscitate the patient.

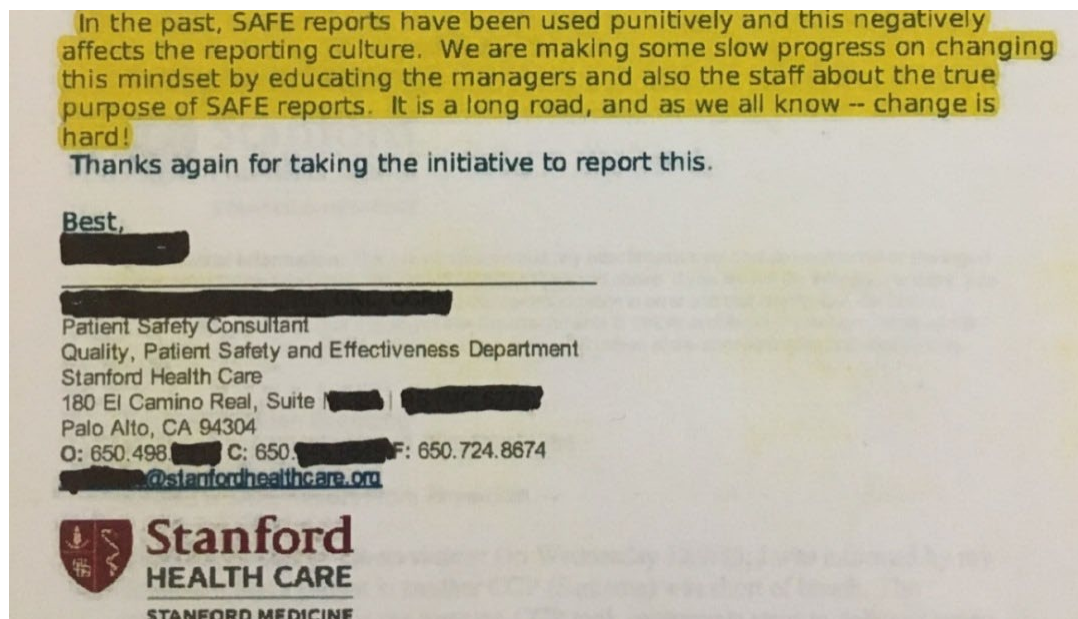
18 93. The dangerous issue of the emergency crash cart not being properly checked
19 first came to management’s attention by July 1, 2015. Still, nothing was done.

20 94. After these horrendous risks to patient safety four months later, in
21 November of 2015, MS. YOUNG was no longer willing to remain silent about all the ways
22 in which STANFORD HEALTH CARE was endangering patients’ lives. Still, she feared for
23 her career if she raised these issues, and so asked Dr. Rhoads to report the issues to
24 STANFORD HEALTH CARE management.

25 95. Dr. Rhoads holds a master’s degree from the Harvard School of Public
26 Health, and validated the seriousness of the patient endangerment issues MS. YOUNG had
27 witnessed, as well as the regulatory violations presented by STANFORD HEALTH CARE
28 creating false records of “safety checks” that had never actually happened.

1 96. In December 2015 and January 2016, Dr. Rhoads reported patient
2 endangerment issues and the fraudulent records relating to the Cancer Center crash cart that
3 MS. YOUNG had told her about to STANFORD HEALTH CARE's managing agents,
4 including, among others, James Hereford, STANFORD HEALTH CARE's then-Chief
5 Operating Officer, Sridhar Seshadri, Senior Vice President of Stanford Cancer Services,
6 Mark Lane Welton, M.D., then-Chief of Staff, and Brendan C. Visser, M.D.

7 97. In response to the Cancer Center surgeon's inquiry about why STANFORD
8 HEALTH CARE employees are so terrified to report patient safety concerns (called "SAFE
9 reports"), STANFORD HEALTH CARE's Quality, Patient Safety and Effectiveness
10 Department responded candidly in writing, admitting that employees are afraid to come
11 forward because punitive measures are taken by management against those who make such
12 reports. Below is a photograph of a portion of the Quality, Patient Safety and Effectiveness
13 Department's admission about STANFORD HEALTH CARE management's "punitive"⁹ -
14 *i.e.*, retaliatory - response to receiving SAFE reports:



27 ⁹ Merriam Webster defines "punitively" to mean "inflicting, involving, or aiming at
28 punishment."

1 98. Moreover, rather than remedying the terrifying problem that had left one
2 cancer patient “coding” in an emergency without access to an operating crash cart – and
3 another cancer patient desperately needing, but without access to, oxygen – instead,
4 STANFORD HEALTH CARE management and leadership focused on covering up their
5 violations of having fraudulent reports showing safety checks were occurring daily, as
6 required by law, when they were not.

7 99. To cover up their daily regulatory violations, STANFORD DEFENDANTS
8 gathered the fraudulent safety reports, and used “White Out” to fraudulently back date and
9 revise the records. Months later, another Medical Assistant texted MS. YOUNG that, even
10 after doctoring the regulatory compliance records with “White Out,” still no one in the
11 Cancer Center could figure out how to check the emergency crash cart!

12 100. Perhaps even more frightening, to “remedy” the problem of no one knowing
13 how to properly check and stock the emergency crash cart, STANFORD DEFENDANTS
14 removed the emergency crash cart from the Cancer Center altogether, such that, now if a
15 patient “codes” in an emergency in the Cancer Center, there is no crash cart on site.



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27 101. Setting aside STANFORD DEFENDANTS’ flagrant and outrageous
28 disregard for the lives of at-risk cancer patients in removing the emergency crash cart from

1 the Cancer Center, what is particularly glaring is the underlying deceit in the reasoning given
2 for the crash cart removal. Not caring enough about their patients' lives to train employees to
3 properly maintain the crash cart, an announcement was made implying that the crash cart
4 was being removed for the sake of "consistency," as other Cancer Centers apparently were
5 not so fortunate as to have crash cart on site. A facility that has no crash cart to resuscitate
6 patients "coding" in emergency has to rely on calling "911," and is referred to as a "911
7 facility." Below is STANFORD HEALTH CARE's announcement "explaining" the
8 nonsensical reason for removal of the crash cart from the Stanford Cancer Center:

Crash Cart Removed- Cancer Center Palo Alto Clinics A-F

As you know in the Cancer Center Palo Alto Clinics A-F , the clinic staff have been operating as a 911 facility. Today the crash cart was removed. Now all of our cancer care clinic locations in Palo Alto will operate in the same way, as a 911 facility. The SHC Code Blue team will continue to respond to the Ambulatory Surgery Center, ITA, and Radiation Therapy in the Cancer Center.

15 Such an "explanation" for removing a life-saving machine – based on the insane premise that
16 all STANFORD DEFENDANTS' cancer patients' lives should be placed equally at risk by
17 having to wait for a 911 response – underscores the unfathomable lengths to which
18 STANFORD DEFENDANTS will go to cover up liability, even at the risk of patient lives.
19 Below is a screenshot showing the number of times patients suffered a "Code Blue" – i.e.,
20 was in distress and needed help right away – in the Cancer Center just in the six weeks
21 between November 2015 and December 30, 2015, which is the time period when MS.
22 YOUNG, through Dr. Rhoads, reported the crash cart not being properly stocked or checked.

[See Screenshot on Next Page]

List of Code Blues and RRT's at the Cancer Center

1. 11/11/15 at 12:26pm. CODE BLUE - ADULT: 66464 CANCER CENTER BLOOD LAB ROOM CC1107 ADULT CANCER CENTER
2. 11/24/15 at 11:25am. RAPID RESPONSE TEAM - SHC: 51860 INFUSION TREATMENT AREA ROOM D7 SECOND FLOOR ADULT CANCER CENTER
3. 11/25/15 at 5:42pm. RAPID RESPONSE TEAM - SHC: E650 644 6250 CANCER CENTER IR ROOM THIRD FLOOR BED 8 - CANCER CENTER
4. 12/1/15 at 5:09pm. RAPID RESPONSE TEAM - SHC: 650-498-5182 AMBULATORY SURGERY CENTER, PACU, SECOND FLOOR, ADULT, CANCER CENTER
5. 12/9/15 at 1:55pm. CODE BLUE - ADULT: 47530 INFUSION TREATMENT AREA ROOM CC2406 INSIDE ROOM B10 SECOND FLOOR ADULT CANCER CENTER
6. 12/14/15 at 11:41pm. CODE BLUE - ADULT: 68821 ASC PACU FASE 2 3RD FLOOR ADULT CANCER CENTER
7. 12/30/15 at 10:47am. CODE BLUE - ADULT: 62304 CANCER CENTER MAMMAGRAPHY ROOM CC1220 FIRST FLOOR ADULT CANCER CENTER

And still, STANFORD HEALTH CARE's response to learning of this serious problem was not to learn how to properly check the crash cart, but to remove the crash cart – and then double down on their efforts to remove MS. YOUNG, and Dr. Rhoads.

H. Ms. Young's Co-Worker Uses The "N" Word In Her Presence And When Ms. Young Reports It, She Is Accused Of Lying And Bullying Others.

102. At the end of December 2016, one of MS. YOUNG's co-workers, Eduardo Sudano used the "N" word at work in MS. YOUNG's presence and in the presence of another co-worker, Breeanna Kent.

103. Given her prior experience of retaliation, MS. YOUNG was afraid to report her co-worker's use of the "N" word at work for fear of further retaliation, but when she told Dr. Rhoads about the incident, Dr. Rhoads encouraged MS. YOUNG to stand up for herself and make a report to KO of Human Resources. As a result, MS. YOUNG did so.

1 104. In response to MS. YOUNG's report of use of the "N" word at work,
2 STANFORD HEALTH CARE's KO met with MS. YOUNG, but then inexplicably assigned
3 the sham "investigation" to an African-American woman whom MS. YOUNG had never
4 met, Denise Bailey ("D. BAILEY"). On information and belief, D. BAILEY was assigned to
5 conduct this sham investigation because STANFORD HEALTH CARE wanted her to
6 appear unbiased based on her race.

7 105. However, D. BAILEY was nothing more than a person of color used as a
8 pawn for STANFORD HEALTH CARE. Rather than conducting a prompt, fair, unbiased
9 and thorough investigation, D. BAILEY was dismissive of MS. YOUNG's complaint,
10 investigated something MS. YOUNG did not allege, was incredulous, and accused
11 MS. YOUNG of lying.

12 106. D. BAILEY told MS. YOUNG's co-worker, KENT, who had witnessed
13 SUDANO use the "N" word in MS. YOUNG's presence that KENT she should not "let
14 [MS. YOUNG] bully you" into corroborating that SUDANO had in fact used the "N" word
15 at work, after he had denied it. In fact, even when KENT corroborated that SUDANO had
16 used the "N" word at work, MS. YOUNG's report of SUDANO using the "N" word at work
17 was deemed baseless and no action whatsoever was taken against SUDANO. Moreover, no
18 anti-harassment training was provided to prevent further use of the "N" word in the
19 workplace, and so, again, it recurred.

20
21 **I. Dr. Rhoads Reports Racism, Patient Endangerment, And Retaliation,**
22 **Including Ms. Young's Experience Of The Same, And Is Immediately**
23 **Subjected To A Heightened Campaign Of Retaliation That Forces Her**
24 **Resignation Within A Matter Of Months.**
25

26 107. In December 2015 and January 2016, Dr. Rhoads also reported the racism,
27 patient endangerment, and retaliation she, MS. YOUNG, and others had experienced and
28 witnessed to STANFORD HEALTH CARE's managing agents, including, among others,

1 James Hereford, SESHADRI, Mark Lane Welton, M.D., then-Chief of Staff and Brendan C.
2 Visser, M.D., Medical Director of Gastrointestinal Cancer Care Program.

3 108. STANFORD HEALTH CARE's managing agents failed to investigate
4 Dr. Rhoads' reports of patient endangerment and further failed to provide any anti-
5 harassment or anti-retaliation training in response to her report of both. Instead, when Dr.
6 Rhoads reported MS. YOUNG's concerns and others to STANFORD HEALTH CARE's
7 managing agents, they responded by saying to Dr. Rhoads that "our lawyers said we are 'in
8 the clear' about the 'KKK incident,'" and conducted a sham investigation, never even
9 interviewing MS. YOUNG.

10 109. Instead, STANFORD HEALTH CARE, through its managing agents,
11 redoubled its campaign of retaliation against Dr. Rhoads, and began, among other things, to
12 "gaslight" her, too, while surreptitiously interviewing a new Caucasian surgeon to be
13 Dr. Rhoads' replacement as the new Director of the Pelvic Floor Clinic.

14 110. As a result of STANFORD HEALTH CARE's swift and relentless campaign
15 of retaliation, by mid-2016, Dr. Rhoads felt she had no choice but to resign from her
16 employment with STANFORD HEALTH CARE, despite having no other secured
17 employment.

18
19 **J. Ms. Young Is Repeatedly Warned To Stay Silent About Ongoing Patient**
20 **Endangerment Issues, And When She Does Not Remain Silent, Stanford**
21 **Health Care Retaliates With Veiled Threats, Intimidation, Gaslighting,**
22 **And Ultimately Removing Ms. Young From The Cancer Center And**
23 **Reducing Her Hours And Pay.**
24

25 111. Without the voice and protection of Dr. Rhoads, STANFORD HEALTH
26 CARE's retaliatory bullying, intimidation, and harassment of MS. YOUNG escalated.
27 Moreover, without Dr. Rhoads' assiduous oversight, the number of careless errors that
28 endangered patients in the Pelvic Floor Clinic on a regular basis increased in severity and

1 frequency.

2 112. MS. YOUNG was repeatedly warned by a number of STANFORD HEALTH
3 CARE employees that, if she valued her job, she should stay quiet about the patient
4 endangerment she witnessed on a regular basis and that she should stay clear of STANFORD
5 UNIVERSITY and STANFORD HEALTH CARE's attorney in their Office of General
6 Counsel, Angeline Covey.

7 113. But as MS. YOUNG began her career in health care after her father died from
8 gross medical negligence that the medical provider tried to cover up and hide from her
9 family, MS. YOUNG could not, and would not, remain silent about STANFORD HEALTH
10 CARE's ongoing endangerment to its patients that she witnessed regularly. When MS.
11 YOUNG did not remain silent, STANFORD HEALTH CARE retaliated against her, as set
12 forth further below.

13
14 **K. Ms. Young Repeatedly Reports The Risk Of Feces-Covered Rubber**
15 **Bands Being Inserted Into Unsuspecting And Vulnerable Surgery**
16 **Patients, And Is Accused Of Lying And Fabricating The Same.**
17

18 114. On May 13, 2016, MS. YOUNG reported her concern that feces-covered
19 rubber bands were being reused from patient to patient. Six months earlier, in November
20 2015, she had first reported the risk of reusing feces-covered rubber bands to her direct
21 supervisor Christina Guijarro Estrada and Nursing Manager Matthew Burke, but that report
22 met with nothing but further retaliatory intimidation and hostility, including Guijarro looking
23 for a way to discipline MS. YOUNG and becoming physically aggressive and threatening to
24 MS. YOUNG, and management trumping up false accusations against MS. YOUNG and
25 writing her up based on these false accusations. Absolutely nothing was done to correct this
26 potentially fatal risk to patients, and so the used rubber bands continued to be returned for
27 reuse on unsuspecting STANFORD HEALTH CARE patients.

28 ///

1 115. In January 2016, MS. YOUNG again reported her fears about patient safety
2 resulting from unclean medical devices with feces-covered rubber bands being inserted into
3 unsuspecting and vulnerable surgery patients to KO when she reported Sudano's use of the
4 "N" word at work.

5 116. Neither KO nor STANFORD HEALTH CARE took any preventative or
6 protective measures to ensure that the risk to patients stopped. So in May of 2016, an M.A.
7 brought to MS. YOUNG's attention that the hemorrhoid ligators used for hemorrhoid
8 surgery still were being sealed for reuse with the previous feces-encrusted rubber bands
9 ready to be inserted into the next patient with a conscious disregard for the safety of
10 vulnerable patients. When the feces-covered rubber bands still were being returned for reuse,
11 MS. YOUNG confirmed with another Medical Assistant that this issue had long ago been
12 brought to management's attention.

13 117. Having her concerns twice fall on deaf ears, on May 13, 2016, MS. YOUNG
14 reported her concern about the unclean and unsanitary medical devices being used to insert
15 feces from one patient into another directly to Seshadri.

16 118. True to form, STANFORD HEALTH CARE's response was one of bullying
17 and gaslighting both. First, to intimidate MS. YOUNG, Seshadri immediately cc'd two of
18 STANFORD HEALTH CARE's *employment lawyers* – including Angeline Covey – in
19 response to her report of a serious patient safety issue, including the Director of Labor
20 Relations. Next, Burke denied that there was any problem and called MS. YOUNG a liar,
21 scolding MS. YOUNG, accusing her of "jumping to conclusions," and finally threatened that
22 she needed "to trust management" and "be happy" to keep her job.

23 119. Finally, Angeline Covey – the *employment defense lawyer* whose expertise is
24 presumably defending employment lawsuits and not the best practices for patient safety
25 when it comes to the reuse and sterilization of equipment used in hemorrhoid surgeries –
26 chimed in (unaware that MS. YOUNG was still on the email chain), and proposed a pablum
27 response to be sent from Burke to MS. YOUNG ostensibly "thanking" her for her report,
28 while denying any problem and accusing MS. YOUNG of having jumped to conclusions.

1 120. Fortunately, as a result of the deceitfulness of STANFORD HEALTH
2 CARE's managing agents, and their persistent campaign of retaliation and retaliatory
3 gaslighting against her, MS. YOUNG had learned to document as much as she possibly
4 could. And so, in response to STANFORD HEALTH CARE's attempt to make MS.
5 YOUNG sound like she did not know what she was talking about, MS. YOUNG made a
6 3 minute and 31 second video documenting that the equipment inserted into patients' anuses
7 was being returned, sealed, with the prior patient's feces-covered rubber bands attached and
8 ready for reuse.

9 121. Having her report of the risk of reuse of the feces-covered rubber bands flatly
10 denied, in mid-May of 2016, MS. YOUNG reported the patient endangerment issues she had
11 witnessed to the Joint Commission, the standard-setting accreditation agency tasked with
12 ensuring health care organizations' regulatory compliance (the agency to which
13 STANFORD HEALTH CARE smeared MS. YOUNG's reputation in its response), as well
14 as to the California Department of Public Health.

15
16 **L. Canister Of Feces Left Dripping In The Cancer Center Procedure Room**
17 **During A Wound Care Procedure For An Immune-Compromised**
18 **Cancer Patient, And Feces Left In The Hazardous Waste Bin In The**
19 **Cancer Center Procedure Room Overnight.**

20
21 122. Less than a week later, MS. YOUNG came into work early in the morning
22 and found a canister of feces had been left dripping on the floor overnight in the Cancer
23 Center Procedure Room, where the last immune-compromised cancer patient of the previous
24 day had had a wound care procedure. Moreover, feces had been left overnight in the
25 hazardous waste bin. Management's response to MS. YOUNG's report was again met with
26 scolding and more hollow platitudes about Stanford "healing humanity through science and
27 compassion, one patient at a time." As a result, this time MS. YOUNG reported the patient
28 endangerment directly to the Joint Commission and the California Department of Health.

1 **M. A Tenured Stanford Oncologist Makes A Report To Stanford University**
2 **Then-President John L. Hennessey Describing The Racism Ms. Young**
3 **Has Been Subjected To And Makes A Plea “That The President’s Office**
4 **Will Ensure ... That Qiquia And Other Staff Of Color Will Feel Safe In**
5 **The Cancer Center.”**
6

7 123. By Summer of 2016, Dr. Rhoads was gone. When Dr. Rhoads described her
8 treatment to a tenured¹⁰ Stanford Oncologist, a person of color, to report, among other
9 things, the ongoing racism, retaliation and harassment directed at MS. YOUNG to
10 DEFENDANT STANFORD UNIVERSITY then-President, John L. Hennessey and then-
11 CEO of DEFENDANT STANFORD HEALTH CARE, Mariann Byerwalter, as well as
12 blatantly racist comments by cancer surgeon Brendan C. Visser, M.D.

13 124. In an email dated June 14, 2016, with the subject line **“Meeting with**
14 **President Hennessey,”** the tenured Stanford Oncologist wrote:
15 **“President Hennessey, ... At Halloween ... testing technician**
16 **Natalie [BURANZON] took a photo of a medical assistant with a**
17 **pillowcase pulled over her head, pretending to be a member of the**
18 **Ku Klux Klan. Natalie showed other staff that photo along with a**
19 **photo of a patient’s disfigured perineum, the area between the**
20 **genitalia and anus, joking that the KKK was going to do the same**
21 **thing to Qiquia [MS. YOUNG], an African-American/Cherokee**
22 **medical assistant. Subsequently, a staff member addressed Qiquia**
23 **with the N-word.** In addition, a male Associate Professor of
24 **Surgery [Brendan C. Visser, M.D.] once entered a work room**
25

26 ¹⁰ A tenured faculty member like the Oncologist cannot be subject to termination in the same
27 way as other employees, and therefore, was protected from retaliation experienced by the
28 Cancer Center surgeon and, on information and belief, others who were forced to leave after
reporting harassment, discrimination, retaliation, and patient endangerment.

1 where several staff were eating lunch together, and asked, “*What*
2 *do you people eat anyway? Bushmeat?*” ... Our goal is that the
3 President’s office will ensure ... that Qiquia and other staff of
4 color will feel safe in the Cancer Center.”

5 125. Following his report to President Hennessey, the tenured Stanford Oncologist
6 wrote an email dated June 18, 2016, with the subject line “Protecting the vulnerable.” In this
7 email, he wrote:

8 **“At President Hennessey’s request, I sent my statement to**
9 **Mariann Byerwalter, CEO of Stanford Health Care and**
10 **emerita member of the Stanford Board of Trustees. The**
11 **fall-out from our meeting will percolate back to Cancer**
12 **Center administrators.** The natural response of Cancer Center
13 administrators will be to “look further into the matter”. **Those**
14 **of us who depend on resources and employment at the**
15 **Cancer Center will be vulnerable, but *the most vulnerable***
16 ***will be QiQuia Young ...*”**

17 126. Identification of MS. YOUNG as “the most vulnerable” to retaliation
18 following the report of racism, retaliation, and intimidation to STANFORD DEFENDANTS’
19 managing agents’ was prescient: much like their liability-dodging “solution” with the
20 emergency crash cart, their “solution” to the racism, retaliation, and intimidation
21 MS. YOUNG experienced in the Cancer Center, and to the patient safety issues she
22 witnessed and reported there, was to remove her from the Cancer Center and instead place
23 her in a remote location, as the sole experienced person in the Pelvic Floor Clinic, and
24 drastically reduce her hours such that she could barely make ends meet.

25 127. Moreover, rather than conducting a prompt, thorough, unbiased investigation
26 as a result of the tenured Stanford Oncologist’s report of race harassment, discrimination,
27 and fear of retaliation against MS. YOUNG, instead DEFENDANT STANFORD
28 UNIVERSITY and its managing agents, paid a consultant to conduct a non-specific

1 “Climate Survey” into STANFORD HEALTH CARE’s work environment. This was the
2 second “Climate Survey” STANFORD DEFENDANTS conducted following its employees
3 dressing like the KKK at work, the first occurring in August of 2015. During the “Climate
4 Survey” interviews conducted by STANFORD UNIVERSITY regarding the workplace of
5 STANFORD HEALTH CARE – and which were attended by a STANFORD UNIVERSITY
6 professor as well as the paid consultant hired by STANFORD UNIVERSITY – the medical
7 employees who were interviewed dissolved into tears. And, not surprisingly given
8 STANFORD DEFENDANTS’ pattern of denying and burying problems and liability, the
9 results of each “Climate Survey” were kept secret and nothing changed. Moreover, following
10 the 2015 and 2016 “Climate Surveys,” there was still no mandatory anti-racial harassment
11 training required of employees.

12 128. Instead, following the 2016 “Climate Survey” of DEFENDANT STANFORD
13 HEALTH CARE’s workplace, Seshadri, Senior Vice President of STANFORD HEALTH
14 CARE’s CANCER SERVICES “invited” employees to attend voluntary “sensitivity
15 training” that would explain the “business case” for respect in the workplace –, a “business
16 case” being a justification for a proposed change based on its expected economic benefit to
17 an organization. Clearly, for STANFORD DEFENDANTS, profit always ranks first in
18 importance and is their prime motivation.

19
20 N. **Stanford Health Care Retaliates By Trumping Up False Accusations**
21 **Against Ms. Young And Wrongfully Disciplining Her, Moving Her Out**
22 **Of The Cancer Center To A Remote, Unprepared Location, Decreasing**
23 **Her Hours, And Trumping Up A Fraudulent Job Requisition For Ms.**
24 **Young’s Position To Increase The Education Requirements In An**
25 **Attempt To Oust Ms. Young From Her Job.**
26

27 129. In response to MS. YOUNG’s reports to the Joint Commission and the
28 California Department of Public Health, as well as the tenured Stanford Oncologist’s report

1 on MS. YOUNG's behalf to STANFORD DEFENDANTS' managing agents, STANFORD
2 HEALTH CARE doubled down on its harassment and ongoing retaliation of MS. YOUNG,
3 which included physical intimidation and harassment by its managing agents. The retaliation
4 MS. YOUNG endured included, but was not limited to, receiving a fraudulent disciplinary
5 write up, the only write-up she had ever received in her entire career. The patent falsity of
6 this write up was made apparent just a month later during MS. YOUNG's annual
7 performance review, which was excellent and was underscored by evidence of other
8 employees doing exactly what MS. YOUNG had done without any concern or resulting
9 discipline.

10 130. After being blindsided by a harassing meeting with Human Resources and
11 Management, on Friday, April 8, 2016, MS. YOUNG's supervisor, Christina Guijarro,
12 demanded that MS. YOUNG call a phone number to talk with someone she had never heard
13 of and further refused to inform MS. YOUNG of why she was to make the call. MS.
14 YOUNG's stomach was in knots, so she repeatedly asked Guijarro and Guijarro's manager
15 Burke to tell her what the call was going to be about. Neither Guijarro nor Burke responded
16 to MS. YOUNG's requests. Having been recently blindsided and fraudulently accused of
17 wrongdoing by Human Resources, MS. YOUNG told Guijarro and Burke that she would not
18 be calling the number if they did not let her know what the call was in regards to.

19 131. Instead of speaking with MS. YOUNG and assuaging her concerns, Guijarro
20 attacked and assaulted MS. YOUNG in anger in front of other employees, lunging at her and
21 standing menacingly over MS. YOUNG, who was seated. MS. YOUNG felt that
22 GUIJARRO wanted to hit her, and because she could not, she was doing what she could to
23 physically intimidate MS. YOUNG.

24 132. The following Monday, April 11, 2016, MS. YOUNG reported the assault by
25 her supervisor, Guijarro, by sending to KO of Human Resources an email with the subject
26 line: "Complaint About Christina's Open Hostility and Threatening Behavior. Eleven (11)
27 days passed, and KO never even acknowledged receiving MS. YOUNG's complaint of
28 Guijarro's hostility and threatening behavior.

1 133. On Friday, April 22, 2016, MS. YOUNG sent a follow-up email to KO,
2 stating, “Can you please tell me what the status is on the investigation into my complaints of
3 harassment and retaliation by [Guijarro]? It’s been two work weeks since I brought these
4 issues to your attention (again), and I have heard nothing.”

5 134. In (non)response to MS. YOUNG’s inquiries, on Friday afternoon,
6 April 22, 2016, KO escalated the issue by copying her manager, Suzanne M. Harris, Director
7 of Employee and Labor Relations on the emails. And Harris – someone MS. YOUNG had
8 no prior contact with – sent an email dismissing MS. YOUNG’s report of Guijarro’s
9 threatening behavior out of hand as nothing she was concerned about, and in true bully-
10 fashion, further informed MS. YOUNG that *she* – MS. YOUNG – was under investigation!

11 135. In response to receiving this bullying introduction from the Director of
12 Employee and Labor Relations, MS. YOUNG replied: “...I don’t know what you base your
13 cavalier and insensitive statement on that “you are not in physical danger ... or subject to
14 any behavior that would cause us to be immediately concerned.” ... Has anyone talked to
15 any of the people who witnessed it? I have a co-worker who doesn’t want to be named
16 (because she is afraid of what will happen if she comes forward and doesn’t want to be
17 treated like I am being treated at work), who told me that [Guijarro]’s cousin that works in
18 the Cancer Center has admitted that both [Guijarro]’s husband and her husband were gang
19 members. So while you, who have the luxury of working behind a locked door, may not feel
20 like [Guijarro]’s actions are threatening to me, I sure do. She has access to my home address
21 and now her family is making it known in the Cancer Center that her husband was a
22 Norteño. No one should be treated like this at work, and talk of gang membership should
23 never happen in the workplace ...”

24 136. MS. YOUNG’s report of Guijarro’s behavior was corroborated by a co-
25 worker who was terminated shortly thereafter. No one ever responded to MS. YOUNG’s
26 complaints of hostility and threatening behavior by Guijarro.

27 137. Instead, the following day, MS. YOUNG was written up based on false
28 accusations. As if to underscore the retaliatory nature of the write-up, the write up itself even

1 referenced Guijarro's openly threatening and harassing behavior toward MS. YOUNG!

2 138. Shortly thereafter, STANFORD HEALTH CARE made the retaliatory
3 decision to move the entire Pelvic Floor Clinic – i.e., just MS. YOUNG and the testing
4 equipment – out of the Cancer Center and to a remote, unplanned and unprepared location –
5 *years* before it officially opened. Significantly, MS. YOUNG was the only member of the
6 Pelvic Floor Clinic who was made to move and when she did, there was no work for her.

7 139. Rather than simply moving MS. YOUNG to the new, unbuilt, unfurnished,
8 unplanned location, to work without trained staff, STANFORD HEALTH CARE concocted
9 yet another poorly executed ruse – this time in the form of requiring MS. YOUNG to reapply
10 for her job as Patient Testing Technician III, and significantly enhancing her position's
11 educational requirements such that she would no longer be qualified for it.

12 140. When MS. YOUNG realized what was happening, she brought the new,
13 fraudulently drafted job requisition to the Cancer Center Director, Bailey's replacement,
14 Patricia Falconer who had no explanation for why MS. YOUNG might suddenly find herself
15 unqualified for her own job (simply because it was moved to a new building). On Mother's
16 Day weekend 2016, MS. YOUNG was terrified that she was on the verge of losing her job
17 due to STANFORD DEFENDANTS' chicanery. So, MS. YOUNG asked Falconer for
18 reassurance that reapplying for her job – with the suddenly and dramatically enhanced
19 educational requirements she did not possess – was just a formality. But rather than
20 reassuring her, Falconer and Seshadri took the opportunity to scold MS. YOUNG and warn
21 her that she needed to behave in order to have a chance of keeping her job, and to add insult
22 to injury, ending the email wishing MS. YOUNG an enjoyable Mother's Day!

23 141. The jig was up; however, when MS. YOUNG met with Manager Freida Acu,
24 the person Falconer had said was responsible for creating the enhanced educational
25 requirements for MS. YOUNG's position. In asking Acu why the Patient Testing Technician
26 III position now required a college degree when it never had before, Acu said that she had no
27 idea. She clarified that not only was she not the person who had drafted the job requisition,
28 she saw no need for MS. YOUNG to reapply for her job simply because it was moving

1 buildings. In fact, Acu informed MS. YOUNG that she had specifically told Manager Burke
2 that there was no need for MS. YOUNG to reapply for her job at all; that all Burke needed to
3 do was let Human Resources know she was in a new building location!

4 142. Indeed, the clearest evidence of STANFORD HEALTH CARE's blatant and
5 outrageous attempt to trump up an excuse to "disqualify" MS. YOUNG from her position
6 (following the retaliatory decision to oust her from the Cancer Center) is the fact that, after
7 being told she had to reapply for her position with the new educational requirements
8 enhanced beyond that which she possessed, Acu never required her reapply for the position
9 at all.

10
11 **O. Stanford Health Care Is Ironically Recognized As A "Premier Hospital"**
12 **Just Two Weeks Before Medical Negligence Causes A Protective Balloon**
13 **To Explode In A Patient's Rectum, Leaving A Corkscrew-like Metal**
14 **Guidewire In His Anus Putting Him At Risk For A Perforated Colon.**
15

16 143. On August 2, 2016, STANFORD Health Care issued a Press Release
17 claiming "Stanford Health Care's renowned Stanford Hospital has again been recognized as
18 one of the nation's premier hospitals ..."

19 144. Just over two weeks later, on August 18, 2016, during anal testing in the
20 newly-moved Pelvic Floor Clinic, the protective balloon on the end of a corkscrew-like
21 metal guidewire was negligently pumped full of air by the untrained nurse practitioner until
22 the protective balloon exploded in the patient's anus! Not only did the patient have to push
23 the ruptured balloon out of his anus, but MS. YOUNG had to sift through the patient's feces
24 to ensure that all pieces of the balloon had come out and were accounted for. And most
25 significantly, the balloon provided protection for the patient from the corkscrew-like metal
26 guidewire, so when the balloon exploded, the exposed corkscrew-like metal guidewire put
27 the patient at high risk of having his colon perforated, which could cause infection, require
28 surgery, or even result in the patient needing a colostomy bag!

1 145. Below is a photograph of the corkscrew-like metal guidewire (covered in
2 feces) left unprotected in the patient's rectum as a result of the negligence MS. YOUNG
3 witnessed:



14 **P. Ms. Young Reports The Exploding Protective Balloon And Resulting**
15 **Patient Risk Of Rectal Perforation And No One Inquires Further, Or**
16 **Provides Training, But Instead Simply Voices Concern Regarding “Legal**
17 **Liability.”**

19 146. In her report of the negligent anorectal testing MS. YOUNG witnessed, the
20 nurse practitioner blamed “equipment failure,” which was not at all the case. MS. YOUNG
21 had seen exactly what had gone wrong, how the nurse practitioner pumped too much air into
22 the balloon, and yet no one ever asked MS. YOUNG what she had witnessed. And, indeed,
23 even the nurse practitioner admitted that her lack of training was at issue by reporting in an
24 email about the accident resulting in the corkscrew-like metal guidewire exposing the patient
25 to risk of colon perforation, stating: “Re: further training – Martha is working on getting the
26 trainer out to us.” The nurse practitioner further stated: “[a]side from patient safety, legal
27 liability would be significant if someone got hurt :o ” (emoji in the original)
28

1 147. In response to the nurse continuing to blame her own negligence on
2 “equipment failure,” the following week MS. YOUNG wrote to management in an attempt
3 to tactfully set the record straight about what had happened and how to avoid a repeat
4 occurrence. But no one ever followed up with MS. YOUNG, the only properly trained
5 person in the Pelvic Floor Clinic, to ensure no other patients would be similarly put at risk of
6 colon perforation. And no training for the nurses conducting the procedure was approved by
7 STANFORD HEALTH CARE’s managing agents.

8 148. After Dr. Rhoads’ departure in Spring 2016, there was no colorectal surgeon
9 training the nurses conducting the anorectal testing – i.e. Anorectal Manometry or “ARM”
10 testing – on how to safely insert the anal probes into patients’ rectums, particular as many of
11 the patients seen in the Clinic suffered from prolapsed rectums. The lack of training and
12 oversight by any physician caused patients undue pain, bleeding, and put them at increased
13 risk of colon perforation, as MS. YOUNG witnessed, documented, and reported; she
14 suffered retaliation from management and nurses as a result.

15 149. Without a colorectal surgeon in the Pelvic Floor Clinic’s new location outside
16 the Cancer Center in the Infusion Center in Redwood City, there was not enough work to
17 keep MS. YOUNG employed full time and she was required to flex out of work, i.e., take
18 time off.

19 150. Berrier told MS. YOUNG that she could not just “sit around” so Berrier
20 began having MS. YOUNG work in other departments. Prior to her reports of retaliation and
21 patient safety issues – resulting in MS. YOUNG being dumped in the Infusion Center in
22 Redwood City – MS. YOUNG had been hired (promoted) in August 2015 to work full time
23 in the Pelvic Floor Clinic.

24 ///

25 ///

26 ///

27 ///

28 ///

1 Q. Ms. Young's New Co-Workers Listen To Music Using The "N" Word In
2 Open Work Spaces, And Twist Song Lyrics To Include The "N" Word In
3 MS. YOUNG's Presence, Singing "Bitches Ain't Shit But Niggas And
4 Hoes."

5
6 151. On her first day trying to pick up a new work assignment to keep her job, MS.
7 YOUNG walked into a workspace where her new co-workers were listening to an explicit
8 song on Pandora that was using the "N" word. MS. YOUNG was shocked and offended, and
9 discretely reported it to management. Nothing was done about it, and instead the behavior
10 escalated and employees began singing using the "N" word openly in the workplace,
11 twisting lyrics to include the "N" word. For example, after she reported the incident one of
12 MS. YOUNG's co-workers sang the Dr. Dre song "Bitches Ain't Shit" aloud to
13 MS. YOUNG, and changed the lyrics to include the "N" word, singing: "**Bitches ain't shit**
14 **but niggas and hoes.**" (The actual lyrics are "Bitches ain't shit but hoes and tricks," which
15 does not include the "N" word.) This was substantiated by STANFORD HEALTH CARE's
16 investigation and the employee was given only a verbal warning, demonstrating
17 STANFORD HEALTH CARE's and its Employee and Labor Relations Department,
18 including Director Suzanne Harris' permissive response to racism in the workplace at
19 STANFORD HEALTH CARE.

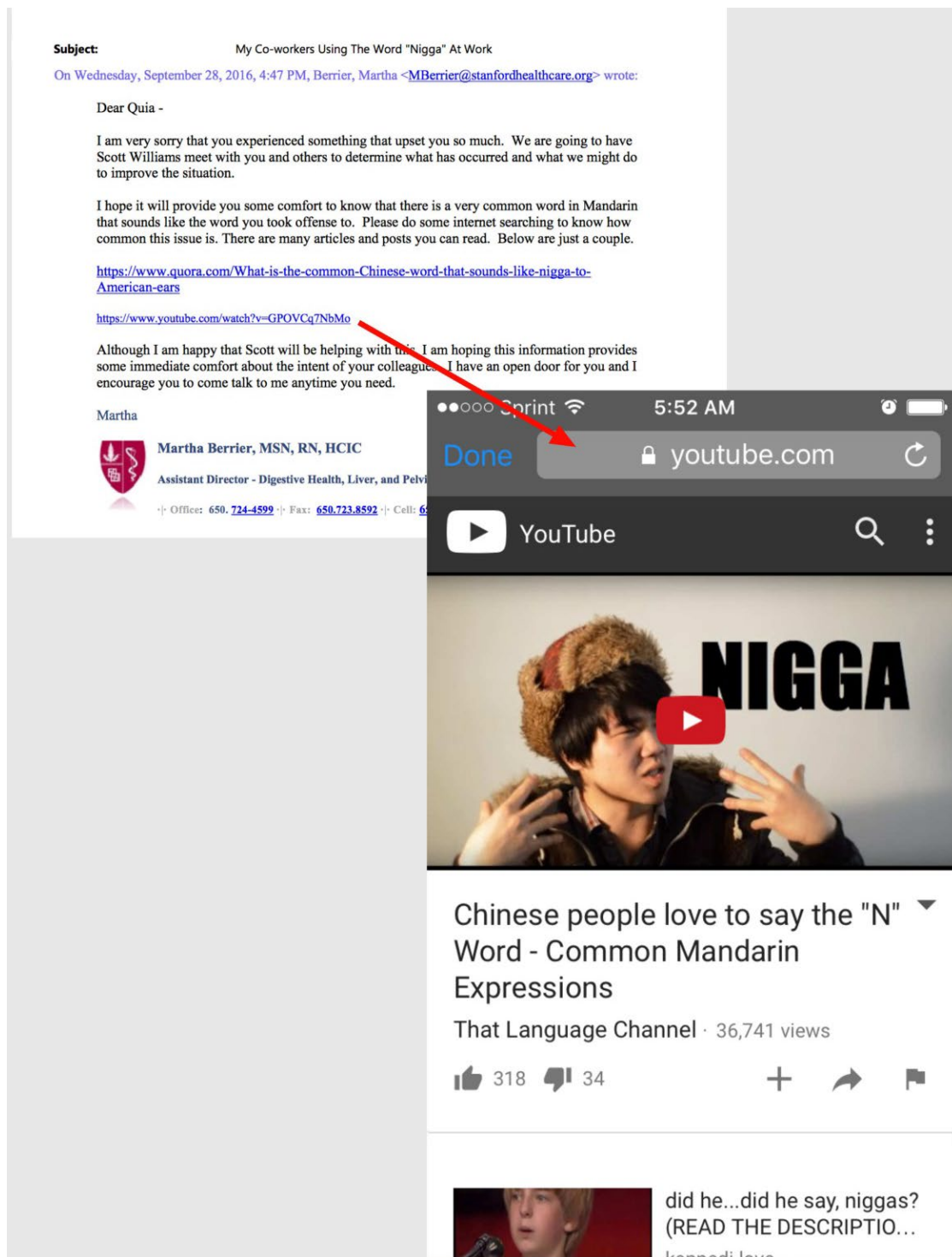
20
21 R. Ms. Young's Non-Chinese Speaking Co-Worker Pretends To Mock
22 Someone Speaking Mandarin, Repeating The Word "Niga" While
23 Looking At Ms. Young, And In Response To Ms. Young's Report To
24 Management, Management Gaslights Her, And Sends Highly Offensive
25 Videos And A Link To An Article Entitled "What Is The Common
26 Chinese Word That Sounds Like "Nigga" (To American Ears)?"

27
28 152. At the same time, one of the same employees began "imitating" people

1 speaking Mandarin when MS. YOUNG walked in the room, repeating the word “niga, niga,
2 niga.” In tears, MS. YOUNG reported this, too, to management. And again her complaint
3 fell on deaf ears. Instead of investigating, issuing appropriate discipline, and resolving the
4 issue, MS. YOUNG again was made to feel she had done something wrong for complaining,
5 and that she somehow “misunderstood” what she was complaining about. In short,
6 management continued its campaign of gaslighting and wanted MS. YOUNG to believe she
7 had merely overheard someone (who does not speak Chinese) speaking Mandarin. And,
8 incredibly, MS. YOUNG’s manager, Martha Berrier, with the approval and ratification of
9 other STANFORD DEFENDANTS’ managing agents, responded by sending her an email
10 with a link to an article entitled “What is the common Chinese word that sounds like “nigga”
11 (to American ears)?” and included two highly offensive videos repeating the “N” word *ad*
12 *nauseum* and mocking Black women with the racist stereotype of Black women loving fried
13 chicken, as well as comments to the Quora article that are horrendously racist and offensive.

14 153. On the following page is a photo of Berrier’s email response to MS.
15 YOUNG’s report of “My Co-workers Using The Word “Nigga At Work” and a screen shot
16 of the first video Berrier sent to MS. YOUNG, which has been removed from YouTube for
17 its content:

18
19
20 [See Screenshot on Next Page]
21
22
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28

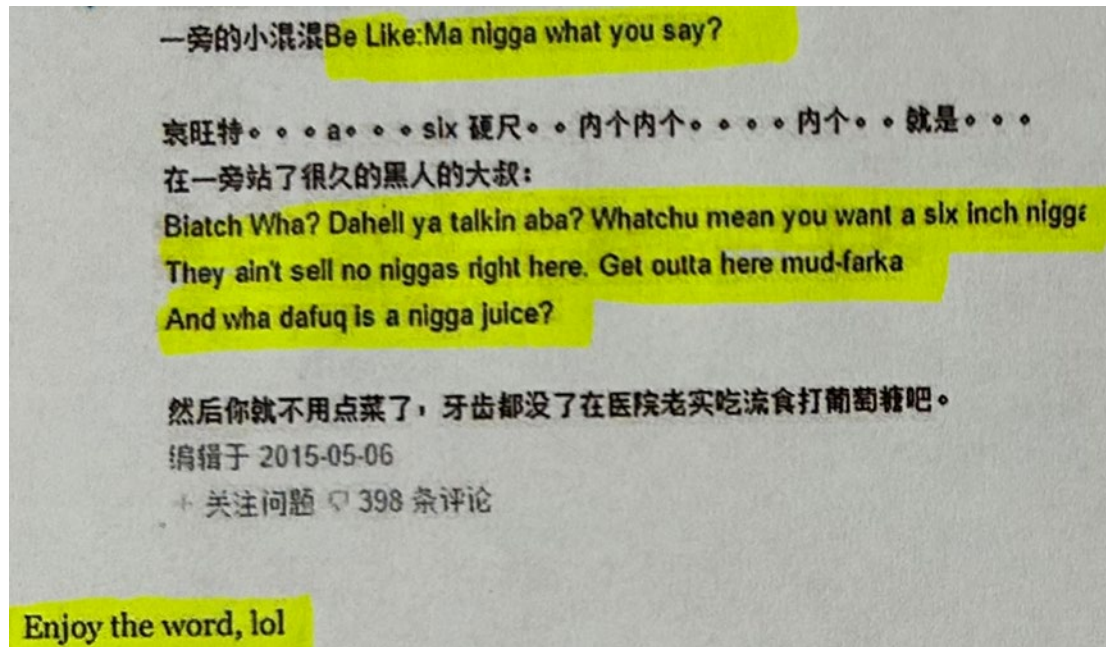


154. The second of the highly offensive videos Berrier sent to MS. YOUNG, in which the “N” word is said repeatedly is of comedian Russell Peters, replete with racist stereotypes, and in which he describes going to Kentucky Fried Chicken in China, stating “I’m at KFC in Beijing ... And standing in line in front of me ... is a Black woman ... the

1 only Black woman in China, and she found the chicken ...” and then he goes on to repeat
2 the “N” word under the guise of mocking someone speaking Mandarin!

3 <https://www.youtube.com/watch?v=BrsWp07BwVk>.

4 155. And below is just one of the shockingly horrendous racist comments that
5 manager Berrier sent to MS. YOUNG in response to her *corroborated* report that her co-
6 worker had directed the “N” word toward her as a racial slur:



18
19 156. When MS. YOUNG reported that Berrier’s response to her report of use of
20 the “N” word at work was even *more* offensive than what she had initially reported, her
21 complaint fell on totally deaf ears. No one investigated or responded to MS. YOUNG’s
22 complaint of her manager – Berrier – exacerbating the racism she was being subjected to at
23 all.

24
25 S. **Ms. Young Reports A Co-Worker Saying “Go Pray In Your Own**
26 **Fucking Country!” To A Muslim Patient Praying In The Waiting Room.**

27
28 157. In early November of 2016, MS. YOUNG heard a co-worker had seen a

1 Muslim patient praying while in the STANFORD DEFENDANTS' waiting room and said
2 "Go pray in your own fucking country!" MS. YOUNG was horrified by the hatred behind
3 the Islamophobic statement made in what is supposed to be a place of healing. Moreover, the
4 Islamophobic statement by her co-worker was particularly chilling and offensive to MS.
5 YOUNG as her husband is Muslim.

6 158. MS. YOUNG immediately reported the hate comment to management. Still,
7 no mandatory anti-harassment training occurred, and instead she was subjected to retaliation
8 by supervisor and manager of the employees who she had reported for using the "N" word
9 and the Islamophobic hate comment in the workplace, as the manager, Lourdes Chua and
10 Berrier accused MS. YOUNG of creating a hostile work environment for those employees
11 who she had reported for using the "N" word and the Islamophobic hate comment; Berrier
12 then further retaliated against MS. YOUNG by reporting to Harris that MS. YOUNG was
13 creating a hostile work environment for those employees.

14
15 **T. In Retaliation For Reporting Her Co-Workers' Use Of The "N" Word**
16 **And The Islamophobic Hate Speech Directed At A Muslim Patient, Their**
17 **Supervisor Begins A Campaign Of Assault And Battery Directed At Ms.**
18 **Young.**
19

20 159. In response to MS. YOUNG's reports of employees repeatedly saying the
21 "N" word in her presence and making the Islamophobic hate statement to a Muslim patient,
22 two of the employees promptly were made "Employee of the Month." Moreover, those
23 employees' supervisor began a campaign of bullying against MS. YOUNG, aggressively
24 running into MS. YOUNG in the hallway, shoving furniture into her, leering at her, and once
25 even on the weekend, leering at her in a store in New Park Mall in Newark, when MS.
26 YOUNG was vulnerable, alone with her toddler.

27 160. MS. YOUNG repeatedly reported the openly hostile work environment the
28 supervisor was creating in retaliation for MS. YOUNG reporting her employees using the

1 “N” word and Islamophobic hate speech at work. MS. YOUNG gave management the names
2 of those who witnessed the conduct, including an employee who asked MS. YOUNG, “Why
3 does [the supervisor] look like she wants to slap the shit out of you?” No one spoke to MS.
4 YOUNG’s witnesses, and the pattern of retaliation against MS. YOUNG continued.

5 161. Incredibly, instead of conducting an investigation, MS. YOUNG’s manager
6 conducted MS. YOUNG’s performance review, and used her performance review as an
7 opportunity to castigate MS. YOUNG her for not resolving on her own the retaliatory
8 harassment she reported.

9
10 U. **Ms. Young Reports Incompetently Trained Stanford Health Care Staff**
11 **Accidentally Inserting An Anal Catheter Into An African-American**
12 **Patient’s Vagina, And Further Blaming The Negligence On The**
13 **Darkness Of The Patient’s Skin.**
14

15 162. Additionally, MS. YOUNG was forced to continue to stand by and witness
16 the lack of training, incompetence, and racism of her new co-workers in the Pelvic Floor
17 Clinic and its effect on patients. For example, on November 18, 2016, MS. YOUNG
18 reported that the nurse practitioner she worked with “accidentally tried to insert a catheter in
19 a Black patient’s vagina instead of her rectum. [She], as the nurse, didn’t notice her mistake,
20 but the patient sure did and said, “Aren’t you supposed to be going in my back side and not
21 my ‘kitty cat’”? In response, [she] said, “Oh, I’m sorry. I can’t see – it’s dark down there.” I
22 was totally stunned when she blamed her mistake on the color of our patient’s skin. All this
23 happened in front of me and the patient’s husband. Please talk to me about who the patient
24 was because I would like for someone to call and apologize to her – not just for the error, but
25 for the comment about her being too “dark down there” for [the nurse] to be able to see. It’s
26 totally outrageous that our patients of color should be treated and spoken to this way.”

27 ///

28 ///

1 V. Less Than Six Months Later Another Stanford Health Care Nurse
2 Actually Conducts Painful Anal Testing On A Patient's Vagina, Not Her
3 Rectum, And Despite Ms. Young's Repeated Reports Of The Same,
4 Nothing Is Done.
5

6 163. The last Friday in April of 2017, a different STANFORD HEALTH CARE
7 nurse accidentally inserted the anal catheter in a patient's vagina and completed the painful
8 testing on her vagina instead of her rectum.

9 164. As management clearly had been ineffective in responding to MS. YOUNG's
10 prior warning, this time MS. YOUNG made a report directly to Dr. Natalie Kirilcuk, the
11 colorectal surgeon in the Gastrointestinal Cancer Program who was remotely overseeing the
12 Pelvic Floor Clinic, as no surgeon had replaced Dr. Rhoads as the Director of the Pelvic
13 Floor Clinic after she had felt forced out the previous year.

14 165. Specifically, MS. YOUNG alerted Dr. Kirilcuk to the gross medical
15 negligence and patient endangerment she had witnessed in an email with the subject line
16 **"Anorectal Manometry Testing on Stanford Patient's Vagina, Not Rectum."**
17 But Dr. Kirilcuk did not respond to MS. YOUNG's report of gross negligence and patient
18 endangerment. So at the end of the week, MS. YOUNG wrote to Dr. Kirilcuk again to make
19 sure she had received MS. YOUNG's email about the patient who had had testing done
20 accidentally in her vagina – and, again, Dr. Kirilcuk did not respond. Instead, Dr. Kirilcuk
21 issued a letter to the patient who had had the painful testing completed erroneously in her
22 vagina falsely stating that there had been "no untoward events" during the testing.

23 166. Upon seeing that her serious concerns about patient endangerment were being
24 ignored and covered up by Dr. Kirilcuk as the surgeon heading the Pelvic Floor Clinic,
25 MS. YOUNG then contacted the tenured Stanford Oncologist who had made the reports on
26 her behalf the previous year.

27 167. But no one ever responded to MS. YOUNG's pleas to protect STANFORD
28 HEALTH CARE patients or to provide staff with training. Instead, in typical STANFORD

1 HEALTH CARE fashion, no problem was ever even acknowledged, and instead the nurse in
2 question received a “Daisy Award for Extraordinary Nurses”.

3
4 **W. Stanford Health Care’s Policy and Practice of Honoring Its Patients’**
5 **Racial Prejudices Subjects Ms. Young To Ongoing Open Racial Hostility**
6 **From Multiple Patients.**
7

8 168. STANFORD HEALTH CARE has adopted as a matter of policy and practice,
9 the honoring of its patients’ racial preferences to exclude care and treatment by technicians,
10 faculty, staff, and students of color. As a result, STANFORD HEALTH CARE allowed and
11 empowered its patients to discriminate against and harass MS. YOUNG in her workplace.

12 169. The week of June 19, 2017, not one, but *three* patients of the Pelvic Floor
13 Clinic expressed open and overt racial hostility toward MS. YOUNG, or anyone of her race
14 (African-American) participating in their care. This racial discrimination and bigotry was
15 expressed in the presence of the Pelvic Floor Clinic’s nurse practitioner. MS. YOUNG was
16 offended and demoralized by the racial hostility directed at her by patients. However,
17 because she was aware of STANFORD HEALTH CARE’s policy and practice of honoring
18 patients’ racial prejudices, MS. YOUNG felt she had no recourse but to back up, fade into
19 the background, and remove herself from the patients’ line of sight.

20 170. On January 11, 2019, MS. YOUNG again was subjected to racism from a
21 Caucasian patient who refused to make eye contact with MS. YOUNG and the Haitian
22 “Traveler” Registered Nurse, and the patient refused treatment by them.

23 171. On February 4, 2019, MS. YOUNG and the Haitian “Traveler” Registered
24 Nurse were subjected to a patient’s racist comments when the patient asked them both if
25 their hair was “real” and said, “I’m glad you guys don’t have accents. I usually don’t
26 understand you people.”

27 ///

28 ///

1 X. Ms. Young Attends Stanford Defendants’ August 24, 2017 “Town Hall”
2 Meeting Called in Response to Racist Demonstrations by White
3 Supremacists and Neo-Nazis in Charlottesville and Vandalism on
4 Stanford Campus, and While Leadership Offers No Hope of Change,
5 Stanford Physicians and Medical Students Corroborate Ms. Young’s
6 Experience of Racism, Discrimination, and Retaliation.
7

8 172. On August 24, 2017, MS. YOUNG attended the “Town Hall” meeting which
9 was billed as being put on for the purpose of showing how STANFORD DEFENDANTS
10 were going to address racism and discrimination in the wake of racist demonstrations by
11 White Supremacists and Neo-Nazis in Charlottesville and vandalism on Stanford campus.
12 MS. YOUNG hoped to see recognition of the discrimination and problem of racism at
13 Stanford, and to hear some kind of plan from Leadership to end these systemic problems.
14 What she saw and heard did not set forth a plan to address the problem or even confirm
15 recognition of the problem. Instead, it underscored how her complaints and those of others
16 were ignored, and why they experienced retaliation for their complaints. STANFORD
17 DEFENDANTS’ managing agents’ response to a multitude of reports by very credible
18 medical students and physicians was nothing more than backpedaling, a series of laughable
19 excuses, passing-the-buck, and nonsensical bumper-sticker platitudes.

20 173. During that meeting, a Caucasian medical student expressed that she has
21 witnessed first-hand the racial problems within STANFORD MEDICINE. Specifically, she
22 said she has witnessed times when *Stanford doctors wait for all the people of color to leave*
23 *the room before they start talking about them* and they assume that because she’s White, she
24 thinks it is funny or wants to chime in. Further, the medical student said that when she has
25 reported such incidents to stand up for people of color *her grades were drastically reduced*.
26 STANFORD DEFENDANTS’ leadership and managing agents, including DEFENDANT
27 STANFORD UNIVERSITY’s School of Medicine Dean Lloyd Minor and DEFENDANT
28 STANFORD HEALTH CARE’s CEO David Entwistle had no response to the student’s

1 first-hand experience of racism directed toward patients or the retaliation she suffered for
2 reporting it, other than to say, nonsensically, “people change institutions and institutions
3 change people.”

4 174. Also during the August 24, 2017 Town Hall meeting, a medical student of
5 color stated to STANFORD DEFENDANTS’ leadership, “Racism is here at Stanford and
6 you as the leaders know it exists!” Dean Lloyd Minor had no response to the medical
7 student’s statement and instead asked Dr. Bonnie Maldonado to respond. In response, all Dr.
8 Maldonado could offer was the hollow platitude “change is difficult and sometimes change
9 comes with pain.”

10 175. Another medical student of color then asked STANFORD DEFENDANTS’
11 Leadership why they had not hired a Chief Diversity Officer, and demanded to know what
12 STANFORD DEFENDANTS are doing to resolve racism at Stanford. In response,
13 STANFORD DEFENDANTS’ Leadership responded that they have heard that bringing in a
14 Chief Diversity Officer may not work. In response, a medical student asked, “Why does it
15 seem like you don’t care?” to which there was no answer from STANFORD
16 DEFENDANTS’ Leadership. Another medical student stated that STANFORD
17 DEFENDANTS’ Leadership has no urgency to fix the problem that people of color are
18 going through at STANFORD DEFENDANTS.

19 176. Still another medical student reported that patients are coming in wearing
20 Confederate flags and demanding not to be treated by certain doctors and medical staff based
21 on the color of their skin. The medical student reported, “How do we protect ourselves from
22 that? This is our livelihood. This is not just happening in Charlottesville, its happening right
23 here in our own backyards.” In response, Leadership stated that STANFORD
24 DEFENDANTS’ policy was to force physicians and medical staff to honor patients’ racially
25 prejudiced preferences – even despite the discrimination and hostile work environment it
26 created for STANFORD DEFENDANTS’ faculty, staff, employees and students of various
27 races. STANFORD DEFENDANTS’ mandated and ratified discrimination and endorsement
28 of racism by patients against staff and students was yet another kind of racism at

1 STANFORD HEALTH CARE that MS. YOUNG had experienced first-hand. Just as
2 complained of by the medical student, racist patients were allowed to exclude MS. YOUNG
3 and other staff and students of color from assisting in the treatment of patients.

4 177. Both a physician and a medical student further reported that STANFORD
5 DEFENDANTS have both internal and external racial problems. And, incredibly, when
6 asked point blank by a medical student why Dean Lloyd Minor had no response to the
7 racism being reported, but instead asked others to respond in his place, all Dean Minor could
8 say was that he “feels the urgency, but can’t change it overnight – no one can.” And as if to
9 purposefully underscore how far short of the mark Leadership’s non-responses were, Dean
10 Minor stated that grew up in Little Rock Arkansas when it was segregated, and the Black
11 kids were nice to him – and added, nonsensically, that he had read J.D. Vance’s book
12 “Hillbilly Elegy,” a book that stands for the premise that anyone who, unlike its author,
13 cannot escape working class life is essentially at fault.

14 178. At the Town Hall meeting, MS. YOUNG heard first-hand STANFORD
15 DEFENDANTS’ managing agents’ excuses for accepting institutionalized discrimination,
16 racism, and retaliation, and for taking no real steps and creating no real plans for change.
17 Most importantly, MS. YOUNG concluded STANFORD DEFENDANTS’ Leadership does
18 care just how difficult working in a discriminatory workplace actually is and felt she was left
19 no choice but to file her initial lawsuit.

20 Y. **Stanford Defendants’ Two Most Powerful Managing Agents Continue**
21 **the Retaliation Against Ms. Young By Publishing Knowingly False And**
22 **Defamatory Statements About Ms. Young By Email to 22,909 People**
23 **Publicly Intimidating And Humiliating Ms. Young And Reporting That**
24 **She Is A Liar, Her Reports and Complaints Are False, She is Dishonest**
25 **And An Untrustworthy Traitor, Prompting Stanford University School**
26 **of Medicine’s Former Associate Dean of Admissions, Dr. Iris Gibbs, to**
27 **Send Ms. Young a “Me Too” Email Encouraging Her to “Stay Strong.”**
28

1 179. In September 2017, the highest-ranking officer of DEFENDANT
2 STANFORD HEALTH CARE, CEO David Entwistle, and the highest-ranking officer of
3 DEFENDANT STANFORD UNIVERSITY’s School of Medicine, Dean Lloyd Minor,
4 expanded the retaliation to include public defamation of MS. YOUNG by jointly publishing
5 to a staggering **22,909 people**, and countless recipients of the republication of this retaliatory
6 defamation, including all of their students, faculty, post-doctoral students, staff, and
7 employees – including the employees of their affiliates – knowingly false and defamatory
8 statements publicly humiliating MS. YOUNG in an email dated September 29, 2017 with the
9 subject line “An important message from SHC CEO David Entwistle.” This is the
10 publication and republication of retaliatory defamation that the Alameda County jury found
11 by clear and convincing evidence STANFORD DEFENDANTS published with malice,
12 oppression or fraud to impugn MS. YOUNG’s character by falsely implying she was
13 untruthful, unscrupulous, or dishonest, or dishonest in her reports of events of racism, or
14 dishonest in her reports of events concerning patient safety issues. *See* Ex. 1.

15 180. These false and defamatory publications and republications by STANFORD
16 DEFENDANTS’ CEO Entwistle and Dean Minor, and the expected republications, had the
17 dual purpose of shunning, humiliating, and damaging the reputation and credibility of MS.
18 YOUNG – as just another method and means to carry out retaliation and intimidation against
19 her – and of terrorizing and silencing others to prevent them from daring to exercise their
20 rights to speak out against systemic racial discrimination and retaliatory bullying, or to try to
21 protect STANFORD HEALTH CARE patients from endangerment.

22 181. The message to everyone who worked with, or would ever come into contact
23 with MS. YOUNG at STANFORD HEALTH CARE was that she was a liar, dishonest, her
24 reports and complaints were false and baseless and STANFORD MEDICINE Leadership
25 had nothing but disdain, distrust and contempt for MS. YOUNG.

26 182. Shortly thereafter, two of STANFORD DEFENDANTS’ employees
27 contacted MS. YOUNG with concern for her well-being after receiving the email from
28 STANFORD DEFENDANTS’ managing agents publicly portraying MS. YOUNG as a

1 fraud, a liar, and a dishonest “gold digger,” and effectively putting a target on her back.

2 183. On Sunday, October 1, 2017, MS. YOUNG received an email from someone
3 she had never met: former Associate Dean of Admissions of DEFENDANT STANFORD
4 UNIVERSITY’s School of Medicine, Dr. Iris Gibbs. Dr. Gibbs, whose career at
5 STANFORD UNIVERSITY spans over 30 years and who, in addition to having been the
6 Dean in charge of admissions at Stanford School of Medicine is a highly respected pediatric
7 oncologist, radiologist and professor of neurosurgery, and is also an African-American
8 woman who had received the retaliatory email from CEO Entwistle and Dean Minor. In
9 response, Dr. Gibbs sent a message to MS. YOUNG expressing sadness that STANFORD
10 DEFENDANTS’ officers and managing agents had published this retaliatory statement
11 characterizing MS. YOUNG as “untruthful.” The Dean said she admired MS. YOUNG’s
12 bravery in the face of these attacks and in her email to MS. YOUNG with the Subject Line
13 “Stay strong” she wrote:

14 “Qiqiua,

15 I have been at Stanford for nearly 30 years and I understand. Although we have
16 never met, I have been aware of your quiet struggle to continue to do your job
17 over these past several years. I regret that you have shouldered these burdens.
18 While I cannot speak to the legal issues, I have no doubt that your decision to
19 proceed in this direction was an extremely difficult one, perhaps a last resort.

20
21 As a champion of the values of inclusivity, diversity, and excellence in patient-
22 centered care at Stanford Medicine, I am saddened by the characterization of you
23 as untruthful. While I have felt supported for most of my time, I have also
24 endured a great deal. So I admire your bravery and applaud your tenacity. Stay
25 strong.”

26 *See* Ex. 14.

27 ///

28 ///

1 **Z. Stanford Health Care Fails to Investigate Ms. Young's Report of**
2 **Retaliation By Stanford Health Care's Managing Agent.**
3

4 184. On October 3, 2017, MS. YOUNG reported CEO ENTWISTLE's retaliatory
5 publishing of knowingly false and defamatory statements to malign MS. YOUNG and smear
6 her reputation to Manager Berrier. Neither Berrier nor any agent of STANFORD HEALTH
7 CARE conducted any investigation into MS. YOUNG's report of retaliatory bullying by
8 DEFENDANT STANFORD HEALTH CARE's highest ranking officer. (It was only in the
9 course of litigation that MS. YOUNG learned that DEFENDANT STANFORD
10 UNIVERSITY's Medical School's highest ranking officer – DEAN MINOR – jointly
11 published CEO ENTWISTLE's knowingly false and defamatory statements about MS.
12 YOUNG to all of STANFORD DEFENDANTS' medical students, faculty, and post-doctoral
13 students, and so she did not report it at that time.)
14

15 **AA. As The Result of Stanford Defendants' Managing Agents' Retaliatory**
16 **and Defamatory Bullying Email Smearing Ms. Young As A**
17 **Whistleblower, Ms. Young Becomes A Lightning Rod For Other**
18 **Employees Worried About Patient Endangerment, But Too Afraid To**
19 **Come Forward Themselves.**
20

21 185. By early October of 2017 – as a result of STANFORD DEFENDANTS'
22 managing agents' retaliatory and defamatory bullying email publishing knowingly false
23 statements maligning MS. YOUNG to all other employees – MS. YOUNG had become a
24 lightning rod for employees who witnessed and were worried about patient endangerment,
25 but who were (understandably) too afraid to come forward themselves. As a result, an
26 employee in STANFORD HEALTH CARE's South Bay Cancer Center reported to MS.
27 YOUNG that Black Mold was growing again – as Dr. Rhoads previously reported to
28 STANFORD HEALTH CARE'S managing agents in December of 2015 – in Stanford's

1 South Bay Cancer Center in the pharmacy where infusions are mixed for chemotherapy.
2 After having received CEO ENTWISTLE's defamatory email calling her untrustworthy,
3 MS. YOUNG did not know who to report the Black Mold to, or who would take the report
4 seriously, and so on October 12, 2017, MS. YOUNG made a report of Black Mold in the
5 Stanford South Bay Cancer Clinic to DEFENDANT STANFORD UNIVERSITY's then-
6 President Dr. Marc Tessier-Lavigne.

7 186. But STANFORD DEFENDANTS took no steps to seriously investigate the
8 report of Black Mold growing in the very location where chemotherapy was mixed for
9 immune-compromised cancer patients, pretended there was no problem at all, never
10 contacted any patients to inquire or warn them, and dismissed MS. YOUNG's report as
11 baseless¹¹. Instead, STANFORD DEFENDANTS' managing agents, including Director
12 Berrier and supervisor Ruth Hicks increased their retaliatory efforts to drive MS. YOUNG
13 out of her job by increasing the amount of time MS. YOUNG was forced to perform work
14 outside the scope of her fought-for position, reducing her hours, forcing her to travel back
15 and forth between facilities, forcing MS. YOUNG to train her replacement, and trumping up
16 more sham investigations against MS. YOUNG to try and concoct an excuse to fire MS.
17 YOUNG.

18
19 **BB. Ms. Young Witnesses An African-American Patient Collapse**
20 **Unconscious In An Elevator And None of Stanford Health Care's Agents**
21 **Provides Oxygen Or Mouth-To-Mouth Resuscitation To The**
22 **Unconscious Patient.**
23

24 187. On October 19, 2017, MS. YOUNG witnessed an African American patient
25

26 ¹¹ The Center for Disease Control's website states: "People with a weakened immune system,
27 such as people receiving treatment for cancer, people who have had an organ or stem cell
28 transplant, and people taking medicines that suppress the immune system, are more likely to
get mold infections."

1 who was at STANFORD HEALTH CARE's clinic for a post-operative visit, and who
2 collapsed unconscious in an elevator while in STANFORD HEALTH CARE's care, but was
3 left untreated (even though the African American patient was in a building filled with
4 doctors and nurses) such that no one even administered oxygen to the patient. No one even
5 suggested providing mouth-to-mouth resuscitation to the patient, who was left lying
6 unconscious on the floor of the elevator and without oxygen for the entire time it took
7 paramedics to arrive and wheel her out of the building, still unconscious.

8 188. On October 20, 2017, MS. YOUNG reported the appalling lack of care
9 provided to the African American patient to both CEO ENTWISTLE and DEAN MINOR.
10 But, again, STANFORD DEFENDANTS pretended nothing out of the ordinary had
11 transpired, that there was no lack of protocol or training, and insisted the patient was just
12 fine. And STANFORD HEALTH CARE's managing agents, including Director Berrier,
13 again further increased their retaliatory efforts to drive MS. YOUNG out of her job,
14 including increasing the amount of time MS. YOUNG is forced to perform work that is
15 outside the scope of her fought-for position, reducing her hours, forcing her to travel back
16 and forth between facilities and to work, forcing MS. YOUNG to train her replacement, and
17 trumping up more sham investigations against MS. YOUNG to try and concoct an excuse to
18 fire MS. YOUNG.

19
20 CC. **Ms. Young Discovers Data Stating Deaths Tripled For Stanford Health**
21 **Care Patients Who Contracted C.Diff From Feces/Bodily Fluids And**
22 **Reports Risk of Patient Feces Backwashing Into Other Patients To**
23 **Stanford Defendants' Managing Agents, And Is Retaliated Against With**
24 **A Trumped Up Negative Performance Review – The Only Negative**
25 **Review She Has Ever Received In Her Career.**
26

27 189. On March 21, 2018, MS. YOUNG received an email from DEFENDANT
28 STANFORD HEALTHCARE CEO ENTWISTLE regarding "misleading ads" published by

1 an employee union – the SEIU – and insisting that the information in the ads was false and
2 that STANFORD HEALTH CARE provides “the highest quality, nationally recognized
3 care” and that “[t]he facts about patient infections are clear. We are one of the nation's top-
4 ranked hospitals on quality measures such as high patient survival and low infection rates.”
5 A few days later, MS. YOUNG heard a radio ad warning the public about the high rates of
6 patient infections at STANFORD HEALTH CARE and heard the ad say there was a website
7 called “stanfordinfections.info”¹² with detailed data about the horrifying “facts about patient
8 infections” that CEO Entwistle vaguely called “clear” in his intentionally misleading
9 March 21, 2018 email.

10 190. What was “clear” was that this was more gaslighting by STANFORD
11 HEALTH CARE’s highest ranking officer, as the “Stanford Infections” website and the data
12 it cited validated MS. YOUNG’s greatest fears. In reviewing the “Stanford Infections”
13 website it was as if someone, finally, was acknowledging the very real life-threatening risks
14 to patients that MS. YOUNG had been reporting for years, including the risk of clostridium
15 difficile (“C. diff” or “CDI”) infections – including patient death – that results from coming
16 into contact with feces. Specifically, the website “stanfordinfections.info” stated:

17
18 “High rates of hospital acquired conditions (HACs)—which include
19 healthcare-associated infections (HAIs) and patient injuries—have led the
20 Centers for Medicare and Medicaid Services (CMS) to reduce Medicare
21 payments to [Stanford] hospital for three consecutive years, placing the
22 world-class institution in the bottom-performing 25% of hospitals
23 nationwide for HACs ... The hospital’s most recently updated clostridium
24 difficile (CDI) standardized infection ratio ... was particularly high ... rating
25 [Stanford Health Care] as performing “worse than the national benchmark”
26

27 ¹² On information and belief, after an agreement was reached with the SEIU, the
28 “Stanfordinfection.info” website was shut down, but portions of it are captured here.

1 on the measure for over four years in a row. Stanford also was rated as
2 performing “worse than the national benchmark” on two other HAI measures
3 during the most recent reporting period—central line-associated bloodstream
4 infections ... in ICUs and select wards and catheter-associated urinary tract
5 infections ... in ICUs and select wards.”
6

7 191. Most frightening to MS. YOUNG was the data reporting that deaths tripled
8 for STANFORD DEFENDANTS’ patients who contracted C. diff/CDI over a four year
9 period. With radio ads about STANFORD DEFENDANTS’ high infection rates circulating
10 in the Bay Area, it did not take long before a concerned new employee of STANFORD
11 DEFENDANTS informed MS. YOUNG about the way in which she had been trained to take
12 short cuts that exposed patients to risk of infection, including by potentially coming in
13 contact with infected feces, blood and other bodily fluids. Despite feeling fearful, strangled,
14 and oppressed by the ongoing retaliatory bullying, harassment, and isolation, now knowing
15 the very real death rates of patients who contracted C. diff as a result of coming in contact
16 with feces at STANFORD DEFENDANTS, MS. YOUNG could not remain silent no matter
17 what the cost to herself.

18 192. As a result, on April 18, 2018, MS. YOUNG reported to both CEO
19 ENTWISTLE and DEAN MINOR in an email with the subject line “Report of Continuing
20 Patient Endangerment/Risk of Infection and Death” and reporting what the new employee
21 had reported to MS. YOUNG, among other things, that she had been trained not to change
22 the suction canister of patient feces, blood, and any bodily fluids between every patient – and
23 instead was told to only change it when suction canister is full of patient feces, blood, and
24 bodily fluids – presumably collected from multiple patients. MS. YOUNG reported what
25 should have been obvious:
26

27 “Not only is it disgusting to reuse a suction canister filled with another patient’s
28 feces, blood and bodily fluids, it puts our immune compromised cancer patients-

1 at risk of infection and death. I have seen myself how the scopes have backflow,
2 which means under the practices described to me that the blood, feces, and other
3 bodily fluids in the suction canister used for the last patient can move back up
4 the tubing to the unexpected new patient. Again the increased risk is clearly not
5 outweighed by slight savings of time achieved by the practice of infrequent
6 changing of suction canisters of patient feces, blood, and bodily fluids.

7
8 Changes in these two practices should help us improve our hospital-acquired
9 condition crisis (a crisis for our impacted patients and their families as well as
10 Stanford's national ranking). I have read that Stanford has been ranked as the
11 worst performing 25% of hospitals nationwide for hospital-acquired conditions
12 for the last 3 years in a row – including for patient infection with clostridium
13 difficile (C. Diff.), which is bacteria acquired through contact with infected fecal
14 matter, and this is exactly the issue I have been raising and am raising again
15 now. I am particularly concerned in light of the recent data published saying that
16 there has been three times the number of patient deaths at Stanford as the result
17 of patients contracting C. Diff. here. This does not need to be happening to our
18 patients.”

19 193. No one ever spoke with MS. YOUNG regarding the basis for her report or
20 ever informed her what was going to be done in response to her report to ensure patients
21 would no longer be at risk for infection with C. Diff. as a result of reuse of a suction canister
22 filled with another patient's feces, blood and bodily fluids.

23 194. Instead, STANFORD HEALTH CARE and its managing agents retaliated
24 against MS. YOUNG by punishing her for a false claim that she lacked “teamwork.”
25 Specifically, in her annual performance review, on May 1, 2018, Director Berrier docked
26 MS. YOUNG's ranking to “Needs Improvement” regarding “Teamwork” – this being the
27 first “Needs Improvement” rating that MS. YOUNG had ever received in her career.

1 **DD. Ms. Young Reports (And Effectively Stops) Stanford Health Care's**
2 **Managing Agents' Plan To Have Unlicensed Staff Conducting Painful**
3 **Anal Testing On Unsuspecting Patients And Is Subject To Further**
4 **Retaliatory Gaslighting.**
5

6 195. In another effort of STANFORD DEFENDANTS' to put profits over
7 patients' safety, in July of 2018, MS. YOUNG – along with other unlicensed Medical
8 Assistants – was instructed to begin performing the painful invasive anal testing called
9 Anorectal Manometry (ARM) alone, without a licensed professional, as had always been
10 done before. MS. YOUNG and other unlicensed Medical Assistants were also told they
11 would begin “consenting” the patients for the ARM and conducting patient rectal exams
12 beginning Monday, July 23, 2018.

13 196. MS. YOUNG also was required to begin conducting invasive procedures such
14 as digital rectal exams and insertion of the anal catheter for the ARM despite the fact that
15 MS. YOUNG is not a licensed health care professional and had never received training to
16 conduct either invasive procedure.

17 197. Concerned that she lacked sufficient training and qualifications,
18 MS. YOUNG contacted a Registered Nurse for advice, who confirmed MS. YOUNG's
19 concerns that unlicensed people – like MS. YOUNG and the Medical Assistants – should not
20 be conducting the invasive and potentially dangerous ARM testing and further copied the
21 Nurses union on her email to alert them to STANFORD HEALTH CARE's managing agents
22 attempt to have unlicensed people perform procedures on patients that lawfully need to be
23 done by licensed professionals. At almost 8:00 p.m. the next day, Friday evening,
24 July 20, 2018, Assistant Manager Hicks shot out a last-minute email putting on hold
25 STANFORD DEFENDANTS' plan to have unlicensed Medical Assistants and MS.
26 YOUNG conduct this invasive anal testing that was to begin that Monday.

27 198. First thing Monday morning, July 23, 2018, MS. YOUNG saw Assistant
28 Manager Hicks' email and was concerned that the plan to unnecessarily place patients at risk

1 was merely being put “on hold.” As a result, she promptly sent an email to Manager Berrier
2 with the subject line “Concerns of Patient Colon Perforation By Unlicensed Professionals,”
3 attaching STANFORD HEALTH CARE’s own written policies regarding qualifications for
4 the ARM testing and for the patient consent process, and reminding Berrier that “The
5 Anorectal Manometry Testing (ARM) presents a risk of the colon perforation. As you know ,
6 a registered nurse (RN) who didn’t have enough training previously botched this procedure
7 and the balloon exploded in the patient’s rectum exposing what Dr. Rhoads called a metal
8 “corkscrew” inside the patient’s colon.” But instead of speaking with MS. YOUNG about
9 her concerns, Berrier’s response was – predictably – more retaliatory gaslighting.

10
11 **EE. Ms. Young Witnesses An Insufficiently Trained Nurse Conducting The**
12 **Painful Anal Testing Causing Patients To Bleed Profusely And Giving**
13 **Them False Information And Reports The Same to Berrier, Who Does**
14 **Not Investigate But Instead Retaliates Against Ms. Young By Forcing**
15 **Ms. Young To Train Her Replacement While Ms. Young Is Assigned**
16 **More Menial Tasks.**

17
18 199. On Friday, August 24, 2018, MS. YOUNG was working with a new
19 Registered Nurse who, again, STANFORD DEFENDANTS had not properly trained and
20 who was still required to conduct the painful and potentially dangerous invasive anal
21 Anorectal Manometry testing on patients. During testing, MS. YOUNG became concerned
22 when the Registered Nurse gave patients false information and could not answer patient
23 questions. She was further concerned when she witnessed a patient bleeding profusely
24 following the procedure conducted by the inadequately trained Registered Nurse, and was
25 concerned that the Registered Nurse did not notify anyone about the patient’s bleeding and
26 did not document the bleeding in the nursing notes. As a result, MS. YOUNG took it upon
27 herself to call and follow-up with the patient to make sure the patient was okay.

28 ///

1 200. After Labor Day weekend, on September 6, 2018, MS. YOUNG attended a
2 “huddle” for the Pelvic Floor Clinic during which it was advised that “dirty instruments”
3 were still being left in patient rooms overnight. STANFORD DEFENDANTS’ managing
4 agents, including Berrier (who had been promoted to Director by this time) and Assistant
5 Manager Hicks, said nothing in response to hearing that dirty instruments were still being
6 left overnight in patient rooms. Instead, Berrier made the statement that people should treat
7 people the way they wanted to be treated or “like your mom.”

8 201. The hypocrisy of Director Berrier’s statement left MS. YOUNG feeling
9 dismayed, particularly after having just witnessed a patient bleed profusely and received no
10 follow-up care after the testing. As a result, on September 7, 2018, MS. YOUNG sent an
11 email to Director Berrier with the subject line: “Stanford's Ongoing Failure to Train Keeps
12 Putting Patients at Risk” reporting the concerns and patient suffering she had witnessed first-
13 hand. Director Berrier responded over a month later on October 11, 2018, with more
14 gaslighting – trying to make it appear that what MS. YOUNG had reported was all in her
15 head.

16 202. Moreover, in retaliation for MS. YOUNG’s ongoing reports of patient
17 endangerment/risk of harm and her history of reporting retaliation and discrimination,
18 including against patients, STANFORD DEFENDANTS and their managing agents
19 redoubled their efforts to remove MS. YOUNG from her position as the Patient Testing
20 Technician III and began forcing another untrained Medical Assistant to do MS. YOUNG’s
21 job while MS. YOUNG was regularly moved to do more menial tasks.

22
23 **FF. Ms. Young Witnesses The Nurse Conducting ARM Testing Present A**
24 **Sedated Patient With An Improper Consent Form Ratified By Stanford**
25 **Health Care’s Managing Agents, Reports The Consent Form To The**
26 **Department of Public Health, And Stanford Health Care’s Managing**
27 **Agents Force Ms. Young Out Of ARM Testing - Placing Stanford**
28 **Patients At Further Risk.**

1 203. A medical consent form is a legal document that allows a patient to give
2 permission for a medical procedure or treatment. It also protects the patient's rights.

3 204. On September 25, 2018, MS. YOUNG witnessed the alteration of a patient
4 consent form to allow Anorectal Manometry testing on a patient who was unaware of what
5 kind of procedure was being done. The patient had been under anesthesia for a colonoscopy
6 in the endoscopy department and the Registered Nurse doing the Anorectal Manometry
7 testing questioned how he (the Registered Nurse) could consent the patient because the
8 patient had been sedated. The Registered Nurse explained to the patient that the consent form
9 was done for the wrong procedure and asked the patient if she could come back the next day
10 and asked how far away she lived. The patient said she lived a few hours away. So, at that
11 point, the Registered Nurse said, "Let me try one more thing". When he returned five
12 minutes later the same consent form now had the words "+ Anorectal Manometry"
13 handwritten on the form. The Registered Nurse said, "Oh, they wrote it in on the upper right-
14 hand corner and I just didn't see it." MS. YOUNG did not believe this was true because both
15 the Registered Nurse and Director Berrier had read the consent form and both of them had
16 not seen it written in. Also, there were no notes on the consent form regarding what the
17 Anorectal Manometry is, as is protocol to inform the patient what the procedure is that is
18 being done so that *consent* to having the procedure can be obtained – but the form just had
19 the words "+Anorectal Manometry" handwritten in. The Registered Nurse then told the
20 patient they could go ahead and proceed using the consent form with her signature on it
21 (with the words "+Anorectal Manometry" written in), but when the Registered Nurse asked
22 the patient if she knew what the procedure was that he was doing for her, the recently
23 sedated patient tellingly said that she had "no idea."

24 205. On October, 5, 2018, MS. YOUNG reported the September 25, 2018 altered
25 consent form she believed she witnessed to the California Department of Public Health,
26 including that she believed Director Berrier and Assistant Manager Hicks were aware of and
27 had ratified the alteration of the consent form by doing nothing to stop the unauthorized
28 invasive procedure on the sedated patient, after having learned a few days earlier that another

1 patient believed STANFORD HEALTH CARE had not properly consented her before a
2 procedure.

3 206. On October 9, 2018, MS. YOUNG learned of STANFORD HEALTH
4 CARE's plan to begin allowing a Medical Assistant who had not been properly trained to
5 take over MS. YOUNG's hard fought-for job as the Patient Testing Technician and conduct
6 the invasive, painful Anorectal Manometry testing along with the Registered Nurse who also
7 had not been properly trained and who had performed the testing on the sedated patient after
8 MS. YOUNG believed the patient's consent form had been altered.

9 207. Unable to remain silent about the risk to patients this obvious attempt to oust
10 MS. YOUNG from her job presented, on October 10, 2018, MS. YOUNG sent the following
11 email with the subject line "Urgent Action Necessary To Protect Stanford Patients,"
12 reporting what she had witnessed and her concerns and urging that "somebody at Stanford
13 has to start taking our patients' safety seriously. Could you please respond and let me know
14 how this dangerous situation will be addressed to ensure our patients' safety and the
15 accuracy of this painful testing they're entrusting us to do? Thank you, Qiqiuia." Rather than
16 meeting with MS. YOUNG to conduct an investigation, Director Berrier pretended not to
17 know about the altered consent form she had reviewed and responded to MS. YOUNG's
18 report of concerns regarding patient endangerment/harm with more retaliatory gaslighting.

19 208. Just two days after her urging of STANFORD DEFENDANTS' managing
20 agents to protect their patients, on October 12, 2018, MS. YOUNG witnessed that the patient
21 who was being consented that day for the Anorectal Manometry testing told the Registered
22 Nurse that if her colon was perforated during the testing that she would not step foot into
23 STANFORD DEFENDANTS' Hospital as both her mother and sister died at Stanford
24 Hospital due to infections, and instead she wanted to go to Sequoia Hospital if her colon was
25 perforated by the testing. MS. YOUNG's heart went out to the patient.

26 ///

27 ///

28 ///

1 **GG. An African-American Stanford Cancer Patient Contacts Ms. Young To**
2 **Report Racism at Stanford Hospital, Failure To Consent Her For**
3 **Surgery, And Neglect That Nearly Caused Her Death Twice; Ms. Young**
4 **Reports The Same To Stanford Managing Agents, And Retaliation**
5 **Against Ms. Young Increases.**
6

7 209. Just four days later, on October 16, 2018, an African-American cancer patient
8 of STANFORD HEALTH CARE contacted MS. YOUNG to tell her how she felt
9 discriminated against and ignored by STANFORD HEALTH CARE because of her race
10 when she twice almost died at Stanford Hospital, STANFORD HEALTH CARE allowed her
11 to breastfeed her new baby with MRSA, and conducted a surgery that the patient did not
12 consent to.

13 210. Appalled and disheartened by hearing the patient's experience, the following
14 day, on October 17, 2018, with the patient's permission, MS. YOUNG reported to
15 STANFORD DEFENDANTS' leadership what the patient had reported to her and copied the
16 patient, sending the email below with the subject line "Stanford Cancer Patient Report":
17

18 "President Tessier-Lavigne, Dean Minor, and Mr. Entwistle,
19

20 Yesterday, an African- American lady who is a Stanford cancer patient
21 contacted me after finding the article about my discrimination/whistleblower
22 lawsuit online. She said she wanted to speak with me because she feels like
23 no one at Stanford is listening to her and just wants to deny what has
24 happened to her at Stanford, including that she was left to breastfeed her
25 baby with MRSA after her other breast was removed. The patient said she
26 feels like she has been ignored and set aside because of her race.
27

28 The patient told me that she was diagnosed with breast cancer and that she

1 has almost died twice at Stanford because no one was listening to her. She
2 said that she was 5 months pregnant during her breast mastectomy where one
3 of her breasts was removed. The patient told me that after the tissue
4 expander was put in, while she was breastfeeding her baby, she noticed
5 liquid coming out of the area where her breast had been removed. The
6 patient said she went to the doctor and the doctor told her she was not sure
7 what it was but that they would put a sample of the liquid under the
8 microscope. The patient, who was breastfeeding, was told by a Stanford
9 employee that she would be a “good wet nurse.” The patient said she was
10 still experiencing discomfort after the liquid was sampled, but was still sent
11 home. The patient said that, after seeing the doctor, the area where her breast
12 was removed was turning red and funny shaped and was so painful she
13 couldn’t put a bra on, so she called Stanford 3 times and was turned away
14 each time. The patient said that on the fourth day, she was feeling so bad that
15 she went directly to the ER in Palo Alto. The patient said that when she was
16 waiting in the lobby of the emergency room, people came out fully masked
17 and with body suits on like in the movie “Contagion” and they told her to
18 come with them and that someone immediately started cleaning the chair
19 where she was sitting in the lobby and she noticed patients started moving
20 away from her. At that point, the patient was told that she tested positive for
21 MRSA- that the tissue expander tested positive for MRSA. The patient also
22 told me that her grandfather died of MRSA and here Stanford had ignored
23 her repeated attempts to be treated and instead allowed her to breastfeed her
24 baby with MRSA.

25
26 The patient also told me that she was not consented for the surgery she had,
27 and that no one talked to her family members during her surgery about the
28 fact that she needed to have a procedure done that she had not been

1 consented for. The patient told me that no one had spoken with her family
2 and that instead her mother had to chase someone down just to find out if her
3 daughter, the patient was still living, The patient also said that she felt she
4 was not all the way under during one of the procedures and she hears the
5 medical staff talking about her and questioning her hygiene.

6
7 The patient also told me that after surgery, she asked one of the nurses to
8 remove the catheter because it felt like her insides were coming out, but that
9 the nurse ignored her and just said that “that’s just the way it feels”. The
10 patient said that she later passed out, and thankfully, another nurse who was
11 black named Shelly hit the call button for help, and it turned out the patient
12 had been hemorrhaging and that was what she had been feeling.

13
14 The patient said that she was dismissed by one of the Stanford employees in
15 the Women’s Cancer Center in Palo Alto, when the employee said the
16 patient is suffering through this “because she does not take care of herself.”

17
18 The patient told me that when she felt like no one was listening to her, she
19 requested her own medical records and found that her records showed that
20 she had lesions and she was never told about it. She said she would not have
21 known about the lesions if she hadn’t gotten her medical records. The patient
22 also said that the Stanford nurses had blown her veins so bad trying to start
23 IV’s that they worked their way down to her feet , and that when the patient
24 was seen by another provider they asked her if she was a drug addict because
25 of all the scar tissue.

26
27 The patient said that she has pictures.
28

1 I hope now that this patient's concerns have been brought to your attention,
2 someone will pay attention to her and make sure she is getting the treatment
3 she needs and deserves. I have copied the patient on this email so that you
4 can contact her directly.

5
6 Qiqiua Young"
7

8 211. In retaliation for MS. YOUNG blowing the whistle on the race discrimination
9 and the harm to the African American Stanford cancer patient and for blowing the whistle on
10 the patient endangerment/harm and fraudulent "consenting" of patients that MS. YOUNG
11 witnessed and reported, by the end of October 2018, Director Berrier doubled down on
12 STANFORD DEFENDANTS' efforts to drive MS. YOUNG out of her job. On October 30,
13 2018, Director Berrier publicly referred to MS. YOUNG as a mere "chaperone" rather than
14 as a Patient Testing Technician, thereby minimizing her position, and on October 31, 2018,
15 MS. YOUNG was shunned and isolated by inexplicably being left off team emails circulated
16 to others in her group, which caused her anxiety that she was again being ostracized as a
17 result of her reports of race discrimination and patient endangerment/harm.

18 212. By November 2, 2018, Director Berrier began forcing MS. YOUNG to
19 surrender her Patient Testing Technician III role to a Medical Assistant on a weekly basis,
20 leaving MS. YOUNG to answer phones while the Medical Assistant operated the Patient
21 Testing equipment, which resulted in MS. YOUNG being forced to leave work early –
22 resulting in her lost wages – and further causing MS. YOUNG humiliation and fear of losing
23 her job.

24 ///

25 ///

26 ///

27 ///

28 ///

1 **HH. Stanford’s Employee Makes Horrible Racist Statements In Ms. Young’s**
2 **Presence, And Ms. Young Is Forced To Leave Work Early; Stanford**
3 **Fails To Provide Training To Prevent More Racist Comments, And So**
4 **They Continue.**

6 213. Despite MS. YOUNG’s repeated reports of racist comments and race
7 discrimination and harassment dating back to the KKK incident in 2015, STANFORD
8 HEALTH CARE failed to provide effective anti-harassment and discrimination training to
9 its employees, tacitly approving such abhorrent language and conduct. As a result, on
10 November 9, 2018, an employee of STANFORD DEFENDANTS made shockingly racist
11 statements about African Americans in front of MS. YOUNG, stating that when his wife was
12 pregnant “Black people” “made her sick” and that his wife was able to “smell Black people
13 coming from a mile away.” Hearing such blatantly racist remarks in the workplace – again –
14 left MS. YOUNG understandably upset and crying, and so she removed herself and reported
15 to Director Berrier the latest workplace racism she had been subjected to, and asking what
16 STANFORD HEALTH CARE were going to do to ensure that such behavior would stop. In
17 response, Director Berrier sent MS. YOUNG an email expressing a hollow concern for
18 MS. YOUNG having been subjected to the latest “horrific” racist statements, while again
19 doing nothing to provide sensitivity training to prevent yet another recurrence of racism at
20 STANFORD HEALTH CARE’s workplace. At the same time, as part of STANFORD
21 HEALTH CARE’s managing agents’ systemic practice of retaliation, MS. YOUNG was
22 forced to surrender her patient testing technician role to various Medical Assistants, again
23 leaving MS. YOUNG to answer phones while Medical Assistants did the job MS. YOUNG
24 fought so hard to be promoted into and to retain, and was further forced to “flex out” of
25 work, claiming there is not enough work for her, and resulting in her loss of wages. As
26 further evidence of retaliation, MS. YOUNG noted that she was being forced to “flex out”
27 despite the fact that as of the end of November of 2018, there were 165 patients on the
28 waiting list to have Pelvic Floor testing done.

1 214. Further, as a result of STANFORD HEALTH CARE’s failure to prevent
2 further racism in its workplace, on February 20, 2019, an African-American colleague at
3 STANFORD DEFENDANTS’ Redwood City clinic informed MS. YOUNG that she, too,
4 was being subjected to the systemic racism condoned by STANFORD HEALTH CARE.
5 Specifically, she reported to MS. YOUNG the racist comments she had received from co-
6 workers who said they did not know she was “full Black” because of her hair – they said that
7 “Black girls usually have kinky hair” and they started talking about another Black Medical
8 Assistant, using the racist stereotype that she “loves Kool-Aid.”
9

10 **II. Stanford Patients Are Endangered By High-Risk Invasive Procedures**
11 **Illegally Conducted By Unlicensed Staff; Ms. Young Reports The Same**
12 **to Stanford’s CEO and CMO, Only To Be Retaliated Against.**
13

14 215. In or about the Winter of 2018, MS. YOUNG became aware that the Nurse
15 Practitioner who was conducting anal testing also began doing Esophageal Manometry
16 procedures, which involves inserting a tube up through a patient’s nose and down into the
17 patient’s stomach – often going back and forth between procedures that were scheduled at
18 such a frenetic pace that the Nurse Practitioner often would miss breaks and meal periods
19 going from conducting one procedure working with feces to the next inserting a catheter
20 through the nasal passageway, down the esophagus and into the stomach. MS. YOUNG
21 became concerned about the risk of patient infection resulting from having the same Nurse
22 Practitioner going from working first with feces to then inserting a catheter into a patient’s
23 nose, with little time to rush from one procedure to the next and without changing clothes
24 after working with feces.

25 216. On January 22, 2019, a patient called and spoke with MS. YOUNG, saying
26 that she had just been in clinic for an Esophageal Manometry procedure and it was aborted
27 because she had trouble breathing. Later that day, the Registered Nurse and a “Traveler”
28 Registered Nurse who is Haitian told MS. YOUNG that when the “Traveler” Nurse had tried

1 to insert the catheter down the patient's throat, the patient's throat closed up for about
2 30 seconds such that the Registered Nurse had to get the "ambu" bag to "bag" the patient
3 (deliver oxygen). The Registered Nurse said that they had hit the "Emergency" light in the
4 room, but the people who showed up in response did not know what to do. The Registered
5 Nurse said that "it would be nice if they had some kind of code team" so that the clinic was
6 prepared to respond to emergencies. At this point, the "Traveler" Nurse began turning red
7 and said she was dizzy and said she wanted to pass out. The "Traveler" Nurse said that what
8 had happened with the patient had her feeling woozy. Despite the traumatic effect the
9 incident had on the "Traveler" Nurse, because there was no emergency protocol, the patient
10 who had undergone the traumatic procedure was left to leave the clinic and drive home.

11 217. On February 7, 2019, a patient went into crisis and "coded" during an
12 Esophageal Manometry (EMAN) procedure and the "Traveler" Registered Nurse reported to
13 MS. YOUNG that the patient had turned blue and his eyes had rolled back in his head and he
14 was unresponsive. She told MS. YOUNG that she was incredulous that there was no "crash
15 cart" at the facility, no "code" team to respond to emergencies, and no glucose monitor – and
16 that the equipment on the wall used for suction lacked tubing. The "Traveler" Nurse told
17 MS. YOUNG that they had had to call 911, but that the other Registered Nurse had had to do
18 chest compressions on the patient because they thought he was going to die waiting for the
19 paramedics to arrive. The "Traveler" Nurse told MS. YOUNG that at her old job at Johns
20 Hopkins they did mock "codes" just in case something happened, but that they always had a
21 "code" team who are experts in emergency situations on hand to save lives.

22 218. Following the patient crisis on February 7, 2019, STANFORD HEALTH
23 CARE's managing agents inexplicably forced MS. YOUNG to "flex out" and so she was
24 forced to leave work so that she would not witness anything further, and was forced to lose
25 wages in retaliation for her whistleblowing in protection of patient safety and reports of
26 racism in the workplace.

27 219. On March 4, 2019, an unlicensed technician informed MS. YOUNG that she
28 soon would be doing Esophageal Manometry (EMAN) procedures on STANFORD

1 HEALTH CARE's patients – inserting a catheter up through patients' noses and down their
2 esophagus and into their stomach, rather than having a licensed nurse or doctor conduct the
3 procedure, as required by law.

4 220. On March 12, 2019, the Haitian "Traveler" Registered Nurse informed
5 MS. YOUNG that management was going forward with having the unlicensed technician
6 conduct the Esophageal Manometry testing, in violation of the law. MS. YOUNG was
7 terrified for the safety of the patients who had coded multiple times over the prior months
8 even when the licensed nurses conducted the procedure – but she knew that reporting
9 management's own corner cutting to management would just fall on deaf ears and result in
10 even further retaliation.

11 221. A week passed with MS. YOUNG losing sleep worrying about the patients
12 who had no idea of the risk STANFORD HEALTH CARE was placing them in by having
13 this highly traumatic invasive EMAN procedure done by an unlicensed person. As a result,
14 on March 20, 2019, MS. YOUNG contacted the Nurses' Union (CRONA) to see if the
15 Union could step in and prevent STANFORD HEALTH CARE's managing agents from
16 putting patients' lives at risk – as it had when STANFORD HEALTH CARE's managing
17 agents had trained unlicensed Medical Assistants to conduct rectal exams and the ARMs in
18 July of 2018. Yet, despite MS. YOUNG's efforts to have the Nurse's Union take action,
19 STANFORD HEALTH CARE's managing agents indeed allowed the unlicensed technician
20 to conduct the Esophageal Manometry on unsuspecting patients. Already feeling fearful for
21 the patients, MS. YOUNG became despondent.

22 222. Then on March 27, 2019, MS. YOUNG received a group email from
23 DEFENDANT STANFORD HEALTH CARE's CEO ENTWISTLE and Chief Medical
24 Officer ("CMO") Dr. Norman Rizk stating that Stanford was "launching" an ongoing inquiry
25 into patient safety. MS. YOUNG weighed the risk of further retaliation by one of the most
26 powerful men at Stanford – CEO ENTWISTLE – against the risk that STANFORD
27 HEALTH CARE's managing agents were subjecting its patients to and she decided to put
28 patient safety ahead of her own wellbeing in order to alert CEO ENTWISTLE and

1 CMO Rizk to the fact that STANFORD DEFENDANTS' management agents were
2 requiring an unlicensed person to conduct these high-risk invasive procedures – even after
3 patients had coded during the procedures.

4 223. On March 29, 2019, MS. YOUNG sent an email to CEO ENTWISTLE and
5 CMO Rizk with the subject line “Patient Endangerment in Digestive Health” and stating:

6 “Mr. Entwistle and Mr. Rizk,

7
8 ... I wanted to let you know that I am very concerned about the Digestive
9 Health patients here at the Outpatient Center in Redwood City.

10
11 Actually several people are concerned but they are too afraid to come
12 forward because they fear retaliation.

13
14 The Esophageal Manometry procedures (EMANs) done in Digestive Health
15 are putting Stanford patients at risk. These highly invasive and potentially
16 traumatic procedures are supposed to be performed by a Registered Nurse
17 with demonstrated competencies – but management is cutting corners and
18 that is not happening. Apparently, physicians were upset when they were
19 told this procedure would be on hold because we will not have a procedure
20 nurse after 4-5-19, so instead management made the decision to bring a
21 Technician from Endoscopy to perform this procedure. The Technician has
22 certificates but she is NOT licensed.

23
24 To have an Esophageal Manometry the patients have to sniff lidocaine to
25 numb their nasal passageway and then a tube/catheter is inserted up a
26 patient's nose and down their throat – and sometimes the tube/catheter hits
27 the patient's lungs – and sometimes the tube/catheter gets stuck inside the
28 patient.

1
2 And in the past month or so, two patients have coded during the procedure
3 even when it was done by a RN, such that one of the patients passed out and
4 the other patient had no pulse and the RN had to do chest compressions to
5 revive the patient.

6
7 When the first patient coded, the RN pulled out the ambu bag to resuscitate
8 the patient and hit the call button, but nobody came right away. And then
9 when they did show up, they had no idea what to do. The RN said the patient
10 was out for at least half a minute, and that when the patient was revived the
11 RN decided to just cancel the 911 call and just let the patient leave on her
12 own after having been unconscious. The patient called and spoke to me right
13 afterward on her way home and said that the RN had just told her to call her
14 Gastro MD and ask for the procedure to be done under sedation to avoid
15 another such traumatic experience. I was very concerned that the RN had just
16 let her go without follow up after she coded.

17
18 The second patient coded a couple of weeks later on the travel RN who was
19 just learning how to do the procedure, and when the preceptor who was
20 teaching her was in a completely different room. The RN hit the call button,
21 but the first person to arrive was a Medical Assistant. The patient had no
22 pulse when the RN and the Medical Assistant checked it 3 different times.
23 Again, they pulled out the ambu bag to resuscitate the patient and another
24 RN started doing chest compressions on the patient – but nobody thought to
25 get the AED for defibrillation. The RN said they were all shocked when the
26 patient came to, and the patient was transported to the hospital.

27
28 I want to make sure that all Stanford patients are safe, and that they are not

1 endangered by having unlicensed staff members doing these EMAN
2 procedures because management is cutting corners. I want to also make sure
3 that the RNs doing the EMAN procedures have demonstrated competencies,
4 as they are supposed to, and that there are emergency response protocols in
5 place that they are trained on so that they know what to do if a patient codes
6 again during an EMAN.

7
8 But most urgently, we need a competent Registered Nurse with demonstrated
9 competencies for the Esophageal Manometry and to not allow those
10 procedures to continue with unlicensed staff.

11
12 Please do not let Stanford Management's cutting corners and lack of
13 emergency protocols and training continue to put our patients at risk.

14 Thank you,

15 Qiqiua"

16 224. A week passed, and no one even acknowledged MS. YOUNG's report of
17 patient endangerment, and the risk of harm to STANFORD DEFENDANTS' patients
18 continued. As a result, on April 5, 2019, MS. YOUNG sent a follow up email to CEO
19 ENTWISTLE and CMO Rizk, asking that they confirm that "my report has been received
20 and that action is being taken to address and eliminate the serious risk to our patients that
21 having an unlicensed person doing these potentially life threatening invasive procedures
22 presents."

23 225. MS. YOUNG's reports were in fact confirmed. *See* Ex. 8.

24 226. In a retaliatory response to MS. YOUNG's reports of patient harm and
25 endangerment and reports of race discrimination, on April 5, 2019, CEO ENTWISTLE
26 swiftly sent a bullying and gaslighting email back at MS. YOUNG, scolding and humiliating
27 her and making her feel like she had been slapped in the face by one of STANFORD
28 MEDICINE's most powerful men who obviously wanted to put her in her place and silence

1 her.

2 227. In further retaliation for her reports of racism and patient harm/endangerment,
3 a just week later, on April 12, 2019, STANFORD HEALTH CARE's managing agents
4 forced MS. YOUNG to "flex out" of work. When MS. YOUNG received an email stating
5 that she was not to come to work on April 12th and instead had to "flex out" and use PTO
6 for that day, MS. YOUNG approached the person who had sent the email and told him that
7 she had two procedures to conduct that were on the schedule for April 12th. MS. YOUNG
8 was then told that she had to "flex out" and go home after doing the procedures, resulting in
9 her loss of paid time.

10 228. On April 12, 2019, MS. YOUNG received additional gaslighting emails from
11 DEFENDANT STANFORD HEALTH CARE's Chief Medical Officer, Dr. Norman Rizk
12 (who is also DEFENDANT STANFORD UNIVERSITY School of Medicine's Dean for
13 Clinical Affairs) and Dr. Sam Shen who is DEFENDANT STANFORD HEALTH CARE's
14 Patient Safety Officer (and who is also a Clinical Professor of Emergency Medicine in
15 DEFENDANT STANFORD UNIVERSITY's School of Medicine). In Dr. Shen's email he
16 stated: "The 2 cases were identified and reviewed by our patient safety team. In the
17 investigations, it was determined the care was appropriate."

18 229. Not only did the emails fail to address the concerns MS. YOUNG had raised
19 about the unlicensed technician conducting the high-risk invasive Esophageal Manometry
20 procedures, but they failed to address the concerns she raised about the ongoing lack of
21 emergency protocol to protect STANFORD HEALTH CARE patients when then they code –
22 as they already had – during the procedure.

23 230. MS. YOUNG later learned in litigation that STANFORD HEALTH CARE's
24 investigation confirmed her report of the patients coding during EMANs, but did not address
25 her concerns about unlicensed staff performing the EMANs. *See* Ex. 8.

26 231. To highlight that STANFORD HEALTH CARE's response was nothing more
27 than their latest attempt to create alternative "facts" to cover up the illegal activity and
28 patient endangerment reported by MS. YOUNG, on April 23, 2019, a trainer/Nurse Educator

1 came to observe Assistant Manager Hicks perform the Esophageal Manometry procedure, as
2 Assistant Manager Hicks had not demonstrated the competencies necessary to be able to
3 legally perform the Esophageal Manometry procedures and had been pretending to conduct
4 the Esophageal Manometry procedures while actually having the unlicensed technician in the
5 room performing them.

6 232. In retaliation for MS. YOUNG's blowing the whistle on STANFORD
7 HEALTH CARE's illegal activities, on May 2, 2019, Director Berrier ambushed
8 MS. YOUNG by pretending to want to speak with her casually and then pulling her into
9 Berrier's office where Director of Employee and Labor Relations Harris, was waiting to
10 interrogate and intimidate MS. YOUNG about the protective recordings she had produced to
11 STANFORD DEFENDANTS 6 months earlier – and that were 4 years old –
12 in an obvious effort to trump up a reason to try and terminate MS. YOUNG. As Harris had
13 been part of STANFORD DEFENDANTS' managing agents' decision to trump up fake
14 reasons to give MS. YOUNG the retaliatory write-up she received in 2016 – again, the only
15 write-up she ever received in her career – MS. YOUNG was left feeling more fearful than
16 ever for her job.

17 233. MS. YOUNG was forced to walk on eggshells, never knowing the result of
18 this investigation. Then, when heading to trial, MS. YOUNG discovered that *for nearly 5*
19 *years* Harris kept a “secret” active discriminatory and retaliatory discipline file against MS.
20 YOUNG. MS. YOUNG discovered that Harris kept the “secret” discipline locked and loaded
21 against her in violation of STANFORD HEALTH CARE's policy requiring that employees
22 be notified about discipline against them and that discipline fall off after a proscribed period.
23 Indeed, in violation of STANFORD HEALTH CARE policy, Harris kept the “secret”
24 discipline file against MS. YOUNG open from October 2019 – a month after Harris learned
25 that MS. YOUNG reported to the California Board of Nursing that she witnessed a nurse
26 perforate a patient's sigmoid colon, discussed *infra* – until trial in 2024. Harris had
27 ominously identified the discipline against MS. YOUNG as “To Be Determined” as she was
28

1 obviously lying in wait, looking to fire MS. YOUNG. *See* Ex. 13.¹³

2
3 **JJ. Ms. Young Discovers From Stanford Defendants’ Own Documents That**
4 **Stanford’s CEO and Dean Knew Their False and Defamatory Statements**
5 **About Ms. Young Were False At The Time That They Published Those**
6 **False Statements Smearing Ms. Young’s Reputation.**
7

8 234. In June of 2019, MS. YOUNG reviewed documents produced by the
9 STANFORD DEFENDANTS in Young I that confirmed that STANFORD DEFENDANTS
10 and their managing agents knew that MS. YOUNG was telling the truth about her claims and
11 reports of systemic racism and patient safety issues and failures and, despite this knowledge,
12 they had continued their campaign of retaliation and attacks upon MS. YOUNG in many
13 ways, including by intentionally and knowingly publishing false and defamatory statements
14 about MS. YOUNG (described above) initially to **22,900** people, and to countless people
15 who received the foreseeable republications by these **22,909** initial recipients, contained in
16 the September 29, 2017 email from CEO ENTWISTLE and DEAN MINOR with the
17 subject line “An important message from SHC CEO David Entwistle” falsely implying that
18 MS. YOUNG was untruthful, unscrupulous, or dishonest, or dishonest in her reports of
19 events of racism, or dishonest in her reports of events concerning patient safety issues.

20 235. As a result, on June 21, 2019, Ms. Young sent to STANFORD HEALTH
21 CARE CEO ENTWISTLE and STANFORD UNIVERSITY DEAN MINOR an email with
22 the subject line “The Truth” asking them to retract their false, retaliatory and defamatory
23 email smearing her reputation, her credibility and the believability of her reports to stop
24 racism and patient harm and injury. She attached STANFORD DEFENDANTS’ own

25 _____
26 ¹³ As Harris’ “secret” discipline against MS. YOUNG was not produced or known to MS.
27 YOUNG until the eve of trial, it was not part of the pleadings in Young I. However, as it was
28 an exhibit at trial, MS. YOUNG includes these facts about Harris’ “secret” discipline file
against MS. YOUNG as background to her present claims and does not seek damages based
thereon.

documents that confirmed they had known all along that she was telling the truth at the time they published their knowingly false and defamatory statements about MS. YOUNG.

236. But instead of apologizing for their publication of known falsehoods and sending a retraction to the initial **22,909 people** who had received STANFORD DEFENDANTS' officers and managing agents' retaliatory defamatory publication smearing MS. YOUNG's credibility and reputation, on June 28, 2019, STANFORD HEALTH CARE's Chief Human Resources Officer David Jones responded to MS. YOUNG with more retaliatory bullying and gaslighting, and attempted to intimidate MS. YOUNG by accusing her of "attacking" CEO Entwistle and Dean Minor and of "misrepresenting" STANFORD DEFENDANTS' actions. *See* Ex. 12.

KK. Ms. Young's Worst Fears Are Realized When She Discovers That In Her Role As Patient Testing Technician III, She Has Witnessed An Untrained Nurse Perforate a Stanford Patient's Sigmoid Colon and Further Discovers A Second Stanford Patient Whose Colon Was Perforated Was Sent Home to Die of Sepsis; and Ms. Young Is Never Interviewed, But Instead Is Promptly Demoted From Her Role as Patient Testing Technician III to a Generalized Title of "Patient Care Coordinator."

237. On or about August 19, 2019, MS. YOUNG was devastated to discover that her worst fears had been realized and a patient's colon had been perforated by the untrained nurse she had been working with for the prior four months during Anorectal Manometry Testing. When, later, MS. YOUNG realized that she had witnessed the elderly patient's colon perforation happen, she expected management to speak with her as a witness as part of their investigation, as MS. YOUNG was the only other person in the room when the patient's colon was perforated – but they pointedly did not. Instead, STANFORD HEALTH CARE increased their efforts to strip MS. YOUNG of her duties as Patient Testing Technician III to drive her out of the job she had fought so hard for. Devastated by what had

1 been done to the elderly patient and by STANFORD HEALTH CARE's obvious attempt to
2 sweep it under the rug, MS. YOUNG began researching who might take seriously her report
3 of patient harm and endangerment.

4 238. On August 22, 2019, MS. YOUNG sent an email to an investigator with the
5 Medical Board of California reporting the elderly patient's colon perforation and
6 STANFORD HEALTH CARE's cover up of the same.

7 239. On or about September 5, 2019, MS. YOUNG was informed that another of
8 STANFORD HEALTH CARE's patients died of sepsis after having her colon perforated.
9 MS. YOUNG further discovered that this second patient whose colon was perforated had
10 complained of pain to the nurse – who MS. YOUNG previously reported had conducted anal
11 testing on a patient's vagina in April of 2017 – but that the patient's complaints were
12 dismissed and the patient was sent home and later died of sepsis from the colon perforation.

13 240. MS. YOUNG was distraught upon hearing this news, as she believed that, if
14 STANFORD HEALTH CARE had conducted a proper investigation into the first elderly
15 patient's colon perforation – which would have had to include speaking with MS. YOUNG
16 as the only other person in the room – STANFORD HEALTH CARE would have had to
17 provide additional training for its nurses about what to look for and how to respond to colon
18 perforation such that the second patient with a perforated colon would not have been sent
19 home by the nurse to die of sepsis, and she again contacted the Investigator, but unable to
20 speak with anyone.

21 241. On Friday, September 20, 2019, MS. YOUNG received a call from a woman
22 who said she was the Investigator's assistant and who informed MS. YOUNG that because
23 her report was about a registered nurse and not a physician, MS. YOUNG could make a
24 report to the Nursing Board, but not the Medical Board. So, on Wednesday, September 25,
25 2019, MS. YOUNG submitted a complaint to the California Board of Registered Nursing
26 reporting the lack of training STANFORD HEALTH CARE provides to the registered
27 nurses conducting the Anorectal Manometry procedures and the recent perforation and death
28 of STANFORD HEALTH CARE patients. MS. YOUNG further reported that "although I

1 was the only other person present in the room when the first patient's colon was perforated
2 in July, no one at Stanford has interviewed me as part of any investigation into how or why
3 this terrible thing happened. I am making this report outside of Stanford with the hope that
4 some action can be taken to protect our patients and that someone from the nursing board
5 will contact me as soon as possible."

6 242. Two days later, on Friday, September 27, 2019, MS. YOUNG sent an email
7 to CEO Entwistle, Dean Minor, Chief Medical Officer Dr. Norman Rizk, and Dale Beatty,
8 Stanford's Chief Nursing Officer, with the subject line "Request for RN Training To Prevent
9 Further Patient Colon Perforation and Death" stating:

10 "Dear Mr. Entwistle, Dean Minor, Dr. Rizk and Mr. Beatty,

11
12 Although David Jones asked me not to bring issues directly to you, you are the
13 people who are empowered to change things at Stanford to protect our patients,
14 which is desperately needed. Since my last email, two of our patients in Stanford's
15 Redwood City Pelvic Health Center have had their colons perforated, and one of
16 them has died as a result.

17
18 The first perforated patient was an elderly woman who had come for an Anorectal
19 Manometry procedure in July. During the procedure, this poor lady complained
20 numerous times that the catheter was causing her pain, but the untrained RN just
21 dismissed her complaints and continued to do the procedure anyway. After the
22 procedure, the poor lady started vomiting and bled all over the floor, so Dr. Garcia
23 came to check her, but she was dismissive of the patient's complaints also and just
24 sent her home- to Monterey, despite it being almost 2 hours away. I cannot tell you
25 how horrible I have felt ever since I found out that this poor lady's colon was
26 perforated and that she ended up with an ostomy bag.

27
28 Shortly after I found out the elderly patient's colon had been perforated and that she

1 wound up with an ostomy bag, I found out that a second patient ended up with a
2 colon perforation and died from septic shock after being sent home by another RN I
3 previously reported had not been properly trained. This now-deceased perforated
4 patient came into Stanford's Outpatient Center the week after the surgery for a post-
5 operative voiding trial. And although the patient reported having abdominal pain
6 post-surgery to the RN, the RN sent her home, dismissing the patient's complaints by
7 saying words to the effect that such pain was to be expected because the patient just
8 had surgery and that the patient complained of abdominal pain all the time. This
9 patient died shortly thereafter from septic shock resulting from colon perforation.

10
11 For the last 3 years, I have been complaining that the RNs who have been assigned to
12 the Pelvic Health Center have not been properly trained and now my worst fears have
13 come true. Part of the problem is that management has the last untrained RN "train"
14 the new RN before rotating them out of the position. With the current RN who
15 perforated the elderly patient's colon in July, instead of training the RN to perform
16 the Anorectal Manometry procedure properly, management had a rep from
17 "Medtronic" come and walk the RN through the Anorectal Manometry software used
18 with the testing machine.

19
20 I am very concerned that this RN continues to perform the Anorectal Manometry
21 procedure, even when patients report they are in pain or bleeding. This RN has made
22 numerous statements to and in front of me that she is not comfortable doing this
23 procedure and that it has "become" dangerous. As I have warned for years, until RNs
24 receive proper training on this procedure, it will always be unnecessarily dangerous.

25
26 I feel so horrible about what has happened to our patients and their families, and how
27 their lives have been changed forever. I cannot protect our patients alone. I feel no
28 one wants to listen to me even though our patients' lives are at stake. For instance,

1 even though I was the only other person in the room when the RN perforated the
2 elderly patient's colon in July, no one has ever interviewed me about how this
3 tragedy happened and could be prevented in the future. Such an investigation would
4 have resulted in better training, and such training could have prevented the second
5 perforated patient from being sent home to die.

6
7 Please, I am again asking you to do something to protect our patients. Our nurses
8 need to be trained properly, and I hope that you will make that change happen.

9
10 Thank you,
11 Qiquia Young"

12 243. MS. YOUNG never received any substantive response from anyone. Rather –
13 as if she had never reported anything at all – the untrained registered nurses continued to
14 perform Anorectal Manometry Procedures on unsuspecting patients of STANFORD
15 HEALTH CARE, without any additional training.

16 244. Moreover, shortly after MS. YOUNG discovered that she had witnessed the
17 colon perforation of STANFORD HEALTH CARE's patient during the Anorectal
18 Manometry procedure, on September 6, 2019, MS. YOUNG also discovered that
19 STANFORD HEALTH CARE had increased their retaliatory efforts to drive MS. YOUNG
20 out of STANFORD and demoted her.

21 245. STANFORD HEALTH CARE demoted MS. YOUNG by stripping her of the
22 title of "Patient Testing Technician III" – the title that MS. YOUNG fought hard for and that
23 denotes an achieved level of technical competency – and instead lumping her into a highly
24 generalized title of "Patient Care Coordinator" that denotes no particular competency at all.
25 STANFORD HEALTH CARE further increased their retaliatory campaign against MS.
26 YOUNG by lowering her hourly rate from the hourly rate previously listed on the employee
27 portal just days earlier. And to underscore their retaliatory intent to drive MS. YOUNG out
28 of STANFORD and to make clear that she is unwelcome there, STANFORD management

1 did all this to demote MS. YOUNG without ever speaking to her about it first – i.e., MS.
2 YOUNG inadvertently learned that she had been demoted when she logged into the
3 employee portal and discovered she had her title stripped from her and her pay lowered.

4 246. Indeed, it was after STANFORD HEALTH CARE stripped MS. YOUNG of
5 her title – and changed it to the vague “Patient Care Coordinator IV” – that Harris created the
6 “secret” discipline file that she kept on MS. YOUNG from 2019 until the time of trial in
7 February 2024.

8
9 **LL. Stanford Medicine’s Claim that Racism is a “Direct Afront to Stanford**
10 **Medicine’s Most Cherished Values” While Simultaneously Continuing to**
11 **Honor Its Racist White Supremacist First President and the Father of**
12 **American Eugenics, David Starr Jordan; and Ms. Young’s Message to**
13 **Stanford Medicine’s Leadership and Successful Call to Action.**
14

15 247. On September 28, 2020, MS. YOUNG received an email from STANFORD
16 MEDICINE Leadership including CEO Entwistle and Dean Minor in response to the verdict
17 in the Breonna Taylor trial with the subject line “A Difficult Week for Our Community”
18 stating:
19

20 “As the leaders of Stanford Medicine, we would like to acknowledge that this week
21 has been extraordinarily painful and difficult, especially for many of our Black
community members.

22 We recognize that the news regarding Breonna Taylor has again conjured intense
23 feelings of anger, hopelessness, and distress across the country. To those of you who
are hurting, please know that we are here for you and remain committed to change.

24 We will not let this moment pass. We will keep Stanford Medicine firmly on a path
25 toward becoming more inclusive, equitable, and actively engaged in confronting anti-
Black racism.”
26

27 248. MS. YOUNG was sickened by the hypocrisy of this statement from
28 STANFORD MEDICINE given that she knew it continued to honor its first president, David

1 Starr Jordan – who is known as the father of American eugenics and a white supremacist –
2 with a prominent building, street, and the central University quad named after him, as well as
3 a statue of his eugenicist mentor, Louis Agassiz.

4 249. As a result, also on September 28, 2020, MS. YOUNG sent the following
5 email to CEO Entwistle and Dean Minor:

6 “Dear Dean Minor and Mr. Entwistle,
7

8
9 I received your email today about Breonna Taylor and Stanford Medicine being
10 “firmly on a path toward becoming more inclusive, equitable, and actively engaged
11 in confronting anti-Black racism and social disparities that continue to harm minority
12 groups.” In light of your words, I wanted to know, when is Stanford going to take
13 down the statue of Louis Agassiz and rename Jordan Hall? Do you have any idea
14 how it feels to come to work each day, knowing that you continue to honor these men
15 whose work was based on the racist belief that people like me are inferior to you, and
16 their goal was to “improve” the human race by breeding people like me out of
17 existence? (And the eugenics they preached and that caused them to be honored at
18 Stanford continues to this day, as we recently learned about ICE performing forced
19 hysterectomies on Hispanic women at the border.) Do you have any idea how it feels
20 to work here knowing that, since 2018, Stanford has refused requests to remove
21 Jordan’s name? Other schools have removed Jordan’s name, why hasn’t Stanford?
22
23

24
25 The time for empty words has long passed. Now is a time for action. So, please, Dean
26 Minor and Mr. Entwistle, tell me and the minority employees and students of
27 Stanford Medicine when you will remove Jordan’s name and Agassiz’s statue from
28 Stanford?

1 Thank you,
2 Qiquia Young”
3

4 250. In response, on September 30, 2020, STANFORD DEFENDANTS’
5 spokesperson notified MS. YOUNG that then-President Marc Tessier-Lavigne had received
6 reports to address these issues, stating “The reports have been submitted to the President of
7 the University who may approve them or ask for additional information ...”
8

9 251. MS. YOUNG was appalled, as she knew that the Stanford Eugenics History
10 Project (<https://www.stanfordeugenics.com/>) had petitioned to have Jordan’s name removed
11 almost two *years* earlier and STANFORD UNIVERSITY had refused.

12 252. On October 2, 2020, MS. YOUNG responded to CEO. Entwistle and Dean
13 Minor, stating:
14

15 “Dear Dean Minor and Mr. Entwistle,
16

17 I received your response to my request that Stanford stop honoring racist
18 eugenicists/white supremacists David Starr Jordan and Louis Agassiz by removing
19 Jordan’s name and Agassiz’s statue from Stanford. Your spokesperson responded
20 that Stanford has spent months collecting information to try to figure out whether it
21 should stop honoring these known racist eugenicists/white supremacists.
22

23
24 In fact, it has been nearly 20 months since the Eugenics at Stanford History Project
25 presented Stanford President Mark Tessier-Lavigne with its 28-page report dated
26 February 16, 2019 entitled “Request to Rename Jordan Hall” detailing a parade of
27 Jordan’s horrors:
28

1
2 [https://campusnames.stanford.edu/wp-content/uploads/sites/14/2020/04/Jordan-Hall-](https://campusnames.stanford.edu/wp-content/uploads/sites/14/2020/04/Jordan-Hall-request.pdf)
3 [request.pdf](https://campusnames.stanford.edu/wp-content/uploads/sites/14/2020/04/Jordan-Hall-request.pdf).

4
5 I really don't understand Stanford's delay and reluctance to do the right thing. As
6 James Baldwin said, "We can disagree and still love each other unless your
7 disagreement is rooted in my oppression and denial of my humanity and right to
8 exist." Do we agree racism is horrible, white supremacy is despicable, and continuing
9 to honor such people and ideas on the Stanford campus is shameful, horrible, and
10 despicable?
11

12
13 One would want to think we could agree on that given the "pledge" of yours I found
14 yesterday on Stanford's website saying that, as the leaders of Stanford Medicine:
15 "We will not be silent. We will use our influence to effect change. Today we say
16 enough is enough. Racism and discrimination in all its forms are a direct affront to
17 Stanford Medicine's most cherished values; they have no place in our society ... We
18 are here, we are committed to change, and we vow to uphold anti-racist values in
19 partnership with the Black community." [http://med.stanford.edu/dean/leaders-](http://med.stanford.edu/dean/leaders-pledge.html)
20 [pledge.html](http://med.stanford.edu/dean/leaders-pledge.html).
21
22

23
24 But then your spokesperson's email said that "reports" about whether to remove
25 Stanford's statue of Agassiz and rename Jordan Hall "have been submitted to the
26 President of the University who may approve them or ask for additional
27 information." What more information could an institution that finds racism "a direct
28

1 affront” to its “most cherished values” need in deciding whether to continue honoring
2 these white supremacists?

3
4 Prominent buildings and white marble statues honoring racists and white
5 supremacists do not magically disappear with a string of self-serving promises in an
6 email or on a website. Promises are meaningless; action is what matters. Speaking of
7 which, I got your email today announcing the start of Stanford’s \$1.2 billion dollar
8 renewal of the Stanford Hospital building on campus. How is it that Stanford put that
9 into action, but has spent 20 months unable to decide whether to take down a statue
10 and rename a building honoring white supremacists?

11
12
13 David Starr Jordan’s work, and foundation – the “Human Betterment Foundation” –
14 was used by the Nazis to justify their “elimination” of “undesirable” populations
15 during the Holocaust.

16
17
18 But that is well-known, and clearly that has not been enough to prompt actual
19 change, so maybe some of David Starr Jordan’s own quotes will be:

20
21 “We may admit that the introduction of African blood has not been a gain to the
22 republic.”

23
24
25 “Earliest human remains; some ape-like, but not more so than Australians and some
26 negroes. Blue-gum negroes, blue gum apes.”

1 "This growth in civic knowledge is impossible without a foundation of intelligence.
2 The choice of negro suffrage was the wisest choice among the many wrongs having
3 their rise in negro slavery. It was the least of the evils, no doubt, but an evil
4 nevertheless. Every evil is likely sooner or later to become a festering sore in the
5 body politic."

6
7
8 "The great majority of Filipinos have never yet heard of Spain, much less the United
9 States. This is especially true of the Malay pirates of the Southern Islands and the
10 black imps of the unexplored interior, as capable of self-government or of any other
11 government as so many monkeys."

12
13
14 "Mexico's teeming millions, ignorant, superstitious, and ill-nurtured, with little self-
15 control ... lacking, indeed, most of our Anglo-Saxon values."

16
17 "No one wants the lowest class of Chinese, for there is nothing so unutterably bad as
18 the low, uneducated, Chinese of the lowest type. It is this class that makes up what
19 we call 'Chinatown,' and no one wants another Chinatown in any city
20 in this country." <https://www.stanfordeugenics.com/>.

21
22
23 If, as your spokesperson's email suggests, the President of Stanford needs more
24 information to figure out whether to stop Stanford from continuing to honor these
25 racist white supremacists whose work is "a direct affront" to your supposed "most
26 cherished values," please let me know.
27
28

1 Thank you,
2 Qiqiuia Young”

3
4 253. Notably, just four days after MS. YOUNG sent her call to action to
5 STANFORD MEDICINE’s Leadership to remove racist White Supremacists David Starr
6 Jordan and Louis Agassiz, it was announced that David Starr Jordan’s name was being
7 removed and the Agassiz statue was being “relocated.” *See*
8 <https://news.stanford.edu/stories/2020/10/jordan-agassiz>

9
10 **MM. Stanford Medicine’s Justice and Equity Commission and “IDEAL”**
11 **Survey Support the Truth of Ms. Young’s Claims of Systemic Racism**
12 **and Retaliation, Finding Microaggressions, Racially Discriminatory and**
13 **Harassing Behaviors “are common in every Stanford school and across**
14 **nearly every department and work unit” and that Black Employees “Do**
15 **Not Feel Safe” and “fear retaliation for reporting incidents of racism,**
16 **bias, and discrimination.”**

17
18 254. In 2021, MS. YOUNG learned that STANFORD’s IDEAL Survey and
19 STANFORD MEDICINE’s Commission on Justice and Equity’s Recommendations *proved*
20 the systemic racism that MS. YOUNG had personally experienced for years and continues to
21 experience.

22 255. In 2021, STANFORD MEDICINE published its findings from its “inaugural”
23 “Commission on Justice and Equity’s” attempt “to dismantle systemic racism and
24 discrimination at Stanford Medicine.” *See* Stanford Medicine’s May 2021 Commission on
25 Justice and Equity’s Recommendations attached as Ex. 5, pg. 6.3.

26 256. The results of the STANFORD MEDICINE Justice and Equity Commission’s
27 conclusions and recommendations were filled with confirmation of MS. YOUNG’s
28 experiences: that STANFORD MEDICINE was rife with racial discrimination,

1 microaggressions, and Black employees' fear for reporting racial discrimination.

2 257. STANFORD MEDICINE publicly published its results (attached as Ex. 5).

3 258. After STANFORD MEDICINE's Justice and Equity Commission held
4 myriad "listening sessions" with those people identified as "Black, Indigenous and people of
5 color (BIPOC)" at STANFORD MEDICINE, the Commission on Justice and Equity found
6 like MS. YOUNG, "Black Trainees and Employees Do Not Feel Safe or Supported":

7 **Black Trainees and Employees**
8 **Do Not Feel Safe or Supported**

9 Beyond the composition of Stanford Medicine's community,
10 the everyday experiences of URM's at Stanford Medicine
11 are often distressing, filled with what they describe as
12 microaggressions in classes, labs, offices, and clinics,
13 impacting their mental health and professional work. Black
14 community members report feeling unsafe on campus
15 and detail multiple reports of harassment and profiling by
16 campus police. They describe fear of retaliation for reporting
17 incidents of racism, bias, and discrimination, and limited
18 action and accountability following those reports. The
19 apparent lack of visible university and Stanford Medicine
20 support and advocacy for Black community members
21 contributes to their lack of trust. The Commission believes
22 this is a wellness imperative at all levels that must be
23 addressed immediately.

24 See Ex. 5, pg. 6.11, also available online at:

25 https://med.stanford.edu/content/dam/sm/diversity/documents/Commission/Stanford_Medicine_Commission_Report_Final.pdf

26 259. Indeed, after having published and republished false and defamatory
27 statements condemning MS. YOUNG as a liar, attacking her integrity, and accusing her of
28 fabricating false reports of racism, STANFORD UNIVERSITY Dean Minor and CEO
Entwistle sent an announcement to MS. YOUNG further admitting to systemic racism at
STANFORD MEDICINE:

[See Screenshot on Next Page]

Dear Community,

Eighteen months ago, we [pledged](#) to confront systemic racism and accelerate change within Stanford Medicine and beyond. We remain wholly committed to this pledge, particularly in light of what our University has learned from its Inclusion, Diversity, Equity, and Access in a Learning Environment (IDEAL) [survey](#).

Similar to the Commission on Justice and Equity's report, the IDEAL survey findings underscore that Stanford is not immune to systemic racism and discrimination and that significant work remains in confronting bias, prejudice, and discrimination that touches all corners of our community.

See Ex. 6.

260. Moreover, the STANFORD MEDICINE IDEAL survey finding that Dean Minor and CEO Entwistle sent to MS. YOUNG further confirmed MS. YOUNG's reports of systemic racism, showing that, just as MS. YOUNG had experienced and truthfully reported, microaggressions, racially discriminatory and harassing behaviors **"are common in every Stanford school and across nearly every department and work unit"**:

The Scope of the Problem at Stanford | Microaggression, Discriminator, and Harassing Behaviors

- Data from the IDEAL Survey show that **these experiences are common in every Stanford school and across nearly every department and work unit.** (where there were more than 10 survey respondents)

See the IDEAL Survey results sent to MS. YOUNG by STANFORD MEDICINE attached at Ex. 7, pg. 8.17, which were publicly available on STANFORD UNIVERSITY's website at <https://irds.stanford.edu/news/ideal-diversity-equity-and-inclusion-survey-released> (but appear to have been removed).

261. Despite STANFORD DEFENDANTS' knowledge and recognition that "[s]imilar to the Commission on Justice and Equity's report, the IDEAL survey findings underscore that Stanford is not immune to systemic racism and discrimination, and that significant work remains in confronting bias, prejudice, and discrimination that touches every corner of the community" (Ex. 6), MS. YOUNG continued – and continues – to suffer

1 from racial discrimination and pattern and practice of retaliation at STANFORD HEALTH
2 CARE that is rooted in and stems from MS. YOUNG's vindication of her rights under
3 FEHA and Labor Code § 1102.5 in Alameda County and STANFORD HEALTH CARE's
4 efforts to coerce and force her out of her job in Alameda County on March 28, 2024.

5
6 **NN. Ms. Young's Management Team "Retires" and Her New Management**
7 **Team Discriminates and Retaliates Against Ms. Young By Failing to**
8 **Provide Ms. Young with Her Annual Performance Review.**
9

10 262. In January 2023, Berrier and Hicks retired. And initially, MS. YOUNG's new
11 manager and supervisor, Karen Jazmin and Maridel Peña, were a welcomed change.

12 263. Then in late Spring-Summer 2023, during performance review season, MS.
13 YOUNG was passed over for her annual performance review. On information and belief, at
14 the direction of Director Harris and/or STANFORD UNIVERSITY and STANFORD
15 HEALTH CARE's Office of General Counsel, MS. YOUNG's managers, Jazmin and Peña
16 continued STANFORD HEALTH CARE's proven pattern of racial discrimination and
17 retaliation against MS. YOUNG by denying her any annual performance review.

18 264. MS. YOUNG did not know at that time that STANFORD HEALTH CARE
19 had not prepared any performance review for her *at all*. Nor did MS. YOUNG know at the
20 time that Harris had the "secret" discipline file open on her with discipline listed as "To Be
21 Determined" and so she wondered why she did not receive her annual performance review –
22 particularly given that, on information and belief, others in her department received their
23 annual performance reviews from Jazmin and Peña.

24
25 **OO. Ms. Young's Co-Workers Refuse to Work With Her and a Nurse Who**
26 **Ms. Young Works With Reports "I feel like being violent today" in Front**
27 **of a Supervisor, Who Does Nothing; Ms. Young Fears for Her Safety and**
28 **Reports The Threat of Violence to Management.**

1 265. In August of 2023, MS. YOUNG was informed that the nurse who MS.
2 YOUNG believes she witnessed perforate a STANFORD HEALTH CARE patient's sigmoid
3 colon while conducting the ARM on July 16, 2019, refused to work with MS. YOUNG. MS.
4 YOUNG was informed that the nurse went on a leave of absence, leaving her friend, who is
5 also a nurse, to work with MS. YOUNG. The new nurse was generally hostile and
6 disrespectful to MS. YOUNG.

7 266. On August 23, 2023, another nurse who MS. YOUNG worked well with for
8 years came to MS. YOUNG in tears, saying that the new nurse who was friends with the
9 nurse who MS. YOUNG had reported as having perforated a patient's colon had said loudly
10 and threateningly: "I feel like being violent today." She also told MS. YOUNG that the new
11 nurse had done so in front of supervisor Carrie Roldan, who had ratified the conduct by
12 taking no real action in response.

13 267. MS. YOUNG felt unsafe and concerned about seeing the other nurse reduced
14 to tears and afraid of the threat of violence. So, the following day, on August 24, 2023, MS.
15 YOUNG sent an email to her new managers, reporting the incident.

16 268. From that point forward, MS. YOUNG's managers Jazmin's and Peña's
17 demeanor toward her worsened. They became aloof and hostile and permitted the new nurse
18 who had threatened violence also to refuse to work with and malign MS. YOUNG, and
19 further allowed supervisor Roldan to malign MS. YOUNG.

20
21 **PP. Ms. Young Is Concerned and Dismayed to Discover that in Spring 2023,**
22 **Leap Frog Hospital Safety Grade had Graded Stanford Hospital as**
23 **"Hospital Performs Worse Than Average" for the Rates of Certain**
24 **Patient Infections.**

25
26 269. On September 3, 2023, MS. YOUNG was concerned and dismayed to
27 discover that, as of Spring 2023, Leap Frog Hospital Safety Grade had graded Stanford as
28 "Hospital Performs Worse Than Average" for the rates of certain patient infections,

1 including C. diff, and handwashing, and had downgraded Stanford overall to a “B,” because
2 of safety and infection control issues and problems. *See* Ex. 15;
3 <https://www.hospitalsafetygrade.org/h/stanford-health-care>.

4
5 **QQ. An Alameda County Jury Finds Stanford Health Care Harassed,**
6 **Discriminated, and Retaliated Against Ms. Young Based on Her Race,**
7 **Her Association with Dr. Rhoads, and Her Reports of Patient Safety**
8 **Issues and Failed to Prevent Racial Discrimination, Harassment, or**
9 **Retaliation; Stanford Health Care CEO Entwistle Physically Grabs Ms.**
10 **Young’s Hand Without Her Consent in an Effort to Intimidate and**
11 **Retaliate Against Her for Vindicating Her Rights Under FEHA and**
12 **Labor Code § 1102.5 Prohibiting Retaliation.**
13

14 270. After a six-week jury trial in Alameda County, on March 28, 2024, the jury
15 found that MS. YOUNG’s employer, STANFORD HEALTH CARE, subjected her to racial
16 harassment and racial discrimination when, among other things, her co-workers threatened
17 to, and then dressed like the KKK at work to intimidate her, and STANFORD HEALTH
18 CARE’s managers and directors failed to prevent and ratified such abhorrent conduct by,
19 among other things, requiring MS. YOUNG to continue working side-by-side with the
20 people who had dressed like the KKK for months afterward.

21 271. The six-week jury trial in Alameda County also demonstrated that
22 STANFORD HEALTH CARE substantiated MS. YOUNG’s reports that her co-workers
23 made overly racist statements, including MS. YOUNG’s co-worker directing the “N” word
24 at MS. YOUNG; another of her co-workers saying in front of MS. YOUNG “niggas ain’t
25 shit but bitches and hoes”; another of her co-workers saying that his wife “couldn’t stand
26 ‘the smell’ of Black people”; that “the smell of Black people” made his wife “sick” and that
27 she claimed she “could smell them coming a mile away.”

28 272. The Alameda County jury also heard – and saw – the evidence set forth above

1 in the prior section entitled “STATEMENT OF RELEVANT BACKGROUND FACTS” and
2 hereby incorporated into this paragraph – including that, STANFORD HEALTH CARE
3 confirmed that her co-worker directed the “N” word at MS. YOUNG as a racial slur and that,
4 in response to MS. YOUNG’s tearful report of having the “N” word directed at her, MS.
5 YOUNG’s manager, Berrier, *again* directed the “N” word to MS. YOUNG by trying to
6 gaslight MS. YOUNG into believing that the employee who spat the racial slur at MS.
7 YOUNG had been speaking Chinese – despite the facts that: the employee does not speak
8 Chinese; STANFORD HEALTH CARE’s investigation revealed that a co-worker informed
9 management that she had heard the woman use the “N” word in the past and she “uses the
10 ‘N’ word to express herself.”

11 273. MS. YOUNG demonstrated that in Berrier’s effort to gaslight MS. YOUNG,
12 Berrier sent MS. YOUNG a Quora article entitled “What is the common Chinese word that
13 sounds like “nigga” (to American ears)?” that included horrendous racist comments
14 including reference to “nigga juice,” and two highly offensive videos repeating the “N” word
15 ad nauseum, including in bold black letters the word “NIGGA” in the background, with a
16 link to a video mocking Black women with the racist stereotype of Black women loving
17 fried chicken.

18 274. After trying to gaslight her, in investigating MS. YOUNG’s complaint,
19 ultimately, STANFORD HEALTH CARE’s Human Resources investigator had to
20 substantiate that “this incident [in which MS. YOUNG reported her co-worker directing the
21 “N” word at her] occurred essentially as Young reported it.”

22 275. The Alameda County jury further found that STANFORD HEALTH CARE,
23 including through its managers, retaliated against MS. YOUNG for reporting racism and
24 patient endangerment issues, including racism against STANFORD HEALTH CARE
25 patients by: subjecting MS. YOUNG to a pattern of unwarranted discipline; keeping a secret
26 discipline file on her with discipline listed as “To Be Determined”; moving her to a remote
27 location where she had insufficient work and lost hours; trying to gaslight MS. YOUNG; and
28 blaming the victim by accusing MS. YOUNG of creating a hostile work environment for her

1 co-workers whom she had reported for publishing the “N word at work.

2 276. As it became clear to STANFORD HEALTH CARE, and its managing
3 agents, that MS. YOUNG’s evidence against them resoundingly proved her allegations of
4 racial discrimination, harassment, retaliation, and retaliation for reporting patient safety
5 issues against SHC, on March 20, 2024, in Oakland, Alameda County, STANFORD
6 HEALTH CARE CEO David Entwistle physically grabbed MS. YOUNG’s right hand
7 against her will and without her consent in an effort to intimidate her and continue
8 STANFORD HEALTH CARE’s pattern of trying to bully and retaliate against her for
9 vindicating her rights under the FEHA and Labor Code § 1102.5 prohibiting retaliation.

10
11 **RR. The Jury Also Finds Stanford Medicine’s Two Most Powerful Men, Dean**
12 **Lloyd Minor and CEO David Entwistle Defamed Ms. Young to over**
13 **22,000 People Associated with Stanford Medicine By Falsely Implying**
14 **Ms. Young Was Untruthful, Unscrupulous, or Dishonest, or That She**
15 **Was Untruthful, Unscrupulous, or Dishonest in Making Her Reports of**
16 **Racism and/or Patient Endangerment Issues, and that Stanford**
17 **University and Stanford Health Care Acted With Malice, Oppression, or**
18 **Fraud Toward Ms. Young.**

19
20 277. Additionally, on March 28 2024, the Alameda County jury found that, the day
21 after MS. YOUNG filed her lawsuit bringing to light serious issues of systemic racism and
22 patient endangerment at STANFORD MEDICINE, on September 29, 2017, the two most
23 powerful men at STANFORD MEDICINE, Dean Lloyd Minor and STANFORD HEALTH
24 CARE CEO David Entwistle, intentionally published a false and defamatory statement to
25 over 23,000 people associated with STANFORD MEDICINE falsely implying that MS.
26 YOUNG was untruthful, unscrupulous, or dishonest, or that she was untruthful,
27 unscrupulous, or dishonest in making her reports of racism and/or patient endangerment
28 issues, thereby defaming MS. YOUNG.

1 278. Also on March 28, 2024, the Alameda County jury determined that the
2 evidence presented in the six-week jury trial showed by *clear and convincing evidence* that
3 both *STANFORD UNIVERSITY, through the conduct of Dean Lloyd Minor, and*
4 *STANFORD HEALTH CARE, including through the conduct of CEO David Entwistle,*
5 *had impugned MS. YOUNG with malice, oppression, or fraud justifying an award of*
6 *punitive damages to punish STANFORD UNIVERSITY AND STANFORD HEALTH*
7 *CARE* and deter further such conduct under California Civil Code § 3294.

8
9 SS. On March 28, 2024, in Alameda County, Stanford Health Care
10 Discriminates and Retaliates Against Ms. Young For Successfully
11 Vindicating Her Rights Under The FEHA and Labor Code § 1102.5 by
12 Threatening, Intimidating, and Trying to Coerce and Force Ms. Young
13 Out of Her Job for REDACTED

14
15 279. On that same day, March 28, 2024, while in Oakland, Alameda County,
16 STANFORD DEFENDANTS discriminated and retaliated against MS. YOUNG for
17 successfully opposing STANFORD HEALTH CARE's racially discriminatory and
18 harassing, and retaliatory practices forbidden under FEHA and California Labor Code §
19 1102.5 by threatening, intimidating, and trying to immediately force her out of her job *that*
20 *same day*. They wanted to get rid of her and they wanted MS. YOUNG to know just how
21 badly they wanted her gone by trying to coerce her to leave her job for REDACTED

22 280. This discriminatory and retaliatory threat was made to MS. YOUNG in an
23 unprivileged text message by STANFORD DEFENDANTS, though their counsel of record,
24 Michael D. Bruno, in Alameda County and, on information and belief, the discriminatory
25 and retaliatory threat to MS. YOUNG's job was made at the direction of, or with ratification
26 by, STANFORD HEALTH CARE's CEO David Entwistle and STANFORD UNIVERSITY
27 and STANFORD HEALTH CARE's Office of General Counsel.

28 ///

1 281. MS. YOUNG received STANFORD DEFENDANTS’ unprivileged
2 discriminatory and retaliatory threat to immediately force her out of her job in violation of
3 FEHA and California Labor Code § 1102.5 in Alameda County; she immediately felt bullied
4 and intimidated and feared for her job after trial. But she refused to abandon the job that she
5 worked so hard for or to abandon the vulnerable and often elderly patients whom she has
6 loyally done her best to protect from the serious patient endangerment issues she has
7 witnessed and reported.

8 282. So, despite feeling bullied and intimidated and fearing for her job after
9 successfully prevailing on all of her FEHA claims and her Labor Code § 1102.5 claim for
10 retaliation against STANFORD HEALTH CARE, while MS. YOUNG and STANFORD
11 DEFENDANTS were still in Oakland, Alameda County, MS. YOUNG resisted and refused
12 their discriminatory and retaliatory efforts to force her out of her job.

13
14 **TT. Stanford Health Care Subjects Ms. Young to Ongoing Discrimination**
15 **and Retaliation In Continuance of Its Managing Agents’ Foiled**
16 **Discriminatory and Retaliatory Efforts in Alameda County to Threaten,**
17 **Intimidate, and Coerce Ms. Young Out of Her Job.**
18

19 283. After MS. YOUNG successfully vindicated her rights under FEHA and Labor
20 Code § 1102.5 in Alameda County, was subjected to STANFORD HEALTH CARE CEO’s
21 retaliatory, intimidating, unwanted and non-consensual touching in Alameda County, and
22 resisted STANFORD HEALTH CARE’s discriminatory and retaliatory efforts in Alameda
23 County to force her out of her job, to advance and continue STANFORD HEALTH CARE’s
24 managing agents’ discriminatory and retaliatory efforts to drive MS. YOUNG out of her job
25 that were put into action in Alameda County on March 28, 2024, STANFORD HEALTH
26 CARE, at the direction, or with the ratification, of its managing agents, continued its pattern
27 and practice of discriminating and retaliating against MS. YOUNG by materially and
28 adversely affecting and altering the terms, conditions, and privileges of her employment in

1 an effort to wear her down and achieve STANFORD HEALTH CARE's true goal, as
2 transparently stated in Alameda County on March 28, 2024, of forcing MS. YOUNG to quit.

3 284. To advance and continue SHC's discriminatory and retaliatory efforts begun
4 in Alameda County on March 28, 2024 to force MS. YOUNG to quit, at the direction, or
5 with the ratification, of its managing agents, STANFORD HEALTH CARE's managing
6 agents' have increased their efforts to drive MS. YOUNG out of her job by: (a) failing to
7 provide MS. YOUNG with a completed annual performance review for 2022-2023 and
8 gaslighting and blaming her for management's failure to do so; (b) giving MS. YOUNG a
9 sham/perfunctory performance review for 2023-2024; (c) denying MS. YOUNG any
10 opportunities for advancement or promotion; (d) treating MS. YOUNG as a pariah, including
11 by permitting other STANFORD HEALTH CARE employees to refuse to work alongside
12 her; (e) maligning MS. YOUNG to STANFORD HEALTH CARE employees; (f)
13 ostracizing and excluding MS. YOUNG from meetings - including intentionally holding
14 meetings affecting MS. YOUNG's job after she goes to lunch, thereby denying MS. YOUNG
15 information and communications she needs to do her job, and humiliating her; (g) requiring
16 MS. YOUNG to work out of class (i.e., to work in a role that is outside her job classification)
17 without pay commensurate with the level of work she performs; (h) allowing STANFORD
18 HEALTH CARE employees to fabricate complaints about MS. YOUNG; (i) denying MS.
19 YOUNG prompt, thorough, fair, and unbiased investigations into her reports and complaints
20 of racial discrimination and retaliation; and (j) denying MS. YOUNG prompt, thorough, fair,
21 and unbiased investigations into any complaints others have made about her.

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1 UU. Stanford Health Care Managers Continue Discriminatory and
2 Retaliatory Gaslighting of Ms. Young When She Requests Her Annual
3 Performance Review for 2022-2023 and Blame Her For Management's
4 Failure to Prepare Her Review; and Fraudulently Sign Her 2022-2023
5 Performance Review on May 10, 2024 in an Effort to Cover Up That
6 SHC Never Created or Delivered Ms. Young's 2022-2023 Annual
7 Performance Review to Ms. Young, on Information and Belief, Because
8 They Expected to Be Successful in Their Discriminatory and Retaliatory
9 Efforts to Intimidate and Coerce Her to Quit.

10
11 285. Upon returning to work after having vindicated her rights under FEHA and
12 Labor Code § 1102.5 and having an award of punitive damages in the millions of dollars
13 issued in Alameda County against both STANFORD UNIVERSITY and STANFORD
14 HEALTH CARE, and having resisted STANFORD DEFENDANTS' discriminatory,
15 retaliatory, and coercive demand made in Alameda County that she resign immediately for
16 REDACTED, STANFORD HEALTH CARE, through its managing agents continued
17 engaging in the following discriminatory and retaliatory actions, which, on information and
18 belief, were ratified by OGC and Suzanne Harris, STANFORD HEALTH CARE's Director
19 of Employee and Labor Relations.

20 286. Specifically, as performance review season began, on or about May 6, 2024,
21 MS. YOUNG asked to see her completed 2022-2023 performance review, as her managers
22 never gave it to her. At that time, MS. YOUNG learned that her managers, Jazmin and Peña,
23 never completed her 2022-2023 performance review.

24 287. With this new information, MS. YOUNG then inquired why Jazmin and Peña
25 had deprived her of any performance review for 2022-2023. In response, Jazmin and Peña
26 continued the proven pattern of discriminatory and retaliatory gaslighting by STANFORD
27 HEALTH CARE, and wrongly *blamed MS. YOUNG* for their failure to prepare or give her a
28 performance review for 2022-2023.

1 288. In other words, mere weeks after Ms. Young refused STANFORD HEALTH
2 CARE's discriminatory and retaliatory demand that she resign on March 28, 2024,
3 STANFORD HEALTH CARE continued its pattern of discriminating and retaliating against
4 MS. YOUNG in an effort to force her resignation by depriving her entirely of any
5 performance review for the prior year, and blaming MS. YOUNG for STANFORD
6 HEALTH CARE's own failure to provide her with a performance review.

7 289. Denial of an annual performance review, which is required by STANFORD
8 HEALTH CARE policy for its employees, including MS. YOUNG, obviously results in the
9 denial of any prospects of promotion or advancement and was designed to try and force
10 MS. YOUNG out of her job.

11 290. In response to learning that her managers were trying to gaslight her and had
12 never prepared an annual performance review for her, MS. YOUNG, having no one else to
13 turn to for support, copied Director of Employee and Labor Relations Harris and complained
14 that management had not prepared or given her a performance review for 2022-2023 and that
15 she was being retaliated against by being wrongly blamed for management's failure to
16 prepare or provide her with a performance review.

17 291. After falsely claiming to have met with MS. YOUNG to give her a
18 performance review for 2022-2023, Jazmin eventually admitted that it was she who failed to
19 prepare and did not provide MS. YOUNG with a performance review; but Jazmin spuriously
20 claimed that she did not review MS. YOUNG's performance because she was new to MS.
21 YOUNG's department. MS. YOUNG knew that Jazmin had provided performance reviews
22 to others in MS. YOUNG's department during that same time.

23 292. Harris received Jazmin's sham excuse for not preparing or providing MS.
24 YOUNG with a performance review for 2022-2023 and, on information and belief, the
25 falsity of Jazmin's excuse was known to Harris.

26 293. STANFORD HEALTH CARE Employee and Labor Relations Director
27 Harris – the keeper of the "secret" discipline file on MS. YOUNG from 2019-2024 – never
28 investigated or caused to be investigated MS. YOUNG's complaint of retaliatory gaslighting

1 by management, nor did she investigate or cause to be investigated why management had
2 failed to prepare or provide MS. YOUNG with a performance review for 2022-2023.

3 294. Instead, Jazmin fraudulently signed MS. YOUNG's 2022-2023 annual
4 performance review on May 10, 2024 and tried to pass it off as having been timely
5 completed.

6 295. STANFORD HEALTH CARE's failure to investigate MS. YOUNG's
7 complaint about retaliatory gaslighting and Jazmin's sham explanation for management
8 depriving MS. YOUNG of any 2022-2023 performance review in retaliation for having filed
9 her FEHA and Labor Code Section 1102.5 lawsuit, further continued STANFORD
10 HEALTH CARE's proven pattern of depriving MS. YOUNG of the terms, conditions, or
11 privileges of employment which include prompt, thorough, fair, and unbiased investigations
12 of her complaints of discrimination and retaliation.

13
14 **VV. Stanford Health Care Managers Give Ms. Young a Perfunctory/Sham**
15 **Annual Performance Review for 2023-2024 and Deny Ms. Young, Who**
16 **Has Not Received a Promotion Since 2015 – Six Months After She**
17 **Reported the KKK Events – Any Opportunities For Advancement or**
18 **Promotion, Furthering Stanford Health Care's Discriminatory and**
19 **Retaliatory Efforts to Force Ms. Young to Quit.**
20

21 296. On May 30, 2024, Jazmin and Peña gave MS. YOUNG a perfunctory/sham
22 performance review, omitting any managerial comments to foster MS. YOUNG's
23 professional growth, and continued STANFORD HEALTH CARE's proven pattern of
24 discrimination and retaliation against MS. YOUNG by denying MS. YOUNG's prospects
25 for advancement or promotions. Indeed, Jazmin and Peña refused to even address MS.
26 YOUNG's career development and goal of moving into a supervisory/management role.

27 297. Jazmin and Peña, on information and belief, with Harris' and OGC's approval
28 and ratification, refused to so much as identify in MS. YOUNG's performance review any

1 required “success measures” to meet her expressed goal of moving into a
2 supervisor/management role; refused to identify any individual development plan for MS.
3 YOUNG at all; and refused to identify any individual development goals for MS. YOUNG
4 whatsoever, thereby discriminating and retaliating against MS. YOUNG by impairing her
5 prospects for advancement and eliminating reasonable potential for promotion.

6 298. Instead, at MS. YOUNG’s insistence, Jazmin and Peña made a sham offer to
7 meet with MS. YOUNG to discuss her desire to be promoted into a supervisory role and the
8 next requisite steps; they never did.

9 299. Despite her excellent performance and compassionate care of patients, in
10 furtherance of STANFORD HEALTH CARE’s pattern and practice of racial discrimination
11 and retaliation in an effort to wear MS. YOUNG down and drive her out of her job,
12 STANFORD HEALTH CARE, at the behest of its managing agents, including, but not
13 limited to, on information and belief, OGC and Director Harris, has failed and refused to
14 promote MS. YOUNG for nearly a decade, since the 2015 promotion to Patient Testing
15 Technician III that Dr. Rhoads helped MS. YOUNG obtain after she had been passed over
16 for promotion in retaliation for having reported the KKK events.¹⁴

17
18 **WW. Ms. Young Continues to Report That New Nursing Staff In The Pelvic**
19 **Health Center Is Not Being Sufficient Trained and Stanford Health**
20 **Care’s Ongoing Failure to Properly Obtain Legal Consent From Patients**
21 **For Invasive Procedures.**
22

23 300. Additionally, in May 2024, MS. YOUNG reported to her manager Jazmin and

24 ¹⁴ In the last lawsuit, MS. YOUNG alleged that she had been passed over for promotion
25 between 2014 and 2015 due to racial discrimination and in retaliation for reporting her co-
26 workers threatening to, and then dressing like the Ku Klux Klan to intimidate her. MS.
27 YOUNG’s present discrimination and retaliation claims are based exclusively on
28 STANFORD HEALTH CARE’s denial of any prospects of promotion or advancement and
failure to promote MS. YOUNG from March 28, 2024 to the present; it is not based on any
claim previously litigated.

1 her supervisor Peña that a nurse had been improperly trained and made mistakes - including
2 not knowing how to pull the correct medication - that put STANFORD HEALTH CARE
3 patients at risk.

4 301. On August 19, 2024, MS. YOUNG continued reporting to STANFORD
5 HEALTH CARE that unlicensed medical assistants were consenting patients for invasive
6 procedures, which, on information and belief, is illegal given that the consent process
7 requires identifying the potential risks of a procedure to the patients that only can be done by
8 a licensed professional and the medical consent form is a legal document.

9 302. Also on August 23, 2024, MS. YOUNG reported to STANFORD HEALTH
10 CARE that patients were being given a consent form for the invasive and risky Anorectal
11 Manometry (ARM) testing that falsely identified the person doing the consenting as a “Dr”
12 and a “physician” when instead he is a registered nurse. Again, the medical consent form is a
13 legal document.

14 303. After MS. YOUNG made these reports, which she understands were
15 substantiated, on October 4, 2024, she reported to STANFORD HEALTH CARE's Chief
16 Nursing Officer (CNO) Dale Beatty her serious concerns that the nurses who conduct the
17 ARM testing have been directed by management not to talk to the patients about the risks
18 involved with the ARM procedure at all - which specifically include colon perforation.

19 304. MS. YOUNG reported that the nurses went from consenting patients for
20 ARMs, including advising patients of the risk of colon perforation, to now being instructed
21 not to discuss those risks with the patients, even though it is the nurses who are consenting
22 the patients and performing the ARM testing.

23 305. MS. YOUNG further reported to Beatty that she believes she witnessed a
24 nurse perforate a patient during an ARM in July 2019; and Dr. Kim Rhoads, the colorectal
25 surgeon who trained MS. YOUNG and who was the Director of the Pelvic Floor Clinic,
26 previously informed her of another patient whose colon was perforated during ARM testing
27 and whose perforation Dr. Rhoads had to surgically repair; and of MS. YOUNG's resulting
28 concern about STANFORD HEALTH CARE patients being kept in the dark about the risk

1 of colon perforation with the ARM testing and about STANFORD HEALTH CARE nurses
2 being forced to compromise themselves by staying silent about such risks.

3 306. Despite MS. YOUNG's best efforts to ensure STANFORD HEALTH
4 CARE's patients are allowed the opportunity to give their consent to invasive procedures
5 only after they have been advised of the risk of the procedure – including the real risk of
6 colon perforation - the improper consenting of patients for ARM testing continues.

7
8 **XX. Ms. Young Reports to Stanford Health Care Leadership Racism and**
9 **Malpractice Directed By Stanford Health Care at Her Loved One, Who**
10 **Is Also An African-American Woman; and Peña's Instruction to Disclose**
11 **Patient Demographics to ICE, in Violation of HIPAA.**
12

13 307. On February 13, 2025, MS. YOUNG reported to, among others, STANFORD
14 HEALTH CARE CEO Entwistle and CNO Beatty that her loved one, who was an African-
15 American patient at STANFORD HEALTH CARE, had been subjected to racially
16 discriminatory treatment; that a STANFORD HEALTH CARE physician improperly tried to
17 obtain her loved one's consent for hernia surgery; botched the hernia surgery; forced MS.
18 YOUNG's loved one to undergo the hernia surgery a second time; botched the second
19 surgery and denied MS. YOUNG's loved one appropriate post-surgery pain medication, on
20 information and belief, because, as an African-American patient she was wrongly thought to
21 be "drug-seeking"; and, as a result of STANFORD HEALTH CARE's botched medical
22 treatment of MS. YOUNG's loved one, she continues to have a hernia, and now is on dialysis
23 as a result of her treatment at STANFORD HEALTH CARE, and may be on dialysis for the
24 rest of her life.

25 308. MS. YOUNG further reported on that date that Peña had instructed MS.
26 YOUNG and other staff at STANFORD HEALTH CARE to turn over demographics of their
27 patients to ICE, and reminded STANFORD MEDICINE Leadership of their hollow
28 "Pledge" to confront racism - <https://stanfordhealthcare.org/tri-valley/about-us/join-our->

1 [team/anti-racism-anti-discrimination-](#)
2 [commitment.html#:~:text=As%20leaders%20of%20Stanford%20Health,We%20are%20com](#)
3 [mitted%20to%20change](#) - stating:

4 “Dear Mr. Entwistle and Dean Minor,

5
6 For years I have advocated for our patients and expressed my concerns about the
7 treatment they receive here at Stanford. I have spoken up many times about patients
8 bleeding from their rectum when they leave here because the nurses have not been
9 properly trained who are doing the Anorectal Manometry procedures and I have
10 witnessed and reported our patients of color being treated differently here.

11
12 As the leaders of Stanford Medicine, you have pledged that “we, as an academic
13 medical center, have a responsibility and obligation to apply our resources and talents
14 to uprooting racism wherever it exists.” You claim that “Racism and discrimination
15 in all its forms are a direct affront to Stanford Medicine’s most cherished values; they
16 have no place in our society... Systems of racial oppression and inequity remain
17 deeply entrenched in America- a reality that Black people know all too well. Every
18 day, they bear the enormous weight and human cost of these systems. As health care
19 professionals, we recognize that this problem is not solely one of policy or culture,
20 but of public health.” Yet despite your acknowledged “responsibility” and
21 “obligation” you have done nothing of any real substance to address the racism that is
22 directed at our African-American patients.

23
24 I am heartbroken that now a loved one of mine has been affected by the racism here
25 at Stanford. My loved one is an African-American woman and, despite my
26 objections, she was referred to Stanford for a complicated hernia surgery. The
27 surgeon didn’t prepare the consent form properly and went on to botch the hernia
28 surgery, such that my loved one was forced to come back for a second repeat surgery,

1 and despite two surgeries she still has the hernia. After the repeat surgery, she had to
2 return to the hospital again because of complications, and she was denied appropriate
3 pain medication and instead Stanford staff treated her like she was just there seeking
4 drugs. While my loved one was still under the effects of anesthesia, the staff tried to
5 have her to sign a consent form, which I believe is illegal. (In the Pelvic Health
6 Clinic, I have witnessed and reported similar issues with staff trying to obtain patient
7 consent after the patient has been under anesthesia for a colonoscopy.) Ultimately,
8 my loved one walked into Stanford with a complicated hernia, had to have the
9 procedure redone because the surgeon missed one of her hernias, then she was denied
10 pain medication and left Stanford Hospital after weeks in the hospital still having the
11 hernia and now on dialysis. She never needed dialysis before. She walked into
12 Stanford for treatment , and now not only does she still have the hernia, but she can
13 barely walk and may be on dialysis the rest of her life. Stanford Medicine is supposed
14 to be a place of healing, not harm. Empty words don't change things. Only real action
15 changes things. As the leaders of Stanford Medicine, you have acknowledged that
16 you have a responsibility and obligation to do something to "uproot racism" when it
17 is being directed at our patients of color here at Stanford by Stanford employees.
18 Please do something real to protect our patients of color here at Stanford.

19
20 Speaking of which, last week in our huddle in the Pelvic Health Center, my manager,
21 Mariel Pena told us that if ICE shows up asking about our patients, we can give them
22 demographic information. Maridel's instruction is nowhere in the Stanford Health
23 Care's most recent written policy. Demographics are a patient identifier, so supplying
24 ICE with information about patient demographics would be a HIPAA violation. We
25 are here to help take care of patients, not turn over information about their identity to
26 the government. This is a very scary time for our minority patient population, and our
27 patients are counting on us. We have to do better to protect our patients, and
28 especially our patients of color at Stanford.

1
2 Thank you,
3 Qiqiua Young”
4

5 **YY. Stanford Health Care Managers Continue to Allow Employees to Refuse**
6 **to Work With Ms. Young, Shun, Humiliate, Malign, and Demean Her,**
7 **and Treat Her Like a Traitor and a Pariah While Failing to Investigate**
8 **Complaints Such Employees, On Information and Belief, Have Made**
9 **About Ms. Young.**
10

11 309. Since vindicating her rights under FEHA and Labor Code § 1102.5 and
12 having an award of punitive damages in the millions of dollars issued in Alameda County
13 against both STANFORD UNIVERSITY and STANFORD HEALTH CARE, and having
14 resisted STANFORD DEFENDANTS’ discriminatory, retaliatory, and coercive demand
15 made in Alameda County that she resign immediately for REDACTED, STANFORD
16 HEALTH CARE, through its employees and managers, have shunned, humiliated, maligned
17 and demeaned MS. YOUNG and treated her like a traitor and a pariah.

18 310. Jazmin and Peña continue to allow a nurse not to work with MS. YOUNG
19 and never investigated complaints, on information and belief; they received about MS.
20 YOUNG, thereby depriving MS. YOUNG of her right to be free from spurious attacks on
21 her professionalism at work.

22 311. On information and belief, since April of 2024, Peña has maligned MS.
23 YOUNG to nurses who inform MS. YOUNG of Peña’s comments, delivering the message to
24 STANFORD HEALTH CARE employees that MS. YOUNG is a traitor and causing them to
25 fear that it would be detrimental to their career to befriend her.

26 312. Jazmin and Peña further ostracize and exclude MS. YOUNG from meetings
27 with her team such that meetings are organized at times when MS. YOUNG is taking her
28 lunch. The obviousness of STANFORD HEALTH CARE management’s efforts to exclude

1 MS. YOUNG humiliates her in front of her colleagues who, on occasion, awkwardly try to
2 brush aside that MS. YOUNG was excluded from yet another meeting to offer MS. YOUNG
3 information that she was deprived of during those meetings in order to do her job, thereby
4 creating an inherently hostile work environment for MS. YOUNG.

5 313. STANFORD HEALTH CARE's transparent marginalization of MS. YOUNG
6 in an effort to force her out is abhorrent, reprehensible, and despicable.

7
8 **ZZ. Ms. Young Is Required to Work Out of Class and Denied Pay**
9 **Commensurate With The Work She Performs.**
10

11 314. MS. YOUNG continues to work with registered nurses performing Anorectal
12 Manometry Testing (ARM) testing on patients. As a result of STANFORD HEALTH CARE
13 continuing to provide the nurses with insufficient training, to ensure the patients' protection,
14 MS. YOUNG is required to participate in the procedures in a supervisory/training manner
15 that is outside the scope of her work and pay level. MS. YOUNG has reported for years that
16 the nurses need more training in order to ensure the safety of STANFORD HEALTH
17 CARE's Pelvic Health Center patients undergoing the painful and risky ARM procedures.

18 315. MS. YOUNG became despondent when she experienced that – even after
19 *proving* she had been the victim of horrific racial discrimination, racial harassment, and
20 retaliation by four different STANFORD HEALTH CARE management teams at four
21 different STANFORD HEALTH CARE locations for shining a light on systemic racism,
22 including against patients, and serious patient endangerment issues; and even after *proving*
23 *by clear and convincing evidence* that the two most powerful leaders of STANFORD
24 MEDICINE, Dean Lloyd Minor and CEO David Entwistle, defamed MS. YOUNG with
25 malice, oppression, or fraud – *nothing had changed.* In fact, despite having proven the
26 horrific discriminatory and retaliatory practices she had been subjected to, including in
27 STANFORD HEALTH CARE's Cancer Center, its Leader, Sridhar Seshadri was thereafter
28 promoted to from Vice President to Senior Vice President of the Cancer Center and, on

1 information and belief, received a substantial salary increase.

2 316. Moreover, despite the fact that the Alameda County jury found that the two
3 most powerful leaders of STANFORD MEDICINE had maliciously defamed and maligned
4 MS. YOUNG to thousands of the colleagues and, thereby costing STANFORD MEDICINE
5 millions of dollars to punish their wrongful and despicable conduct, neither Dean Lloyd
6 Minor nor CEO David Entwistle lost his job – demonstrating the arrogance and apathy with
7 which STANFORD UNIVERSITY and STANFORD HEALTH CARE respond to *proven*
8 heinous racism and egregious retaliation for reporting serious patient endangerment issues
9 affecting STANFORD MEDICINE’s patients.

10 317. STANFORD HEALTH CARE, through its managing agents, continued, and
11 continue to this day to contemptuously marginalize MS. YOUNG and her career. All
12 because MS. YOUNG – a woman of principle who is dedicated to protecting STANFORD
13 HEALTH CARE’s patients – resisted STANFORD HEALTH CARE’s retaliatory effort, in
14 Alameda County, to coerce and intimidate her into abandoning her career and quitting after
15 having vindicated her rights under FEHA and Labor Code § 1102.5 in Alameda County.¹⁵

16 318. As a result of STANFORD HEALTH CARE’s ongoing pattern of racial
17 discrimination and retaliation stemming from STANFORD HEALTH CARE’s March 28,
18 2024 discriminatory and retaliatory efforts in Alameda County to immediately force MS.
19 YOUNG out of her job for successfully vindicating her rights under FEHA and California
20 Labor Code § 1102.5 in Alameda County, MS. YOUNG seeks relief in Alameda County
21 pursuant to FEHA, California Government Code § 12940 et seq., and California Labor Code
22 § 1102.5.

23 ///

24 ///

25 ///

26
27 ¹⁵ On June 21, 2024, MS. YOUNG exhausted her administrative remedies with the California
28 Civil Rights Department (“CCRD”); her amended complaint with the CCRD was filed on
March 7, 2025 and March 10, 2025.

1 **AAA. Statements By Stanford Defendants’ Attorney While in Trial Lead Ms.**
2 **Young to Discover For The First Time on March 8, 2024, Fraudulently**
3 **Concealed False and Defamatory Statements Published to KTVU Fox**
4 **News on Behalf of Stanford University and Stanford Health Care By Its**
5 **Former Senior Manager for Corporate Communications and Media**
6 **Relations, Patrick Bartosch, on September 29, 2017.**
7

8 319. On March 28, 2024, the Alameda County jury found by clear and convincing
9 evidence that in publishing and republishing the abhorrent false and defamatory statement
10 impugning MS. YOUNG in an email with the subject line “An important message from SHC
11 CEO David Entwistle,” STANFORD UNIVERSITY Dean Lloyd Minor and STANFORD
12 HEALTH CARE CEO David Entwistle wrongfully acted against MS. YOUNG with malice,
13 oppression, or fraud and awarded millions of dollars against STANFORD UNIVERSITY
14 and STANFORD HEALTH CARE to punish and deter their further such conduct. *See Ex. 1.*

15 320. While in trial, on March 8, 2024, based on statements STANFORD
16 DEFENDANTS’ counsel made in an effort to try and secure a broad release of
17 DEFENDANTS’ publications of defamatory statements to the media, MS. YOUNG
18 discovered for the first time the existence of a publication of false and defamatory statements
19 that STANFORD DEFENDANTS conspired to have published by STANFORD HEALTH
20 CARE, through its Senior Manager for Corporate Communications and Media Relations,
21 Patrick Bartosch, to KTVU Fox News at 2 Jack London Square in Oakland, Alameda
22 County, on September 29, 2017, *that was concealed and fraudulently suppressed in*
23 *response to document requests that MS. YOUNG served on STANFORD HEALTH CARE*
24 *in litigation.*

25 321. Previously, in the course of litigation in Young I, MS. YOUNG sought all
26 communications between STANFORD DEFENDANTS and all media outlets, including
27 KTVU Fox News referencing MS. YOUNG or the lawsuit she had filed. To that end, MS.
28 YOUNG served document requests on STANFORD HEALTH CARE (and STANFORD

1 UNIVERSITY) to which the false and defamatory publication by Patrick Bartosch to KTVU
2 was responsive; yet SHC failed to produce Bartosch’s defamatory publication – or any
3 communications, including any email communications, from SHC to KTVU.

4 322. The relevant document requests which define “DOCUMENTS” and
5 “COMMUNICATIONS” to include emails or electronic mail are attached as Ex. 3. They
6 include the following requests to which the newly-discovered defamatory publication is
7 responsive, but was not identified or produced by STANFORD HEALTH CARE:

8 **REQUEST FOR PRODUCTION NO. 248:**

9 Produce all DOCUMENTS or COMMUNICATIONS between SHC and any news/
10 media outlet referencing MS. YOUNG or the lawsuit she filed [Alameda County
11 Case No. RG17877051], or the response(s) of SHC or The Board of Trustees of the
12 Leland Stanford Junior University or Stanford Medicine to MS. YOUNG’s lawsuit or
13 claims.

14 **REQUEST FOR PRODUCTION NO. 249:**

15 Produce all DOCUMENTS sent by SHC to news/media outlet KTVU, or to Lisa
16 Fernandez of KTVU, that named PLAINTIFF or were about PLAINTIFF’s lawsuit
17 or claims [Alameda County Case No. RG17877051] or were about the response(s) of
18 SHC or The Board of Trustees of the Leland Stanford Junior University or Stanford
19 Medicine to PLAINTIFF’s lawsuit or claims, including, but not limited to, any media
20 statement that named MS. YOUNG.

21 323. STANFORD HEALTH CARE served, and then amended twice, its verified
22 responses to Requests for Production (“RFPs”) Nos. 248-249 stating that the only document
23 responsive to these requests was SHC 011325, which is its “media statement” that was
24 published to KTVU Fox News. SHC’s Second Amended Verified responses are attached
25 (collectively with SHC 011325) as Ex. 4.

26 324. By serving its verified responses to RFPs 248-249, STANFORD HEALTH
27 CARE fraudulently concealed the false and defamatory publication of and concerning
28 MS. YOUNG and her lawsuit or claims published by Patrick Bartosch on behalf of

1 STANFORD UNIVERSITY and STANFORD HEALTH CARE on September 29, 2017 to
2 KTVU Fox News, in Oakland, California, publishing STANFORD DEFENDANTS' – i.e.,
3 STANFORD MEDICINE's – media statement.

4 325. After having discovered the previously-concealed publication of false and
5 defamatory statements on Friday, March 8, 2024, or about Monday, March 11, 2024, MS.
6 YOUNG, through her counsel, informed STANFORD DEFENDANTS that she had
7 discovered an additional publication of false and defamatory statements about her by
8 STANFORD DEFENDANTS.

9 326. STANFORD UNIVERSITY, STANFORD HEALTH CARE, and DOES 1
10 through 50, and each of them, by the herein-described acts, conspired to, and in fact, did
11 intentionally and recklessly publish or republish false and defamatory statements of or
12 concerning MS. YOUNG to KTVU Fox News in Oakland, California, reasonably
13 foreseeably causing the defamatory statements to be republished by KTVU Fox News from
14 its news studio at 2 Jack London Square, in Oakland, Alameda County, defaming,
15 humiliating and destroying the reputation of MS. YOUNG to millions of people in her
16 community. This false and defamatory publication, which contains defamatory statements
17 that are even more despicable and humiliating than those the Alameda County jury found to
18 have been published about MS. YOUNG with malice, oppression, or fraud, includes express
19 and implied accusations that: MS. YOUNG is crazy, a liar, a fraud, a traitor, and a gold
20 digger. This fraudulently concealed and newly-discovered publication of defamation by
21 Patrick Bartosch to KTVU Fox News on behalf of STANFORD UNIVERSITY and
22 STANFORD HEALTH CARE expressly and impliedly impugns MS. YOUNG's character,
23 truthfulness, and integrity and is defamatory *per se*.

24 327. This newly-discovered and fraudulently concealed defamatory publication to
25 KTVU Fox News was despicable, outrageous, published with knowledge of falsity or
26 reckless disregard for the truth, and was intentionally, maliciously and/or recklessly
27 published or republished by STANFORD HEALTH CARE at the direction of its managing
28 agents, including, but not limited to, CEO David Entwistle, and at the direction of

1 STANFORD UNIVERSITY's managing agents, including through STANFORD
2 UNIVERSITY's Offices of Communications, including by its Vice President for
3 STANFORD UNIVERSITY Communications, Lisa Lapin; STANFORD UNIVERSITY
4 School of Medicine Chief of Communications and Public Affairs, Paul Costello;
5 STANFORD UNIVERSITY and STANFORD HEALTH CARE's Chief Strategy Officer,
6 Priya Singh, and, on information and belief, STANFORD UNIVERSITY and STANFORD
7 HEALTH CARE's Office of General Counsel, including, on information and belief, Debra
8 Zumwalt and Angeline Covey. STANFORD UNIVERSITY and STANFORD HEALTH
9 CARE conspired to and intentionally or recklessly published the malicious and defamatory
10 statement of or concerning MS. YOUNG to KTVU Fox News to cause KTVU Fox News to
11 republish the defamatory statement in print and on-air from the KTVU Fox News studio,
12 located at 2 Jack London Square in Oakland, California, Alameda County, which it did.¹⁶

13 328. MS. YOUNG hereby seeks damages for this newly-discovered and
14 fraudulently concealed false and defamatory publication and all foreseeable and newly-
15 discovered false and defamatory publications and republications discovered up to the time of
16 trial, including any and all internal publications and republications of the newly-discovered
17 defamation, and those republications MS. YOUNG herself is foreseeably forced and
18 compelled to publish.

19 329. MS. YOUNG'S employment at STANFORD HEALTH CARE has been a
20 bitter struggle marked by calumny: as the vindicated victim of abhorrent and substantiated
21 racial harassment, discrimination, and whistleblower retaliation, and defamation, at every
22 turn, STANFORD DEFENDANTS have evaded accountability and marginalized MS.
23 YOUNG and her *substantiated* reports of systemic racism, retaliation, and patient
24 endangerment issues. Rather than accepting responsibility for their actions and correcting the
25 problems, to try and protect the STANFORD MEDICINE brand and reputation,

26 _____
27 ¹⁶ To be clear: MS. YOUNG is not seeking damages for STANFORD DEFENDANTS'
28 reasonably foreseeable and maliciously intended republication of their defamatory
statements of or concerning MS. YOUNG by KTVU Fox News.

1 STANFORD DEFENDANTS, through their managing agents, have published and
2 foreseeably caused to be republished false statements condemning MS. YOUNG as a liar,
3 attacking her integrity, and accusing her of fabricating or “exaggerating” reports of racism,
4 retaliation, and patient safety concerns.

5 330. STANFORD DEFENDANTS, with the ratification of their managing agents,
6 have caused to be foreseeably republished such false statements of or concerning
7 MS. YOUNG that are defamatory *per se* with knowledge of the falsity of their statements or
8 with reckless disregard for the truth.

9 330. MS. YOUNG now brings the following claims to hold each of the defendants
10 responsible for the crushing fear, intimidation, despair, isolation, humiliation, shunning,
11 marginalization and alienation they have inflicted on her in conscious disregard of MS.
12 YOUNG’s rights and their conscious disregard of the rights and safety of the patients they
13 were entrusted to care for, protect, and cure.

14 V. EXHAUSTION OF ADMINISTRATIVE REMEDIES

15 331. MS. YOUNG has filed a complaint and two amended complaints against
16 STANFORD HEALTH CARE with the California Civil Rights Department (“CCRD”) pursuant to California Government Code §§ 12900, et seq., alleging the claims described in
17 this Civil Complaint, including, but not limited to the continuing retaliation and racial
18 discrimination directed at MS. YOUNG. MS. YOUNG requested and received immediate
19 “right-to-sue” notices from the CCRD for each complaint and amended complaint filed. All
20 conditions precedent to the institution of this lawsuit have been fulfilled, and this lawsuit for
21 the continuing violations of MS. YOUNG’s rights under the Fair Employment and Housing
22 Act has been timely filed within the statutorily proscribed timeframe.

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1 **VI. CAUSES OF ACTION**

2 **FIRST CAUSE OF ACTION**

3 **Unlawful Retaliation in Violation of FEHA, Cal. Gov't Code §12940 et seq.**

4 (Against STANFORD HEALTH CARE)

5 332. MS. YOUNG incorporates by reference each of the paragraphs of this
6 Complaint as if fully stated herein.

7 333. At all times during her employment with STANFORD HEALTH CARE, MS.
8 YOUNG has been an employee covered by the Fair Employment and Housing Act
9 ("FEHA"), California Government Code §§ 12940 (a) and (h), which prohibit an employer
10 from retaliating against an employee for engaging in protected activity.

11 334. As employers of five or more persons, STANFORD HEALTH CARE was at
12 all times an employer defined under FEHA.

13 335. MS. YOUNG brought a successful lawsuit in Alameda County that, after a
14 six week jury trial during which STANFORD HEALTH CARE's managing agents,
15 including CEO David Entwistle, and STANFORD HEALTH CARE's Chief Financial
16 Officer, Linda Hoff, Senior Vice President and President of the Cancer Center, Sridhar
17 Seshadri were called to testify, vindicated her rights for STANFORD HEALTH CARE's
18 violation of those rights under FEHA, including for racial harassment, racial discrimination
19 and retaliation, including retaliation for her association with Dr. Rhoads who also is African-
20 American and who reported race discrimination on MS. YOUNG's behalf, and for
21 STANFORD HEALTH CARE's failure to prevent and remedy racial harassment, racial
22 discrimination, and retaliation.

23 336. Indeed, MS. YOUNG prevailed on all of her FEHA claims against
24 STANFORD HEALTH CARE and the Alameda County jury found by clear and convincing
25 evidence that STANFORD HEALTH CARE conducted itself toward MS. YOUNG with
26 malice, oppression, or fraud, resulting in the jury awarding millions of dollars against
27 STANFORD HEALTH CARE to punish and deter further such conduct.

1 337. MS. YOUNG further reported a pattern of retaliation and discrimination in
2 continuation of STANFORD HEALTH CARE's initial efforts in Alameda County to force
3 MS. YOUNG to quit her job. MS. YOUNG further reported patient endangerment issues that
4 she has a reasonable belief constitutes patient abuse under FEHA, as described above. All of
5 the foregoing activity, separately and together, constitutes protected activity.

6 338. STANFORD DEFENDANTS took no action to ensure that MS. YOUNG was
7 not retaliated against, subjected to punitive action, or otherwise harassed or threatened as a
8 result of engaging in the aforementioned protected activity.

9 339. Rather, while vindicating her rights under FEHA, STANFORD HEALTH
10 CARE CEO David Entwistle retaliated against her by attempting to intimidate, bully, and
11 harass MS. YOUNG by physically grabbing her hand against her will and without her
12 consent in Alameda County. MS. YOUNG suffered further immediate retaliation –
13 including, on information and belief, at the direction of, or ratified by, STANFORD
14 HEALTH CARE CEO David Entwistle in Alameda County – when STANFORD HEALTH
15 CARE intimidated, bullied, and attempted to coerce MS. YOUNG to *immediately* quit her
16 job for payment of REDACTED, filling MS. YOUNG with fear for her livelihood and ability
17 to support her family if she resisted STANFORD HEALTH CARE's transparent efforts to
18 drive her out of her job.

19 340. Despite having smeared her reputation by calling her a gold-digger, when
20 STANFORD HEALTH CARE was unable to buy MS. YOUNG off for REDACTED, in
21 continuance of STANFORD HEALTH CARE's retaliatory and discriminatory efforts in
22 Alameda County to force her to quit, through its supervisors and managing agents,
23 STANFORD HEALTH CARE doubled down and intensified the retaliation in order to try
24 and drive her out of STANFORD HEALTH CARE.

25 341. The discrimination and retaliation MS. YOUNG has suffered and continues to
26 suffer includes STANFORD HEALTH CARE: (1) on March 28, 2024, in Alameda County,
27 intimidating and trying to coerce and force MS. YOUNG into immediately quitting her job
28 for payment of REDACTED; (2) continuing STANFORD HEALTH CARE's managing

1 agents' retaliatory efforts begun in Alameda County in an effort to force MS. YOUNG to
2 quit by: (a) failing to provide MS. YOUNG with a completed performance review for 2022-
3 2023 and gaslighting and blaming her management's failure; (b) giving MS. YOUNG a
4 sham/perfunctory performance review for 2023-2024; (c) denying MS. YOUNG any
5 opportunities for advancement or promotion; (d) treating MS. YOUNG as a pariah, including
6 by permitting other STANFORD HEALTH CARE employees to refuse to work alongside
7 her; (e) maligning MS. YOUNG to STANFORD HEALTH CARE employees; (f)
8 ostracizing and excluding MS. YOUNG from meetings - including intentionally holding
9 meetings affecting MS. YOUNG's job after she goes to lunch, thereby denying MS. YOUNG
10 information and communications she needs to do her job, and humiliating her; (g) requiring
11 MS. YOUNG to work out of class (i.e., to work in a role that is outside her job classification)
12 without pay commensurate with the level of work she performs; (h) allowing STANFORD
13 HEALTH CARE employees to fabricate complaints about MS. YOUNG; (i) denying MS.
14 YOUNG prompt, thorough, fair, and unbiased investigations into her reports and complaints
15 of racial discrimination and retaliation; and (j) denying MS. YOUNG prompt, thorough, fair,
16 and unbiased investigations into any complaints others have made about her.

17 342. STANFORD HEALTH CARE failed to take any appropriate action to protect
18 MS. YOUNG.

19 343. As a result of STANFORD HEALTH CARE's action and inaction,
20 MS. YOUNG has been subject to an increasingly hostile work environment due to ongoing
21 discriminatory and retaliatory treatment. STANFORD HEALTH CARE, its managing agents
22 and employees, have engaged in an ongoing pattern and practice of intimidating, ostracizing
23 and treating MS. YOUNG with disdain as if she were a traitor – rather than the vindicated
24 victim of abhorrent racial discrimination and harassment and retaliation – all in an effort to
25 further STANFORD HEALTH CARE's foiled retaliatory and discriminatory intimidation
26 tactics in Alameda County intended to bully MS. YOUNG into quitting her job for a payout
27 of REDACTED
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1 344. By the conduct herein alleged, STANFORD HEALTH CARE, its agents and
2 employees, bullied, intimidated, coerced, threatened, demeaned, and discriminated against
3 MS. YOUNG in the terms and conditions of her employment in retaliation for her protected
4 activity in violation of California Government Code § 12940 *et seq.* and STANFORD
5 HEALTH CARE's policies. In so doing, STANFORD HEALTH CARE and its managing
6 agents have taken or ratified action, or engaged in or ratified an ongoing course or pattern of
7 conduct that, taken as a whole, has materially and adversely affected the terms, conditions,
8 and/or privileges of MS. YOUNG's employment by, among other things, maligning,
9 ostracizing, and humiliating MS. YOUNG and treating her like a traitor, thereby creating a
10 hostile work environment for her; denying her opportunities for advancement and
11 promotion; requiring that she work out of class without commensurate pay; and denying her
12 employment privileges, including the right to prompt, thorough, fair and unbiased
13 investigation into her reports and complaints of FEHA violations.

14 345. MS. YOUNG's aforementioned protected activities under FEHA have been
15 and continue to be a motivating reason for STANFORD HEALTH CARE and their
16 employees and agents' ongoing retaliatory harassment and treatment of MS. YOUNG,
17 including, in denying her the terms, conditions, and/or privileges of employment.

18 346. STANFORD HEALTH CARE and its employees and agents' violations of
19 the FEHA have caused MS. YOUNG to suffer harm as set forth herein.

20 347. As a direct and proximate result of STANFORD HEALTH CARE's
21 retaliatory harassment and discrimination of MS. YOUNG, MS. YOUNG has suffered and
22 continues to suffer, among other things, damages in the form of lost wages and other
23 employment benefits, humiliation, and emotional distress, the exact amount of which will be
24 proven at trial.

25 348. The foregoing conduct engaged in, authorized and ratified by STANFORD
26 HEALTH CARE and DOES 1 through 50, inclusive, and each of their directors, officers
27 and/or managing agents, constitutes malice, fraud, and oppression, and was and continues to
28 be authorized, ratified, and carried on with a conscious and willful disregard of MS.

1 YOUNG's right to work in an environment free from harassment, discrimination, and
2 retaliation based on making reports and complaints or vindicating her rights under FEHA,
3 so as to justify punitive and exemplary damages in an amount appropriate to punish and
4 make an example of STANFORD HEALTH CARE.

5 349. As a direct and proximate result of the foregoing conduct, MS. YOUNG is
6 entitled to recover, in addition to the damages alleged above, attorneys' fees and costs,
7 including expert witness costs, pursuant to California Government Code § 12965(b) and
8 prejudgment interest pursuant to California Civil Code §§ 3287, 3288, and 3291.

9 350. WHEREFORE, MS. YOUNG prays for judgment against STANFORD
10 HEALTH CARE as set forth below.

11
12 **SECOND CAUSE OF ACTION**

13 **Whistleblower Retaliation For Reporting FEHA Violations and Stanford Health Care's**
14 **Endangerment of Its Patients in Violation of Cal. Labor Code § 1102.5**

15 (Against STANFORD HEALTH CARE)

16 351. MS. YOUNG incorporates by reference each of the paragraphs of this
17 Complaint as if fully stated herein.

18 352. MS. YOUNG has reported numerous instances of STANFORD HEALTH
19 CARE's non-compliance with and violation of state law and regulations, including under
20 FEHA, to those at STANFORD HEALTH CARE with authority over her, and who had the
21 duty and authority to investigate, discover, or correct the violations, as well as to government
22 agencies.

23 353. MS. YOUNG brought a successful lawsuit in Alameda County that, after a
24 six week jury trial during which STANFORD HEALTH CARE's managing agents,
25 including CEO David Entwistle, and STANFORD HEALTH CARE's Chief Financial
26 Officer, Linda Hoff, Senior Vice President and President of the Cancer Center, Sridhar
27 Seshadri were called to testify, vindicated her rights for STANFORD HEALTH CARE's
28 violation of those rights under FEHA, including for racial harassment, racial discrimination

1 and retaliation, including retaliation for her association with Dr. Rhoads who also is African-
2 American and who reported race discrimination on MS. YOUNG's behalf, and for
3 STANFORD HEALTH CARE's failure to prevent and remedy racial harassment, racial
4 discrimination, and retaliation, and for her whistleblower retaliation claim under California
5 Labor Code § 1102.5.

6 354. Indeed, MS. YOUNG prevailed on all of her FEHA claims and her California
7 Labor Code § 1102.5 claim against STANFORD HEALTH CARE and the Alameda County
8 jury found by clear and convincing evidence that STANFORD HEALTH CARE conducted
9 itself toward MS. YOUNG with malice, oppression, or fraud, resulting in the jury awarding
10 millions of dollars against STANFORD HEALTH CARE to punish and deter further such
11 conduct.

12 355. MS. YOUNG further reported to the CCRD and to STANFORD HEALTH
13 CARE's managers and managing agents a pattern of retaliation and discrimination in
14 continuation of STANFORD HEALTH CARE's initial efforts in Alameda County to force
15 MS. YOUNG to quit her job. MS. YOUNG further reported patient endangerment issues and
16 racism directed at patients by STANFORD HEALTH CARE to STANFORD HEALTH
17 CARE's managing agents, as described above. All of the foregoing activity, separately and
18 together, constitutes protected activity.

19 356. STANFORD HEALTH CARE, including, but not limited to, STANFORD
20 HEALTH CARE CEO David Entwistle, Employee and Labor Relations Director Suzanne
21 Harris, and, on information and belief, STANFORD HEALTH CARE's Office of General
22 Counsel, have engaged in an ongoing pattern and practice of discriminating and retaliating
23 against MS. YOUNG for reporting and complaining of STANFORD HEALTH CARE'S
24 non-compliance with and violation of state law and regulations, including under FEHA, to
25 those at STANFORD HEALTH CARE with authority over her, and who had the duty and
26 authority to investigate, discover, or correct the violations, as well as to government
27 agencies.

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1 357. By the conduct herein alleged, STANFORD HEALTH CARE, its managing
2 agents and employees, threatened, intimidated, bullied, harassed and discriminated against
3 MS. YOUNG in the terms and conditions of her employment in retaliation for her reporting
4 and complaining of STANFORD HEALTH CARE's non-compliance with and violation of
5 state law and regulations to those at STANFORD HEALTH CARE with authority over her,
6 and who had the duty and authority to investigate, discover, or correct the violations, as well
7 as to government agencies. STANFORD HEALTH CARE retaliated against MS. YOUNG
8 by: (1) in Alameda County, intimidating and trying to coerce and force MS. YOUNG into
9 immediately quitting her job at STANFORD HEALTH CARE for payment of REDACTED
10 (2) continuing STANFORD HEALTH CARE's managing agents' retaliatory efforts begun
11 in Alameda County in an effort to force MS. YOUNG to quit by: (a) failing to provide MS.
12 YOUNG with a completed performance review for 2022-2023 and gaslighting and blaming
13 her management's failure; (b) giving MS. YOUNG a sham/perfunctory performance review
14 for 2023-2024; (c) denying MS. YOUNG any opportunities for advancement or promotion;
15 (d) treating MS. YOUNG as a pariah, including by permitting other STANFORD HEALTH
16 CARE employees to refuse to work alongside her; (e) maligning MS. YOUNG to
17 STANFORD HEALTH CARE employees; (f) ostracizing and excluding MS. YOUNG from
18 meetings - including intentionally holding meetings affecting MS. YOUNG's job after she
19 goes to lunch, thereby denying MS. YOUNG information and communications she needs to
20 do her job, and humiliating her; (g) requiring MS. YOUNG to work out of class (i.e., to work
21 in a role that is outside her job classification) without pay commensurate with the level of
22 work she performs; (h) allowing STANFORD HEALTH CARE employees to fabricate
23 complaints about MS. YOUNG; (i) denying MS. YOUNG prompt, thorough, fair, and
24 unbiased investigations into her reports and complaints of racial discrimination and
25 retaliation; and (j) denying MS. YOUNG prompt, thorough, fair, and unbiased investigations
26 into any complaints others have made about her.

27 358. STANFORD HEALTH CARE, its agents and employees, including, but not
28 limited to, STANFORD HEALTH CARE CEO David Entwistle, Employee and Labor

1 Relations Director Suzanne Harris, and, on information and belief, STANFORD HEALTH
2 CARE's Office of General Counsel, have further subjected MS. YOUNG to ongoing
3 retaliation and a hostile environment for her reporting and disclosing the patient safety issues
4 and events described herein, in violation of California Labor Code §1102.5, and in violation
5 of STANFORD HEALTH CARE's policies.

6 359. As a direct and proximate result of STANFORD HEALTH CARE's
7 retaliatory intimidation, harassment and discrimination of MS. YOUNG, MS. YOUNG has
8 suffered and continues to suffer harm, including, among other things, damages in the form of
9 lost wages and other employment benefits, humiliation and emotional distress, the exact
10 amount of which will be proven at trial.

11 360. The foregoing conduct engaged in, authorized and ratified by STANFORD
12 HEALTH CARE and DOES 1 through 50, inclusive, and each of their directors, officers
13 and/or managing agents, constitutes malice, fraud, and oppression, and was authorized,
14 ratified, and carried on with a conscious and willful disregard of MS. YOUNG's right to
15 report STANFORD HEALTH CARE's non-compliance with and violation of state law and
16 regulations to those at STANFORD HEALTH CARE with authority over her, and who had
17 the duty and authority to investigate, discover, or correct the violations, as well as to
18 government agencies so as to justify punitive and exemplary damages in an amount
19 appropriate to punish and make an example of STANFORD HEALTH CARE.

20 361. As a direct and proximate result of the foregoing conduct, MS. YOUNG is
21 entitled to recover, in addition to the damages alleged above, attorneys' fees and costs,
22 including expert costs, pursuant to California Code of Civil Procedure § 1021.5, and
23 prejudgment interest pursuant to California Civil Code §§ 3287, 3288, and 3291.

24 362. WHEREAS, MS. YOUNG prays for judgment against STANFORD
25 HEALTH CARE as set forth below.

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THIRD CAUSE OF ACTION

**Race Discrimination in
Violation of California Government Code §§ 12940 (a)**

(Against STANFORD HEALTH CARE)

363. MS. YOUNG incorporates by reference each of the paragraphs of this Complaint as if fully stated herein.

364. At all times during her employment with STANFORD HEALTH CARE, MS. YOUNG has been an employee covered by the FEHA, California Government Code § 12940 (a), which prohibits an employer from discriminating against an employee on the basis of color and race.

365. As an employer of five or more persons, STANFORD HEALTH CARE was at all times an employer defined under the FEHA.

366. MS. YOUNG is African-American.

367. MS. YOUNG has been subjected to a continuing pattern and practice of racial discrimination that includes STANFORD HEALTH CARE CEO David Entwistle physically grabbing MS. YOUNG’s hand without her consent and against her will in an effort to intimidate her and treat her like chattel, while in Alameda County.

368. The discrimination and retaliation MS. YOUNG has suffered and continues to suffer includes STANFORD HEALTH CARE: (1) on March 28, 2024, in Alameda County, intimidating and trying to coerce and force MS. YOUNG into immediately quitting her job for payment of REDACTED; (2) continuing STANFORD HEALTH CARE’s managing agents’ discriminatory efforts begun in Alameda County in an effort to force MS. YOUNG to quit by: (a) failing to provide MS. YOUNG with a completed performance review for 2022-2023 and gaslighting and blaming her management’s failure; (b) giving MS. YOUNG a sham/perfunctory performance review for 2023-2024; (c) denying MS. YOUNG any opportunities for advancement or promotion; (d) treating MS. YOUNG as a pariah, including by permitting other STANFORD HEALTH CARE employees to refuse to work alongside her; (e) maligning MS. YOUNG to STANFORD HEALTH CARE employees; (f)

1 ostracizing and excluding MS. YOUNG from meetings - including intentionally holding
2 meetings affecting MS. YOUNG's job after she goes to lunch, thereby denying MS. YOUNG
3 information and communications she needs to do her job, and humiliating her; (g) requiring
4 MS. YOUNG to work out of class (i.e., to work in a role that is outside her job classification)
5 without pay commensurate with the level of work she performs; (h) allowing STANFORD
6 HEALTH CARE employees to fabricate complaints about MS. YOUNG; (i) denying MS.
7 YOUNG prompt, thorough, fair, and unbiased investigations into her reports and complaints
8 of racial discrimination and retaliation; and (j) denying MS. YOUNG prompt, thorough, fair,
9 and unbiased investigations into any complaints others have made about her.

10 369. STANFORD HEALTH CARE failed to take any appropriate action to protect
11 MS. YOUNG.

12 370. As a result of STANFORD HEALTH CARE's action and inaction,
13 MS. YOUNG has been subject to an increasingly hostile work environment due to ongoing
14 discriminatory and retaliatory treatment. STANFORD HEALTH CARE, its managing agents
15 and employees, have engaged in an ongoing pattern and practice of intimidating, ostracizing
16 and treating MS. YOUNG with disdain as if she were a traitor – rather than the vindicated
17 victim of abhorrent racial discrimination and harassment and retaliation – all in an effort to
18 further STANFORD HEALTH CARE's foiled retaliatory and discriminatory intimidation
19 tactics in Alameda County intended to bully MS. YOUNG into quitting her job for a payout
20 of REDACTED

21 371. By the conduct herein alleged, STANFORD HEALTH CARE, its agents and
22 employees, bullied, intimidated, coerced, threatened, demeaned, and discriminated against
23 MS. YOUNG in the terms and conditions of her employment as a result of her race, in
24 violation of California Government Code § 12940 *et seq.* and STANFORD HEALTH
25 CARE's policies. In so doing, STANFORD HEALTH CARE and its managing agents have
26 taken or ratified action, or engaged in or ratified an ongoing course or pattern of conduct
27 that, taken as a whole, has materially and adversely affected the terms, conditions, and/or
28 privileges of MS. YOUNG's employment by, among other things, maligning, ostracizing,

1 and humiliating MS. YOUNG and treating her like a traitor, thereby creating a hostile work
2 environment for her; denying her opportunities for advancement and promotion; requiring
3 that she work out of class without commensurate pay; and denying her employment
4 privileges, including the right to prompt, thorough, fair and unbiased investigation into her
5 reports and complaints of FEHA violations.

6 372. MS. YOUNG's race has been and continues to be a motivating reason for
7 STANFORD HEALTH CARE and their employees and agents' ongoing harassment and
8 treatment of MS. YOUNG, including, in denying her the terms, conditions, and/or privileges
9 of employment.

10 373. STANFORD HEALTH CARE and its employees and agents' violations of
11 the FEHA have caused MS. YOUNG to suffer harm as set forth herein.

12 374. As a direct and proximate result of STANFORD HEALTH CARE's racial
13 discrimination of MS. YOUNG, MS. YOUNG has suffered and continues to suffer, among
14 other things, damages in the form of lost wages and other employment benefits, humiliation,
15 and emotional distress, the exact amount of which will be proven at trial.

16 375. The foregoing conduct engaged in, authorized and ratified by STANFORD
17 HEALTH CARE and DOES 1 through 50, inclusive, and each of their directors, officers
18 and/or managing agents, constitutes malice, fraud, and oppression, and was and continues to
19 be authorized, ratified, and carried on with a conscious and willful disregard of MS.
20 YOUNG's right to work in an environment free from harassment and discrimination based
21 on her race, so as to justify punitive and exemplary damages in an amount appropriate to
22 punish and make an example of STANFORD HEALTH CARE.

23 376. As a direct and proximate result of the foregoing conduct, MS. YOUNG is
24 entitled to recover, in addition to the damages alleged above, attorneys' fees and costs,
25 including expert witness costs, pursuant to California Government Code § 12965(b) and
26 prejudgment interest pursuant to California Civil Code §§ 3287, 3288, and 3291.

27 377. WHEREFORE, MS. YOUNG prays for judgment against STANFORD
28 HEALTH CARE as set forth below.

1 **FOURTH CAUSE OF ACTION**

2 **Failure to Prevent, Investigate and/or Remedy Unlawful Racial**
3 **Discrimination and Retaliation in Violation of Cal. Gov't Code § 12940, et seq.**

4 (Against STANFORD HEALTH CARE)

5 378. MS. YOUNG incorporates by reference each of the paragraphs of this
6 Complaint as if fully stated herein.

7 379. At all times during her employment with STANFORD HEALTH CARE,
8 MS YOUNG has been an employee covered by FEHA, California Government Code §§
9 12940 (a) and (k), which makes it an unlawful employment practice for an employer to fail
10 to take all reasonable steps to prevent unlawful racial discrimination and retaliation from
11 occurring.

12 380. As an employer of five or more persons, STANFORD HEALTH CARE was
13 at all times an employer defined under FEHA.

14 381. STANFORD HEALTH CARE failed to take all reasonable steps to prevent
15 the racial discrimination and retaliation described above.

16 382. STANFORD HEALTH CARE knew or should have known of the racially
17 discriminatory, intimidating, retaliatory and humiliating behavior directed at MS. YOUNG
18 and of the multiple adverse employment actions taken against MS. YOUNG and failed to
19 prevent, investigate, or remedy said behavior and actions.

20 383. Despite being on notice of said racially discriminatory, intimidating,
21 retaliatory and humiliating conduct and adverse actions directed at MS. YOUNG,
22 STANFORD HEALTH CARE failed to act to prevent the continued racial discrimination
23 and retaliation that occurred following MS. YOUNG's opposition to racial discrimination
24 and harassment and retaliation, vindication of her rights under FEHA, and reports of serious
25 patient endangerment issues that she believes is the abuse of SHC patients, including, but not
26 limited to, her report of staff being insufficiently trained regarding the administration of
27 medication and properly consenting patients regarding the risks associated with invasive
28 procedures.

1 384. STANFORD HEALTH CARE also failed to enact any meaningful anti-
2 discrimination or anti-retaliation policy and/or failed to distribute it appropriately and failed
3 to effectively train its employees, including its management employees, to prevent racial
4 discrimination, or retaliation.

5 385. As a result of STANFORD HEALTH CARE's action and inaction in
6 violation of FEHA, MS. YOUNG suffered harm as set forth herein.

7 386. As a direct and proximate result of STANFORD HEALTH CARE's failure to
8 prevent, investigate and/or remedy the unlawful racial discrimination and retaliation directed
9 at MS. YOUNG, MS. YOUNG has suffered and continues to suffer harm, including, among
10 other things, damages in the form of lost wages and other employment benefits, humiliation
11 and emotional distress, the exact amount of which will be proven at trial.

12 387. The foregoing conduct engaged in, authorized and ratified by STANFORD
13 HEALTH CARE and DOES 1 through 50, inclusive, and each of their directors, officers
14 and/or managing agents, including but not limited to STANFORD HEALTH CARE's CEO
15 David Entwistle, OGC, and Director of Employee and Labor Relations Suzanne Harris
16 constitutes malice, fraud, and oppression, and was authorized, ratified, and carried on with a
17 conscious and willful disregard of MS. YOUNG's right to work in an environment free from
18 racial discrimination and retaliation for having opposed racial discrimination and retaliation
19 under FEHA in Alameda County; vindicating her rights under FEHA in prevailing in her
20 initial lawsuit in Alameda County; and reporting patient endangerment issues to protect
21 SHC's patients, so as to justify punitive and exemplary damages in an amount appropriate to
22 punish and make an example of STANFORD HEALTH CARE.

23 388. As a direct and proximate result of the foregoing conduct, MS. YOUNG is
24 entitled to recover, in addition to the damages alleged above, attorneys' fees and costs,
25 including expert witness costs, pursuant to California Government Code § 12965(b) and
26 prejudgment interest pursuant to California Civil Code §§ 3287, 3288, and 3291.

27 389. WHEREFORE, MS. YOUNG prays for judgment against STANFORD
28 HEALTH CARE as set forth below.

FIFTH CAUSE OF ACTION
Defamation

(Against STANFORD UNIVERSITY and STANFORD HEALTH CARE)

390. MS. YOUNG incorporates by reference each of the paragraphs of this Complaint as if fully stated herein.

391. The sole basis of MS. YOUNG's prior defamation claim was a defamatory statement published by STANFORD DEFENDANTS in an email on September 29, 2017 with the subject line "An important message from SHC CEO David Entwistle."

392. No other publication or republications of false or defamatory statements by STANFORD UNIVERSITY or STANFORD HEALTH CARE were the subject of MS. YOUNG's prior defamation claim in Young I.

393. Each publication of defamatory matter is a separate wrongful act and gives rise to a new cause of action for defamation. *Neal v. Gatlin*, 35 Cal.App.3d 871, 877 fn.4 (1973).

394. The "rule of discovery" applies to defamation such that the accrual date of a cause of action is delayed until the plaintiff is aware of the publication. *Mancuso v. Oceanside Unified School District*, 88 Cal.App.3d 725, 728-731 (1979).

395. Moreover, fraudulent concealment tolls the applicable statute of limitations where, as here, by the exercise of due diligence, the plaintiff would have discovered it. *Bernson v. Browning-Ferris Industries*, 7 Cal.4th 926 (1994).

396. On March 8, 2024, MS. YOUNG discovered for the first time the existence of a publication of false and defamatory statements - separate from the defamatory September 29, 2017 with the subject line "An important message from SHC CEO David Entwistle" – that STANFORD DEFENDANTS conspired to have published by STANFORD HEALTH CARE, through its Senior Manager for Corporate Communications and Media Relations, Patrick Bartosch, to KTVU Fox News at 2 Jack London Square in Oakland, Alameda County, on September 29, 2017, which includes publication to KTVU Fox News of its media statement which contains vitriolic, false, and defamatory statements that STANFORD

1 DEFENDANTS published with knowledge of falsity or reckless disregard for the truth.

2 397. STANFORD DEFENDANTS had fraudulently concealed Patrick Bartosch's
3 publication, and on information and belief, republications, of false and defamatory
4 statements to KTVU Fox News: in the course of her investigation in Young I, MS. YOUNG
5 sought all communications between STANFORD DEFENDANTS and all media outlets,
6 including KTVU Fox News referencing MS. YOUNG or the lawsuit she had filed. To that
7 end, MS. YOUNG served document requests on STANFORD HEALTH CARE to which the
8 false and defamatory publication by Patrick Bartosch to KTVU was responsive; yet SHC
9 failed to produce Bartosch's defamatory publication – or any communications, including any
10 email communications, from SHC to KTVU.

11 398. The relevant document requests which define "DOCUMENTS" and
12 "COMMUNICATIONS" to include emails or electronic mail are attached as Ex. 3. They
13 include the following requests to which the newly-discovered defamatory publication is
14 responsive, but was not identified or produced by STANFORD HEALTH CARE in any of
15 its *three* verified responses to these requests:

16 **REQUEST FOR PRODUCTION NO. 248:**

17 Produce all DOCUMENTS or COMMUNICATIONS between SHC and any news/
18 media outlet referencing MS. YOUNG or the lawsuit she filed [Alameda County
19 Case No. RG17877051], or the response(s) of SHC or The Board of Trustees of the
20 Leland Stanford Junior University or Stanford Medicine to MS. YOUNG's lawsuit or
21 claims.

22 **REQUEST FOR PRODUCTION NO. 249:**

23 Produce all DOCUMENTS sent by SHC to news/media outlet KTVU, or to Lisa
24 Fernandez of KTVU, that named PLAINTIFF or were about PLAINTIFF's lawsuit
25 or claims [Alameda County Case No. RG17877051] or were about the response(s) of
26 SHC or The Board of Trustees of the Leland Stanford Junior University or Stanford
27 Medicine to PLAINTIFF's lawsuit or claims, including, but not limited to, any media
28 statement that named MS. YOUNG.

1 399. On August 3, 2023, STANFORD HEALTH CARE served its second
2 amended verified responses stating that it had produced the only document responsive to
3 these requests: SHC 011325, which is STANFORD MEDICINE’s “media statement.”
4 SHC’s verified responses are attached (collectively with SHC 011325) as Ex. 4.

5 400. While in trial, based on statements of STANFORD DEFENDANTS’ counsel,
6 MS. YOUNG discovered the fraudulently concealed publication of false and defamatory
7 statements of or concerning MS. YOUNG by Patrick Bartosch on March 8, 2024; and on or
8 about Monday, March 11, 2024, MS. YOUNG, through her counsel, informed STANFORD
9 DEFENDANTS that she had discovered an additional publication of false and defamatory
10 statements about her by STANFORD DEFENDANTS.

11 401. The newly-discovered publication of fraudulently concealed false and
12 defamatory statements published to KTVU Fox News by Patrick Bartosch on September 29,
13 2017 includes the transmittal of STANFORD DEFENDANTS’ media statement, which
14 contains inflammatory false and defamatory statements that expressly and impliedly impugn
15 MS. YOUNG’s character, integrity, honesty, reputation, and characterize her as a crazy liar
16 and a gold digger.

17 402. STANFORD UNIVERSITY, STANFORD HEALTH CARE, and DOES 1
18 through 50, and each of them, by the herein-described acts, conspired to, and in fact, did
19 intentionally and recklessly publish or republish false and defamatory statements of or
20 concerning MS. YOUNG to KTVU Fox News in Oakland, California, reasonably
21 foreseeably causing the defamatory statements to be republished by KTVU Fox News online
22 and on air from its news studio at 2 Jack London Square, in Oakland, Alameda County,
23 defaming, humiliating and destroying the reputation of MS. YOUNG to millions of people in
24 her community. This false and defamatory publication, which contains defamatory
25 statements that are even more despicable and humiliating than those the Alameda County
26 jury found STANFORD DEFENDANTS to have been published about MS. YOUNG with
27 malice, oppression, or fraud, includes express and implied accusations that: MS. YOUNG is
28 crazy, a liar, a fraud, a traitor, and a gold digger. This fraudulently concealed and newly-

1 discovered publication of defamation by Patrick Bartosch to KTVU Fox News on behalf of
2 STANFORD UNIVERSITY and STANFORD HEALTH CARE expressly and impliedly
3 impugns MS. YOUNG's character, truthfulness, and integrity and is defamatory *per se*.

4 403. This newly-discovered defamatory publication to KTVU Fox News was
5 despicable, outrageous, published with knowledge of falsity or reckless disregard for the
6 truth, and was intentionally, maliciously and/or recklessly published or republished by
7 STANFORD HEALTH CARE at the direction of its managing agents, including, but not
8 limited to, CEO David Entwistle, and at the direction of STANFORD UNIVERSITY's
9 managing agents, including through STANFORD UNIVERSITY's Offices of
10 Communications, including by its Vice President for STANFORD UNIVERSITY
11 Communications, Lisa Lapin; STANFORD UNIVERSITY School of Medicine Chief of
12 Communications and Public Affairs, Paul Costello; STANFORD UNIVERSITY and
13 STANFORD HEALTH CARE's Chief Strategy Officer, Priya Singh, and, on information
14 and belief, STANFORD UNIVERSITY and STANFORD HEALTH CARE's Office of
15 General Counsel, including, on information and belief, Debra Zumwalt and Angeline Covey.
16 STANFORD UNIVERSITY and STANFORD HEALTH CARE conspired to and
17 intentionally or recklessly published the malicious and defamatory statement of or
18 concerning MS. YOUNG to KTVU Fox News to cause KTVU Fox News to republish the
19 defamatory statement in print and on-air from the KTVU Fox News studio, located at 2 Jack
20 London Square in Oakland, California, Alameda County, which it did.

21 404. MS. YOUNG hereby seeks damages for this newly-discovered publication of
22 false and defamatory statements to KTVU Fox News on behalf of STANFORD
23 UNIVERSITY and STANFORD HEALTH CARE by STANFORD HEALTH CARE's
24 Senior Manager for Corporate Communications and Media Relations, Patrick Bartosch, on
25 September 29, 2017 and all foreseeable and newly-discovered false and defamatory
26 publications and republications, including internal and external publications and
27 republications, discovered up to the time of trial, including those republications
28 MS. YOUNG herself was foreseeably forced and compelled to publish.

1 405. These defamatory publications and foreseeable republications consisted of
2 oral and written, knowingly false and unprivileged communications, tending directly to
3 injure MS. YOUNG and MS. YOUNG's personal, business, and professional reputation.
4 These publications included the above described false and defamatory statements (in
5 violation of Civil Code §§ 45 and 46(3)(5)) with the express or implied meaning and/or
6 substance that MS. YOUNG was unscrupulous, unethical, dishonest and lying about patient
7 safety issues she had reported and the racism she experienced, witnessed and reported.

8 406. The defamatory meaning of the above-described false and defamatory
9 statements and their reference to MS. YOUNG were understood by its recipients and other
10 members of the community, particularly as STANFORD DEFENDANTS' media statement
11 maligns MS. YOUNG by name.

12 407. None of STANFORD DEFENDANTS' defamatory publications against
13 MS. YOUNG referenced above is true.

14 408. The above defamatory statements were understood as assertions of fact, and
15 not as opinion. MS. YOUNG is informed and believes this defamation will continue to be
16 negligently, recklessly, and intentionally published and foreseeably republished by recipients
17 of STANFORD DEFENDANTS' publications, thereby causing additional injury and
18 damages for which MS. YOUNG seeks redress in this action.

19 409. All of the publications were made with hatred, ill will, and an intent to vex,
20 harass, annoy, and harm MS. YOUNG. These publications were made in order to destroy
21 MS. YOUNG's personal and professional reputation in an attempt to protect STANFORD
22 DEFENDANTS from liability based on MS. YOUNG's claims and to further protect
23 STANFORD DEFENDANTS' reputation, branding, and fundraising efforts. These false and
24 defamatory statements were made to cause further damage to MS. YOUNG's personal and
25 professional reputation, to cause her to be ostracized and shunned by her co-workers,
26 supervisors, managers, and humiliated and treated with disdain by other members of the
27 community. These publications were the result of prior ill will resulting from MS.
28 YOUNG's reports of racism, patient endangerment and retaliation for said reports.

1 410. All of these publications by STANFORD DEFENDANTS, and each of them,
2 were made with knowledge that no investigation substantiated the obviously false
3 statements, but rather, documents in STANFORD DEFENDANTS' possession, custody, or
4 control at the time the initial defamatory statements were made proved the falsity of these
5 statements. Indeed, STANFORD DEFENDANTS published these statements knowing them
6 to be false, unsubstantiated by any reasonable investigation, recklessly published without
7 consulting STANFORD DEFENDANTS' own documents proving the falsity of the
8 statements. STANFORD DEFENDANTS, and each of them, published these statements
9 with no reasonable basis to believe these statements; they also had no belief in the truth of
10 these statements, and in fact knew the statements to be false at the time that they published
11 these statements. STANFORD DEFENDANTS, and each of them, excessively, negligently,
12 and recklessly published these statements to individuals with no need to know, and who
13 made no inquiry, and who had a mere general or idle curiosity of this information.

14 411. The above complained-of publication of false and defamatory statements by
15 Patrick Bartosch to KTVU Fox News in Oakland, California by STANFORD
16 DEFENDANTS, and each of them, were made with hatred and ill will towards MS.
17 YOUNG and with the design and intent to injure MS. YOUNG, MS. YOUNG's good name,
18 reputation, credibility, employability and her ability to continue her career. STANFORD
19 DEFENDANTS, and each of them, published and republished these false and defamatory
20 *per se* statements, not with an intent to protect any interest intended to be protected by any
21 privilege, but with negligence, recklessness and/or an intent to injure MS. YOUNG and
22 destroy her reputation, good name, employability and her ability to continue her career.
23 Therefore, no privilege existed to protect any of STANFORD DEFENDANTS from liability
24 for any of these aforementioned publications or republications of the defamatory *per se*
25 statements.

26 412. As a proximate result of the publication and republication of these defamatory
27 *per se* statements by STANFORD DEFENDANTS, and each of them, MS. YOUNG has
28 suffered injury to her personal, business, and professional reputation including assumed

1 damages, suffering embarrassment, humiliation, severe emotional distress, shunning,
2 anguish, fear, loss of career opportunities, and economic loss in the form of lost future
3 earnings and damage to employability, all to MS. YOUNG's emotional, economic, and
4 general damage in an amount according to proof.

5 413. STANFORD DEFENDANTS, and DOES 1 through 50, and each of them, by
6 and through their managing agents and officers, including, but not limited to, STANFORD
7 HEALTH CARE's Senior Manager for Corporate Communications and Media Relations
8 Patrick Bartosch, STANFORD HEALTH CARE CEO David Entwistle, Vice President for
9 STANFORD UNIVERSITY Communications, Lisa Lapin, STANFORD UNIVERSITY
10 School of Medicine Chief of Communications and Public Affairs, Paul Costello,
11 STANFORD UNIVERSITY and STANFORD HEALTH CARE's Chief Strategy Officer,
12 Priya Singh, and, on information and belief, STANFORD UNIVERSITY and STANFORD
13 HEALTH CARE's Office of General Counsel, including, on information and belief, Debra
14 Zumwalt and Angeline Covey, committed, authorized, and ratified the acts alleged herein
15 recklessly, maliciously, fraudulently, and oppressively, with the wrongful intention of
16 injuring MS. YOUNG, for an improper and evil motive amounting to malice (as described
17 above), and which abused and/or prevented the existence of any conditional privilege, which
18 in fact did not exist, and with a reckless and conscious disregard of MS. YOUNG's rights.

19 414. All actions of STANFORD DEFENDANTS, and each of them, including
20 those actions of their agents, employees, managing agents and officers – including, but not
21 limited to those of Patrick Bartosch – as alleged herein were known, authorized, ratified and
22 approved by STANFORD DEFENDANTS and DOES 1 through 50, and each of them. MS.
23 YOUNG is therefore entitled to recover punitive and exemplary damages from STANFORD
24 DEFENDANTS, and each of them, for these wanton, obnoxious, and despicable acts in an
25 amount based on STANFORD DEFENDANTS' wealth and ability to pay according to proof
26 at the time of trial.

27 415. WHEREFORE, MS. YOUNG prays for judgment against STANFORD
28 DEFENDANTS as set forth below.

1 **SIXTH CAUSE OF ACTION**

2 **Failure to Pay Wages for All Hours Worked in**
3 **Violation of California Labor Code §§ 204, 218, 558, 1194 and 1194.2**

4 (Against STANFORD HEALTH CARE)

5 416. MS. YOUNG incorporates by reference each of the paragraphs of this
6 Complaint as if fully stated herein.

7 417. At all relevant times, MS. YOUNG was employed by STANFORD HEALTH
8 CARE pursuant to the California Labor Code and the applicable Wage Order of the
9 Industrial Welfare Commission, Wage Order No. 5-2001, codified at Title 8, California
10 Code of Regulations § 11050.

11 418. Pursuant to the California Labor Code, including sections 204, 218, 558,
12 1194, and 1194.2 and the applicable Wage Order of the Industrial Welfare Commission,
13 Wage Order No. 5-2001, any employer who suffers or permits an employee to work owes
14 the employee wages, and must pay the employee for all hours worked at the proper rate of
15 pay pursuant to the Labor Code, applicable Industrial Wage Orders, or by contract.

16 419. From about May 2024 through the present, STANFORD HEALTH CARE
17 forced MS. YOUNG to work off-the-clock while at her home in Alameda County, and did
18 not pay MS. YOUNG for all hours worked. Specifically, when MS. YOUNG was at home in
19 Alameda County and not on the clock or scheduled to work, STANFORD HEALTH CARE
20 and their agents and employees suffered MS. YOUNG to work by sending work-related text
21 messages to her and requiring that she respond promptly to the same, as well as by calling
22 MS. YOUNG regarding work issues while she was off-the-clock and at home.

23 420. STANFORD HEALTH CARE failed to pay MS. YOUNG for all wages she
24 is owed by failing to pay her for all hours that she was suffered or permitted to work in
25 Alameda County.

26 421. STANFORD HEALTH CARE owes MS. YOUNG wages at her agreed upon
27 rate of \$44.58 an hour for all hours she was suffered or permitted to work while she was off-
28 the-clock and working from home, in an amount to be proven at trial.

422. As a direct, foreseeable, and proximate result of STANFORD HEALTH CARE's conduct, as described above, MS. YOUNG has suffered and lost income, the precise amount of which will be proven at trial.

423. As a direct and proximate result of the foregoing conduct, MS. YOUNG is entitled to recover, in addition to the damages alleged above, reasonable attorneys' fees and costs pursuant to California Labor Code §§ 218.5 and 1194, civil penalties pursuant to California Labor Code § 558, liquidated damages pursuant to California Labor Code § 1194.2 and prejudgment interest pursuant to California Civil Code §§ 3287, 3288, and 3291.

WHEREFORE, MS. YOUNG prays for judgment against STANFORD HEALTH CARE as set forth below.

SEVENTH CAUSE OF ACTION

**Unfair Business Practices in Violation of
California Business and Profession Code § 17200, et seq.**

(Against STANFORD HEALTH CARE)

424. MS. YOUNG incorporates by reference each of the paragraphs of this Complaint as if fully stated herein.

425. STANFORD HEALTH CARE is a “person” as defined under California Business and Professions Code section 17201. Each of the directors, officers, and/or agents of STANFORD HEALTH CARE is equally responsible for the acts of the others as set forth in California Business and Professions Code section 17095.

426. California Business and Professions Code § 17200 prohibits unfair competition in the form of any unlawful, unfair or fraudulent business act or practice, including, but not limited to systemic FEHA and California Labor Code Section 1102.5 violations.

427. California Business and Professions Code § 17204 allows “any person acting for the interests of itself, its members or the general public” to prosecute a civil action for violation of Section 17200.

1 428. STANFORD HEALTH CARE's violations of California law, as set forth
2 above, including, but not limited to, STANFORD HEALTH CARE's retaliatory and
3 discriminatory intimidation of MS. YOUNG in Alameda County on March 28, 2024 by
4 trying to bully and coerce her into quitting her in violation of FEHA, and STANFORD
5 HEALTH CARE's continuation of said retaliation and discrimination in their ongoing
6 pattern and practice of systemic racial discrimination and retaliation under FEHA and
7 California Labor Code § 1102.5, which includes retaliation for MS. YOUNG blowing the
8 whistle on ongoing racism at STANFORD HEALTH CARE directed at patients, patient
9 endangerment issues, and STANFORD HEALTH CARE's physician's, managers', and
10 agents' violation of the law regarding requirements for obtaining patients' consent for
11 invasive procedures; and STANFORD HEALTH CARE's failure to pay wages for hours
12 suffered or permitted to work by MS. YOUNG while off-the-clock and at home in Alameda
13 County constitute unfair business acts and practices in violation of California Business and
14 Professions Code § 17200 et seq.

15 429. STANFORD HEALTH CARE's violations have resulted in their unlawful
16 financial gain by exploiting MS. YOUNG, and the general public that has entrusted
17 STANFORD HEALTH CARE with its medical care.

18 430. As a result of STANFORD HEALTH CARE's unfair business practices,
19 STANFORD HEALTH CARE has reaped unfair benefit, illegal competitive advantage, and
20 illegal profit at the expense of MS. YOUNG and other current and former similarly situated
21 employees, and the general public.

22 431. STANFORD HEALTH CARE's unfair business practices entitle MS.
23 YOUNG to seek preliminary and permanent injunctive relief, including, but not limited to
24 orders that STANFORD HEALTH CARE ceases racial discrimination and retaliation against
25 MS. YOUNG and restore to MS. YOUNG all compensation unlawfully withheld.

26 432. MS. YOUNG further requests that the Court issue a preliminary injunction
27 against STANFORD HEALTH CARE to prevent them from committing further violations
28 of the FEHA and the California Labor Code and the unfair business practices alleged herein.

433. MS. YOUNG acts in the public interest by exposing STANFORD HEALTH CARE's unfair business practices and seeking injunctive relief to remedy those practices. MS. YOUNG therefore requests an award of attorneys' fees and costs under California Code of Civil Procedure section 1021.5, and prejudgment interest pursuant to California Civil Code §§ 3287, 3288, 3291.

434. WHEREFORE, MS. YOUNG prays for judgment against STANFORD HEALTH CARE as set forth below.

VII. PRAYER FOR RELIEF

WHEREFORE, Plaintiff Qiquia Young prays for relief as follows:

1. Pain, suffering, personal injury according to proof;
2. General damages to Ms. Young's personal and professional reputations and employability;
3. General and special damages, including assumed damages, according to proof;
4. Loss of earnings and earning capacity, according to proof;
5. Prejudgment interest to the extent allowed by law;
6. A declaratory judgment that the practices complained of herein are unlawful and violate the California Labor Code, the California Fair Employment and Housing Act, and the California Business and Professions Code;
7. Costs of suit incurred herein, including expert witness costs;
8. Punitive and/or exemplary damages in an amount punish STANFORD DEFENDANTS and deter STANFORD DEFENDANTS, and each of them, from their illegal and tortious conduct;
9. Attorneys' fees in prosecuting this action;
10. Statutory damages; and
11. Any such other and further relief as the Court may deem just and proper.

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VIII. DEMAND FOR JURY TRIAL

Plaintiff Qiquia Young demands a jury trial on all issues so triable in the Complaint.

Dated: March 10, 2025

VILLARREAL HUTNER PC

By 

LARA VILLARREAL HUTNER
Attorneys for Plaintiff
QIQIUA YOUNG

EXHIBIT 1

FILED
ALAMEDA COUNTY

MAR 28 2024

CLERK OF THE SUPERIOR COURT

By  Deputy

**SUPERIOR COURT OF THE STATE OF CALIFORNIA
COUNTY OF ALAMEDA**

QIQUIIA YOUNG,

Plaintiff,

v.

THE LELAND STANFORD JUNIOR
UNIVERSITY, STANFORD HEALTH
CARE, and CHANRATH FLORES,

Defendants.

Case No. RG17877051

Hon. Karin Schwartz, Dept. 20

SPECIAL VERDICT FORM

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Your verdict in this case will consist of answers to the Questions stated below. At least nine (9) of you must agree on each Question and be able to state when you return to the courtroom that your vote is expressed in the answer of the verdict form. The same nine (9) jurors do not have to agree on each answer.

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1 4. Was Ms. Young harmed?

2 Answer: Yes ☒ No ☐

3 *If your answer is "Yes," go to the next Question. If your answer is "No," go to Question 6.*

4
5 5. Was (were) the adverse employment action(s) a substantial factor in causing Ms. Young's
6 harm?

7 Answer: Yes ☒ No ☐

8 *Please go to the next Question.*

9
10 **Work Environment Harassment**

11 **(Qiqiua Young v. Stanford University and/or Stanford Health Care)**

12 6. Was Ms. Young subjected to harassing conduct because of her race?

13 Answer: Yes ☒ No ☐

14 *If your answer is "Yes," go to the next Question. If your answer is "No," go to Question 14.*

15
16 7. Was the harassment severe or pervasive?

17 Answer: Yes ☒ No ☐

18 *If your answer is "Yes," go to the next Question. If your answer is "No," go to Question 14.*

19
20 8. Would a reasonable African American person in Ms. Young's circumstances have
21 considered the work environment to be hostile, intimidating, offensive, oppressive, or
22 abusive?

23 Answer: Yes ☒ No ☐

24 *If your answer is "Yes," go to the next Question. If your answer is "No," go to Question 14.*

25
26 9. Did Ms. Young consider the work environment to be hostile, intimidating, offensive,
27 oppressive, or abusive?

28 Answer: Yes ☒ No ☐

1 If your answer is "Yes," go to the next Question. If your answer is "No," go to Question 14.

2
3 10. Did Entity Defendant(s) and/or Ms. Young's supervisors know, or should they have known
4 of the harassing conduct?

5 Answer: Yes ☒ No ☐

6 If your answer is "Yes," go to the next Question. If your answer is "No," go to Question 14.

7
8 11. Did Entity Defendant(s) and/or any of their supervisors fail to take immediate and
9 appropriate corrective action?

10 Answer: Yes ☒ No ☐

11 If your answer is "Yes," go to the next Question. If your answer is "No," go to Question 14.

12
13 12. Was Ms. Young harmed?

14 Answer: Yes ☒ No ☐

15 If your answer is "Yes," go to the next Question. If your answer is "No," go to Question 14.

16
17 13. Was the harassing conduct a substantial factor in causing Ms. Young's harm?

18 Answer: Yes ☒ No ☐

19 Please go to the next Question.

20
21 **Retaliation**

22 **(Qiquia Young v. Stanford University and/or Stanford Health Care)**

23 14. Did Ms. Young engage in a protected activity by:

24 a. Making one or more complaints about race discrimination or harassment?

25 Answer: Yes ☒ No ☐

26 b. Being associated with a person who complained about race discrimination and/or race
27 harassment?

28 Answer: Yes ☒ No ☐

If your answer to Question 14a and/or 14b is "Yes," go to the next Question. If your answer to Questions 14a and 14b is "No," go to Question 19.

15. Was Ms. Young subjected to adverse employment action(s)?

Answer: Yes ☒ No ☐

If your answer is "Yes," go to the next Question. If your answer is "No," go to Question 19.

16. Were Ms. Young's complaint(s) about race discrimination, race-based harassment, and/or her association with a person who complained about race discrimination and/or race harassment, a substantial motivating reason for the adverse employment action(s)?

Answer: Yes ☒ No ☐

If your answer is "Yes," go to the next Question. If your answer is "No," go to Question 19.

17. Was Ms. Young harmed?

Answer: Yes ☒ No ☐

If your answer is "Yes," go to the next Question. If your answer is "No," go to Question 19.

18. Was (were) Entity Defendant(s)' adverse employment action(s) a substantial factor in causing harm to Ms. Young?

Answer: Yes ☒ No ☐

Please go to the next Question.

Failure to Prevent Discrimination, Harassment or Retaliation

(Qiquia Young v. Stanford University and/or Stanford Health Care)

Only answer Question 19 if your answer is "Yes" to Questions 5, 13 or 18. If your answer is "No" to all of those Questions, or you did not answer any of those Questions, go to Question 21.

19. Did Entity Defendant(s) fail to take all reasonable steps to prevent the discrimination, harassment or retaliation?

Answer: Yes ☒ No ☐

If your answer is "Yes," go to the next Question. If your answer is "No," go to Question 21.

20. Was (were) Entity Defendant(s)' failure to take all reasonable steps to prevent discrimination, harassment or retaliation a substantial factor in causing harm to Ms. Young?

Answer: Yes ☒ No ☐

Please go to the next Question.

Unlawful Whistleblower Retaliation – Violation of Labor Code Section 1102.5

(Qiqiua Young v. Stanford University and/or Stanford Health Care)

21. Did Ms. Young disclose, or did Entity Defendant(s) believe that Ms. Young had disclosed or might disclose, patient care issues or events to: (a) a government agency, (b) a person with authority over Ms. Young, or (c) an employee with authority to investigate, discover or correct legal violations?

Answer: Yes ☒ No ☐

Please go to the next Question.

22. Did Ms. Young disclose, or did Entity Defendant(s) believe that Ms. Young had disclosed or might disclose, conduct she believed to be race discrimination, harassment, or retaliation to: (a) a government agency, (b) a person with authority over Ms. Young, or (c) an employee with authority to investigate, discover or correct legal violations?

Answer: Yes ☒ No ☐

If your answer is "Yes," to either Question 21 or Question 22, go to the next Question. If your answer is "No," to both Questions 21 and 22, go to Question 28.

23. Did Ms. Young have reasonable cause to believe that the information she disclosed was a violation of state or federal law, rule or regulation?

Answer: Yes ☒ No ☐

If your answer is "Yes," go to the next Question. If your answer is "No," go to Question 28.

24. Was Ms. Young subjected to adverse employment action(s) by Entity Defendant(s)?

Answer: Yes ☒ No ☐

If your answer is "Yes," go to the next Question. If your answer is "No," go to Question 28.

25. Was Ms. Young's disclosure of information a contributing factor in any adverse employment action(s) by Entity Defendant(s)?

Answer: Yes ☒ No ☐

If your answer is "Yes," go to the next Question. If your answer is "No," go to Question 28.

26. Was Ms. Young harmed?

Answer: Yes ☒ No ☐

If your answer is "Yes," go to the next Question. If your answer is "No," go to Question 28.

27. Was (were) the Entity Defendant(s)' adverse employment action(s) a substantial factor in causing harm to Ms. Young?

Answer: Yes ☒ No ☐

Please go to the next Question.

Defamation

(Qiquia Young v. Stanford Health Care)

28. Did Stanford Health Care send an email to others with the subject line, "An important message from SHC CEO David Entwistle" dated September 29, 2017?

Answer: Yes ☒ No ☐

1 If your answer is "Yes," go to the next Question. If your answer is "No," go to Question 36.

2
3 29. Did one or more recipient(s) reasonably understand that the email was about Ms. Young?

4 Answer: Yes ☒ No ☐

5 If your answer is "Yes," go to the next Question. If your answer is "No," go to Question 36.

6
7 30. Did one or more recipient(s) reasonably understand the email to mean:

8 a. That Ms. Young was untruthful, unscrupulous, or dishonest; or

9 b. That Ms. Young was dishonest in her reports of events of racism; or

10 c. That Ms. Young was dishonest in her reports of events concerning patient
11 safety issues?

12 Answer: Yes ☒ No ☐

13 If your answer is "Yes," go to the next Question. If your answer is "No" go to Question 36.

14
15 31. Was the content of the email with the subject line, "An important message from SHC CEO
16 David Entwistle" dated September 29, 2017 substantially true?

17 Answer: Yes ☐ No ☒

18 If your answer is "No," go to the next Question. If your answer is "Yes," go to Question 36.

19
20 32. Did Stanford Health Care fail to use reasonable care to determine the truth or falsity of the
21 email's content?

22 Answer: Yes ☒ No ☐

23 If your answer is "Yes," go to the next Question. If your answer is "No," go to Question 36.

24
25 **ACTUAL DAMAGES**

26 33. Was Stanford Health Care's conduct in sending the email a substantial factor in causing
27 Ms. Young actual harm?

28 Answer: Yes ☒ No ☐

If your answer to Question 33 is "Yes," then answer the next question. If you answered "No," skip Questions 34 and 35 and go to Question 36.

34. What are Ms. Young's damages against Stanford Health Care for:

a. Harm to Ms. Young's property, business, trade, profession, or occupation?

\$ 750,000

b. Harm to Ms. Young's reputation?

\$ 1,250,000

c. Shame, mortification, or hurt feelings?

\$ 2,000,000

TOTAL

\$ 4,000,000

If Ms. Young has not proved any actual damages for harms (a)-(c), answer the next Question. If Ms. Young has proved actual damages, then skip Question 35 and answer Question 36.

ASSUMED DAMAGES

35. What are the damages you award Ms. Young against Stanford Health Care for the assumed harm to her reputation and for shame, mortification, or hurt feelings? You must award at least a nominal sum.

\$ 1,400,000

Please go to the next Question.

Defamation

(Qiqiua Young v. Stanford University)

36. Did Stanford University send an email to others with the subject line, "An important message from SHC CEO David Entwistle" dated September 29, 2017?

Answer: Yes ☒ No ☐

If your answer is "Yes," go to the next Question. If your answer is "No," go to Question 44.

37. Did one or more recipient(s) reasonably understand that the email was about Ms. Young?

Answer: Yes ☒ No ☐

If your answer is "Yes," go to the next Question. If your answer is "No," go to Question 44.

38. Did one or more recipient(s) reasonably understand the email to mean:

- a. That Ms. Young was untruthful, unscrupulous, or dishonest; or
- b. That Ms. Young was dishonest in her reports of events of racism; or
- c. That Ms. Young was dishonest in her reports of events concerning patient safety issues?

Answer: Yes ☒ No ☐

If your answer is "Yes," go to the next Question. If your answer is "No," go to Question 44.

39. Was the content of the email with the subject line, "An important message from SHC CEO David Entwistle" dated September 29, 2017 substantially true [note: must be same as answer to Question 31 if answered]?

Answer: Yes ☐ No ☒

If your answer is "No," go to the next Question. If your answer is "Yes," go to Question 44.

40. Did Stanford University fail to use reasonable care to determine the truth or falsity of the email's content?

Answer: Yes ☒ No ☐

If your answer is "Yes," go to the next Question. If your answer is "No," go to Question 44.

ACTUAL DAMAGES

41. Was Stanford University's conduct in sending the email a substantial factor in causing Ms. Young actual harm?

Answer: Yes ☒ No ☐

If your answer to Question 41 is "Yes," then answer the next question. If you answered "No," skip Questions 42 and 43 and go to Question 44.

42. What are Ms. Young's damages against Stanford University for:

a. Harm to Ms. Young's property, business, trade, profession, or occupation?

\$ 450,000

b. Harm to Ms. Young's reputation?

\$ 950,000

c. Shame, mortification, or hurt feelings?

\$ 1,200,000

TOTAL

\$ 2,600,000

If Ms. Young has not proved any actual damages for harms (a)-(c), answer the next Question. If Ms. Young has proved actual damages, then skip the next Question and go to Question 44.

ASSUMED DAMAGES

43. What are the damages you award Ms. Young against Stanford University for the assumed harm to her reputation and for shame, mortification, or hurt feelings? You must award at least a nominal sum.

\$ 1,000,000

Please go to the next Question.

Battery

(Qiquia Young v. Chanrath (Shawna) Flores)

44. Did Ms. Flores touch Ms. Young or cause her to be touched with the intent to harm or offend?

Answer: Yes _____ No ☒

If your answer is "Yes," go to the next Question. If your answer is "No," go to Question 49 and follow the directions.

45. Did Ms. Young consent to be touched?

Answer: Yes _____ No _____

If your answer is "No," go to the next Question. If your answer is "Yes," go to Question 49 and follow the directions.

46. Was Ms. Young harmed or offended by the conduct?

Answer: Yes _____ No _____

If your answer is "Yes," go to the next Question. If your answer is "No," go to Question 49 and follow the directions.

47. Would a reasonable person in Ms. Young's situation have been offended by the touching?

Answer: Yes _____ No _____

Please go to the next Question and follow the directions.

DAMAGES

(Qiquia Young v. Chanrath (Shawna) Flores)

Only answer Question 48 if your answer is "Yes" to Question 47 as to Ms. Flores.

48. What are Ms. Young's damages as to Ms. Flores?

Past non-economic damages: \$ _____

Future non-economic damages: \$ _____

TOTAL: \$ _____

Please go to the next Question and follow the directions.

(Qiquia Young v. Stanford University and/or Stanford Health Care)

Only answer Question 49 if your answer is "Yes" to Questions 5, 13, 18, 20, or 27. If your answer is "No" to Questions 5, 13, 18, 20, and 27 or you did not answer *any* of those Questions, do not answer Question 49, and go to Question 50 and follow the directions.

Please add up and state the total amount of damages to be awarded to Ms. Young on the causes of action to which your answer is "Yes" and found liability against Stanford University and/or Stanford Health Care. (*Note:* If you decide that Ms. Young prevails on more than one of the above causes of action and if the damages she suffered on different causes of action are the same, count that damage only once. Do not award duplicative damages.)

49. What are Ms. Young's damages as to Stanford University and/or Stanford Health Care (only as to Stanford University if you answered "Yes" to Question 1 on the issue of joint employment)?

Past non-economic damages:

\$ 2,000,000

Future non-economic damages:

\$ 4,000,000

TOTAL:

\$ 6,000,000

Go to the next Question and follow the directions.

PUNITIVE DAMAGES

(Qiqiua Young v. Stanford University and/or Stanford Health Care)

Only answer Question 50, if you answered "Yes," (or filled in an amount) to Questions 5, 13, 18, 20, 27, 34, 35 or 49 concerning Stanford Health Care. If you did not, do not answer Question 50 and go to Question 51 and follow the instructions.

50. Did Ms. Young prove by clear and convincing evidence that a director, officer, or managing agent of Stanford Health Care acted with malice, oppression, or fraud in the conduct upon which you base your finding of liability against it?

Answer: Yes ☒ No ☐

Only answer Question 51 if you answered "Yes" (or filled in an amount) to Questions 5, 13, 18, 20, 27, 42, 43, or 49 concerning Stanford University. If you did not, do not answer Question 51 and the Presiding Juror is to date and sign below and return to the courtroom.

1 51. Did Ms. Young prove by clear and convincing evidence that a director, officer, or
2 managing agent of Stanford University acted with malice, oppression, or fraud in the
3 conduct upon which you base your finding of liability against it?

4 Answer: Yes ✓ No

5
6 *You have now completed this verdict form. Please have the Presiding Juror date and sign*
7 *and return to the courtroom.*

8
9 Dated: 3/28/24 Print Name: Scott K. Leathers
10 Signature: [Signature]
11 PRESIDING JUROR

1 51. Did Ms. Young prove by clear and convincing evidence that a director, officer, or
2 managing agent of Stanford University acted with malice, oppression, or fraud in the
3 conduct upon which you base your finding of liability against it?

4 Answer:

Yes

☒

No

☒

← incorrect

5 Final Answer

6 *You have now completed this verdict form. Please have the Presiding Juror date and sign*
7 *and return to the courtroom.*

8
9 Dated:

3/28/24

Print Name:

Scott K. Leathers

10 Signature:

Scott K. Leathers

11 PRESIDING JUROR

EXHIBIT 2

----- Forwarded message -----

From: Young, Qiquia <QYoung@stanfordhealthcare.org>
Date: Fri, Sep 29, 2017 at 12:31 PM
Subject: FW: An important message from SHC CEO David Entwistle
To: qyoung5@gmail.com <qyoung5@gmail.com>

From: Message from SHC President and CEO David Entwistle
[mailto:shcexecutiveoffices@stanfordhealthcare.org]
Sent: Friday, September 29, 2017 12:20 PM
To: Young, Qiquia
Subject: An important message from SHC CEO David Entwistle

Office of the CEO



Stanford
HEALTH CARE

September 29, 2017

Dear Colleagues,

I am writing in relation to media coverage you may have seen this week regarding a Stanford Health Care employee. I want to ensure that you have the facts about this unfortunate situation.

A lawsuit has been filed by a current employee with allegations of racism and patient safety issues that are grossly exaggerated and largely inaccurate. SHC is fully committed to a diverse, respectful, and inclusive workplace, and not only encourages, but requires, all employees to raise concerns that they believe may affect the patient experience or the workplace.

Contrary to what you may see in the media, SHC has been extremely proactive in addressing the employee's concerns.

- Although the employee filing the suit was shown a photo of another employee covered in a sheet in 2014, all of the employees involved in that incident were terminated by SHC, including those who merely saw the photo and did not report it to management.
- I, and the Dean of the School of Medicine at Stanford, have personally met with Cancer Center leaders and faculty to deliver the broader message that, while SHC did the right thing to terminate all those involved in the 2014 incident, such behavior -- regardless of whether it is intended as a prank or an act of hate -- will never be tolerated at SHC. I have conveyed, and will continue to convey, that SHC has zero tolerance for conduct that promotes disrespect of another's race, culture, gender or lifestyle, and anyone who learns of any behavior which is offensive, demeaning or hurtful, needs to act on it immediately using the many resources SHC has, including through HR and leadership.

- Finally, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), an independent agency that certifies and accredits health care organizations, has investigated those issues raised by the employee and found that either there was no issue, or that SHC had resolved the issue. No action has ever been taken against SHC for the purported safety issues raised by the employee. SHC is fully dedicated to patient safety and takes aggressive proactive efforts to ensure safe and quality care.

At every turn, SHC has responded proactively and lawfully when this employee raised concerns about her workplace and SHC will vigorously defend this lawsuit. Although the lawsuit also names Stanford University as a defendant, the actions the employee claims happened to her arise from her employment by SHC and do not involve the University.

I regret that it is necessary to communicate broadly about any individual SHC employee; however, the media coverage in relation to this lawsuit requires that our community receive this information.

The essential values represented throughout Stanford Medicine are important to all of us and I appreciate your continued commitment to ensuring they are upheld.

David Entwistle
President & CEO

Stanford Health Care, [300 Pasteur Drive, Stanford, CA 94305](#)

[SafeUnsubscribe™ qyoung@stanfordhealthcare.org](#)

[Forward this email](#) | [About our service provider](#)

Sent by [shcexecutiveoffices@stanfordhealthcare.org](#)

EXHIBIT 3

VILLARREAL HUTNER PC
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Facsimile: 916.635.9159

Attorneys for Plaintiff
QIQIUIA YOUNG

SUPERIOR COURT OF CALIFORNIA
COUNTY OF ALAMEDA
RENE C. DAVIDSON COURTHOUSE

QIQIUIA YOUNG,

Plaintiff,

v.

THE LELAND STANFORD JUNIOR
UNIVERSITY, STANFORD HEALTH
CARE, STANFORD HOSPITAL AND
CLINICS, CHANRATH FLORES and DOES
1 through 50, inclusive,

Defendants.

Case No. RG17877051

**PLAINTIFF QIQIUIA YOUNG'S
REQUESTS FOR PRODUCTION OF
DOCUMENTS, SET SIX, TO
DEFENDANT STANFORD HEALTH
CARE**

PROPOUNDING PARTY: Plaintiff QIQIUIA YOUNG

RESPONDING PARTY: Defendant STANFORD HEALTH CARE

SET NO.: SIX

1 **TO DEFENDANT STANFORD HEALTH CARE AND ITS ATTORNEYS OF RECORD:**

2 PLEASE TAKE NOTICE that pursuant to California Code of Civil Procedure sections
3 2031.010, *et seq.*, Plaintiff Qiquia Young hereby requests that Defendant Stanford Health Care
4 produce copies of those documents specified below that are, as of the date of service, in Defendant
5 Stanford Health Care's possession, custody, or control, at the offices of Villarreal Hutner PC, 423
6 Washington Street, Suite 300, San Francisco, California 94111, or at such other place as the
7 parties may agree. Defendant Stanford Health Care shall serve a written response no later than
8 thirty (30) days after service of these requests. The inspection and copying will continue from day
9 to day, holidays and weekends excluded, until completed.

10 **DEFINITIONS AND INSTRUCTIONS**

11 The terms below shall have the following meanings unless otherwise indicated:

12 1. "DEFENDANT STANFORD HEALTH CARE" means DEFENDANT
13 STANFORD HEALTH CARE, formerly known as STANFORD HOSPITAL AND CLINICS,
14 and any agents, employees, representatives, officers, directors, trustees, and attorneys acting on
15 DEFENDANT STANFORD HEALTH CARE's behalf.

16 2. "DEFENDANT" or "SHC" or "YOU" or "YOUR" means DEFENDANT
17 STANFORD HEALTH CARE, formerly known as STANFORD HOSPITAL AND CLINICS,
18 and any agents, employees, representatives, officers, directors, trustees, and attorneys acting on
19 DEFENDANT STANFORD HEALTH CARE's behalf, or on behalf of STANFORD HOSPITAL
20 AND CLINICS.

21 3. "PLAINTIFF" or "MS. YOUNG" means Plaintiff Qiquia Young.

22 4. "COMMUNICATION" refers to any written or electronic transmittal of
23 information or statement, whether transmitted by electronic mail, by facsimile, by mail or by any
24 other means.

25 5. As used herein, "DOCUMENT(S)" means a writing, as defined in California
26 Evidence Code section 250, and shall include, without limitation, the original, or, if the original is
27 not reasonably within the possession, custody and/or control of DEFENDANT STANFORD
28 HEALTH CARE (or any entity affiliated with DEFENDANT STANFORD HEALTH CARE), a

1 copy thereof. "DOCUMENT(S)" shall include, but are not limited to, handwritten, typewritten,
2 printed, photostatted, photographed, and/or recorded items such as, for example, diaries, journals,
3 letters, memoranda, electronic mail ("e-mail"), tapes, tape recordings, audio recordings, computer
4 discs, computer screen prints, telegrams, contracts, notes, books, financial statements, tax returns,
5 drafts, records, maps, drawings, photographs, voice-mail recordings, transcripts of tape recordings,
6 correspondence, telexes, telecopies, facsimiles, publications, agreements, insurance policies,
7 papers, reports, calendars, statements, corporate minutes, ledgers, summaries, agendas, work
8 orders, repair orders, bills, invoices, receipts, estimates, evaluations, personnel files, diplomas,
9 certificates, instructions, manuals, bulletins, advertisements, periodicals, accounting records,
10 checks, check stubs, check registers, canceled checks, money orders, negotiable instruments, data
11 processing cards, and electronic, magnetic and digital media of any form (including any copies of
12 all such DOCUMENTS where such copy contains any commentary, notation, mark or matter of
13 any kind that does not appear on the original). If any DOCUMENT requested below was, but no
14 longer is, in YOUR possession, custody and/or control, then please state what disposition was
15 made of it in YOUR response.

16 6. If any DOCUMENT is withheld by YOU under a claim of privilege or on some
17 other basis, YOU are required to identify each DOCUMENT by providing a register or log that
18 contains the following information:

- 19 (a) The number of the request to which the DOCUMENT is responsive;
- 20 (a) A description of the DOCUMENT and its contents stated with sufficient
21 particularity to enable PLAINTIFF and the Court to identify the DOCUMENT and its subject
22 matter for purposes of a motion to compel production of the DOCUMENT;
- 23 (b) The date, if any, the DOCUMENT bears;
- 24 (c) The identity(ies) and position(s) of the author(s) of the DOCUMENT;
- 25 (d) The identity(ies) and position(s) of the recipient(s) of the DOCUMENT;
- 26 (e) The privilege or other basis claimed for withholding the DOCUMENT; and
27 (f) The present location of the DOCUMENT.

28 7. "PERSON" means and includes any natural person, partnership, joint venture,

1 cooperative or unincorporated association, public or private corporation, public entity or other
2 entity, or any affiliate, officer, director, employee, agent, trustee, representative, or attorneys of the
3 foregoing.

4 In responding to these Requests, DEFENDANT STANFORD HEALTH CARE is
5 instructed as follows:

6 1. Duplicates of the original DOCUMENTS and things may be produced in lieu of the
7 original documents.

8 2. This demand is made on the ground that each DOCUMENT requested is relevant to
9 the subject matter of this action and/or reasonably calculated to lead to the discovery of admissible
10 evidence.

11 3. Failure to comply with this demand will result in a formally noticed motion to
12 compel production of each item, and all costs incurred in bringing said motion will be sought.

13 4. In producing DOCUMENTS, YOU will be required to furnish all DOCUMENTS
14 in YOUR custody or control, regardless of whether such DOCUMENTS are possessed directly by
15 YOU or by YOUR agents, employees, representatives or investigators, or by YOUR attorneys or
16 their agents, employees, representatives or investigators.

17 5. File folders, binders or other DOCUMENT storage devices, including any tabs or
18 labels that may be affixed thereto, which contain or otherwise organize DOCUMENTS called for
19 below in the section entitled "REQUESTS FOR PRODUCTION" must be produced intact with
20 such DOCUMENTS.

21 6. If YOU object to the production of any DOCUMENTS, please set forth specifically
22 the nature of YOUR objection(s).

23 7. A representation of inability to comply with a particular Request shall affirm that a
24 diligent search and a reasonable inquiry have been made in effort to comply with that Request.
25 The statement shall also specify whether the inability to comply is because the particular item or
26 category has never existed, has been destroyed, has been lost, misplaced, or stolen, or never has
27 been, or no longer is, in YOUR possession, custody, or control.

1 **REQUESTS FOR PRODUCTION**

2 **REQUEST FOR PRODUCTION NO. 247:**

3 Produce a copy of the “media holding statement” referenced in Shelley Herbert’s
4 9/24/2017 email to David Entwistle in the document marked in this litigation as SHC-
5 PRIV003035.

6 **REQUEST FOR PRODUCTION NO. 248:**

7 Produce all DOCUMENTS or COMMUNICATIONS between SHC and any news/ media
8 outlet referencing MS. YOUNG or the lawsuit she filed [Alameda County Case No.
9 RG17877051], or the response(s) of SHC or The Board of Trustees of the Leland Stanford Junior
10 University or Stanford Medicine to MS. YOUNG’s lawsuit or claims.

11 **REQUEST FOR PRODUCTION NO. 249:**

12 Produce all DOCUMENTS sent by SHC to news/media outlet KTVU, or to Lisa
13 Fernandez of KTVU, that named PLAINTIFF or were about PLAINTIFF’s lawsuit or claims
14 [Alameda County Case No. RG17877051] or were about the response(s) of SHC or The Board of
15 Trustees of the Leland Stanford Junior University or Stanford Medicine to PLAINTIFF’s lawsuit
16 or claims, including, but not limited to, any media statement that named MS. YOUNG.

17 **REQUEST FOR PRODUCTION NO. 250:**

18 Produce all DOCUMENTS received by SHC from news/media outlet KTVU, or Lisa
19 Fernandez of KTVU, that named PLAINTIFF or were about PLAINTIFF’s lawsuit or claims
20 [Alameda County Case No. RG17877051], or were about the response(s) of SHC or The Board of
21 Trustees of the Leland Stanford Junior University or Stanford Medicine to PLAINTIFF’s lawsuit
22 or claims.

23 **REQUEST FOR PRODUCTION NO. 251:**

24 Produce all DOCUMENTS sent to or from SHC’s media office/department regarding
25 COMMUNICATIONS with any news/media outlet, including, but not limited to, KTVU, or Lisa
26 Fernandez of KTVU, about PLAINTIFF’s lawsuit or claims [Alameda County Case No.
27 RG17877051], or the response(s) of SHC or The Board of Trustees of the Leland Stanford Junior
28 University or Stanford Medicine to PLAINTIFF’s lawsuit or claims.

1 **REQUEST FOR PRODUCTION NO. 252:**

2 Produce all SHC policies, rules, or guidelines effective at any time from January 1, 2017 to
3 the present that establish or discuss how SHC is to respond to news/media inquiries on issues
4 involving SHC or Stanford Medicine.

5 **REQUEST FOR PRODUCTION NO. 253:**

6 Produce all DOCUMENTS that discuss or reference any strategy or approach to
7 responding to any inquiry from any news/media outlet, about PLAINTIFF's lawsuit or claims
8 [Alameda County Case No. RG17877051], or the response(s) of SHC or The Board of Trustees of
9 the Leland Stanford Junior University or Stanford Medicine to PLAINTIFF's lawsuit or claims.

10 **REQUEST FOR PRODUCTION NO. 254:**

11 Produce all DOCUMENTS that discuss or reference any news/media outlet inquiry,
12 including, but not limited to, KTVU, or Lisa Fernandez of KTVU, about PLAINTIFF's lawsuit or
13 claims [Alameda County Case No. RG17877051], or the response(s) of SHC or The Board of
14 Trustees of the Leland Stanford Junior University or Stanford Medicine to PLAINTIFF's lawsuit
15 or claims.

16
17 Dated: April 18, 2023

By



LARA VILLARREAL HUTNER
CHRISTOPHER H. WHELAN

Attorneys for Plaintiff
QIQIUIA YOUNG

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Attorneys for Plaintiff
QIQIUIA YOUNG

SUPERIOR COURT OF CALIFORNIA
COUNTY OF ALAMEDA
RENE C. DAVIDSON COURTHOUSE

QIQIUIA YOUNG,
Plaintiff,

v.

THE LELAND STANFORD JUNIOR
UNIVERSITY, STANFORD HEALTH
CARE (formerly known as STANFORD
HOSPITAL AND CLINICS), CHANRATH
FLORES and DOES 1 through 50, inclusive,
Defendants.

Case No. RG17877051
The Honorable Karin Schwartz
Dept. 20

PROOF OF SERVICE

Action Filed: September 28, 2017
TAC Filed: December 18, 2019
Trial Date: October 6, 2023

1 **PROOF OF SERVICE**

2 At the time of service, I was over 18 years of age and not a party to this action. I am
3 employed in the County of San Francisco, State of California. My business address is 423
Washington Street, Suite 300, San Francisco, CA 94111.

4 On April 18, 2023 I served true copies of the following document(s) described as

- 5 • **PLAINTIFF QIQIUIA YOUNG'S REQUESTS FOR PRODUCTION OF**
6 **DOCUMENTS, SET SIX, TO DEFENDANT STANFORD HEALTH CARE**
- 7 • **PLAINTIFF QIQIUIA YOUNG'S REQUESTS FOR PRODUCTION OF**
8 **DOCUMENTS, SET FIVE, TO DEFENDANT THE BOARD OF TRUSTEES OF**
9 **THE LELAND STANFORD JUNIOR UNIVERSITY**
- 10 • **PLAINTIFF QIQIUIA YOUNG'S SPECIAL INTERROGATORIES, SET SIX, TO**
11 **DEFENDANT STANFORD HEALTH CARE [AND EXHIBITS A-B]**
- 12 • **DECLARATION OF LARA VILLARREAL HUTNER FOR ADDITIONAL**
13 **DISCOVERY RE PLAINTIFF QIQIUIA YOUNG'S SPECIAL**
14 **INTERROGATORIES, SET SIX, TO DEFENDANT STANFORD HEALTH CARE**
- 15 • **PLAINTIFF QIQIUIA YOUNG'S SPECIAL INTERROGATORIES, SET SIX, TO**
16 **DEFENDANT THE BOARD OF TRUSTEES OF THE LELAND STANFORD**
17 **JUNIOR UNIVERSITY [AND EXHIBITS A-B]**
- 18 • **DECLARATION OF LARA VILLARREAL HUTNER FOR ADDITIONAL**
19 **DISCOVERY RE PLAINTIFF QIQIUIA YOUNG'S SPECIAL**
20 **INTERROGATORIES, SET SIX, TO DEFENDANT STANFORD UNIVERSITY**

21 on the interested parties in this action as follows:

22 *Attorneys for Defendant The Board of Trustees of The Leland Stanford Junior University, Stanford*
23 *Health Care and Chanrath Flores*

24 Michael D. Bruno, Esq.
25 Alyson S. Cabrera, Esq.
26 Pamela Y. Ng, Esq.
27 GORDON REES SCULLY MANSUKHANI, LLP
28 Embarcadero Center West
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Email: mbruno@grsm.com
Email: acabrera@grsm.com
Email: png@grsm.com

///

///

///

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9 **X BY E-MAIL OR ELECTRONIC TRANSMISSION:** I caused a copy of the
10 document(s) to be sent from e-mail address aarnall@vhattorneys.com to the persons at the e-mail
11 addresses listed in the Service List. I did not receive, within a reasonable time after the
transmission, any electronic message or other indication that the transmission was unsuccessful.

12 I declare under penalty of perjury under the laws of the State of California that the
13 foregoing is true and correct.

14 Executed on April 18, 2023 at Pinole, California.

15 

16 Amanda L. Arnall

EXHIBIT 4

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Attorneys for Defendants
THE BOARD OF TRUSTEES OF THE LELAND
STANFORD JUNIOR UNIVERSITY,
STANFORD HEALTH CARE (FORMERLY
KNOWN AS STANFORD HOSPITAL &
CLINICS) AND CHANRATH FLORES

SUPERIOR COURT OF THE STATE OF CALIFORNIA

IN AND FOR THE COUNTY OF ALAMEDA

QIQIUIA YOUNG,)	Case No. RG17877051
)	
Plaintiff,)	DEFENDANT STANFORD HEALTH
)	CARE'S SECOND AMENDED RESPONSE
vs.)	TO PLAINTIFF'S REQUEST FOR
)	PRODUCTION OF DOCUMENTS, SET
THE LELAND STANFORD JUNIOR)	SIX
UNIVERSITY; STANFORD HEALTH)	
CARE, STANFORD HOSPITAL AND)	
CLINICS, CHANRATH FLORES, and)	
DOES 1 through 50, inclusive,)	
)	
Defendants.)	

PROPOUNDING PARTY: QIQIUIA YOUNG
RESPONDING PARTY: STANFORD HEALTH CARE
SET NUMBER: SIX

PRELIMINARY STATEMENT

Defendant STANFORD HEALTH CARE (formerly known as “STANFORD HOSPITAL AND CLINICS”) (“Defendant”) has not completed its investigation in this case, has not completed discovery and has not completed preparation for trial. All of the responses contained herein are based only on such information that is presently available to and specifically known to Defendant. It is anticipated that further discovery, independent investigation, and legal research and analysis will supply additional facts, add additional meaning to the known facts, as well as establish entirely new factual conclusions and legal contentions, all of which may lead to substantial additions to, changes in, and variations from the responses herein set forth.

The following responses are given without prejudice to Defendant’s rights to produce evidence of any subsequently discovered fact or facts that it may later develop. The responses contained herein are made in a good faith effort to supply as much information as is presently known, but should in no way be to the prejudice of the Defendant in relation to further discovery, research or analysis.

Defendant objects to any Request that requires production of information and/or documents that are protected by the attorney-client privilege, a joint defense privilege, that were prepared in anticipation of litigation, or that reflect mental impressions, conclusions, opinions, legal theories or other work product of Defendant’s attorneys. Information and documents protected by the attorney-client privilege, a joint defense privilege, and/or attorney work product doctrine will not be produced.

Defendant objects to any Request that seeks information and/or documents that are not relevant to the subject matter of this action or reasonably calculated to lead to the discovery of admissible evidence.

In the event that any of Plaintiff’s Requests seek information and/or documents pertaining to individuals other than Plaintiff, Defendant objects to disclosure of medical, personnel, personal or private information on the grounds of third-party privacy. Such information and documentation will not be produced.

Pursuant to the discovery referee’s guidance, Defendant will not, and has not, search(ed)

1 HIPAA-protected patient files, peer review privilege-protected files nor communications with
2 Defendant's outside lawyers in this litigation. Pursuant to the Discovery Referee's guidance,
3 presenting this objection here rather than in the body of each response, preserves these objections
4 such that their absence from the body of each response cannot and will not in any way be
5 considered a waiver of the peer-review privilege, the attorney-client privilege and/or the
6 privacy/HIPAA protection inherent in writings related to patient care and medical records.

7 The foregoing statements are incorporated into each objection or response to each
8 Request set forth below.

9 **AMENDED RESPONSE TO REQUEST FOR PRODUCTION**

10 **REQUEST FOR PRODUCTION NO. 248:**

11 Produce all DOCUMENTS or COMMUNICATIONS between SHC and any news/
12 media outlet referencing MS. YOUNG or the lawsuit she filed [Alameda County Case No.
13 RG17877051], or the response(s) of SHC or The Board of Trustees of the Leland Stanford Junior
14 University or Stanford Medicine to MS. YOUNG's lawsuit or claims.

15 **RESPONSE TO REQUEST NO. 248:**

16 This request is vague, ambiguous, and overbroad as to the terms "DOCUMENTS,"
17 "media outlet," "Stanford Medicine," and "claims." Defendant objects that the request is outside
18 the limits and scope directed by discovery referee Judge Warren, including that it pertains to
19 allegations not raised in the Third Amended Complaint. Defendant objects to this request as
20 unduly burdensome and harassing because it is duplicative and covered by other discovery
21 requests served on Defendant, including but not limited to Requests for Production Nos. 12, 18,
22 19, 20, 21, 22, 23, 24, 38, 41, 42, 43, 44, 45, 46, 122, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144,
23 145, 146, 149, 150, 151, 152, 153, 155, 156. Moreover, this request seeks information that is not
24 relevant and not reasonably calculated to lead to the discovery of admissible evidence. Plaintiff
25 has made no allegation concerning communications with any news/media outlet, thus it is
26 outside the scope of the Third Amended Complaint. Subject to and without waiving these
27 objections and pursuant to Judge Warren's Discovery Management Recommendation No. 5,
28 Defendant responds as follows:

Defendant will produce all responsive documents in its possession, custody, or control.

SECOND AMENDED RESPONSE TO REQUEST NO. 248:

This request is vague, ambiguous, and overbroad as to the terms “DOCUMENTS,” “media outlet,” “Stanford Medicine,” and “claims.” Defendant objects that the request is outside the limits and scope directed by discovery referee Judge Warren, including that it pertains to allegations not raised in the Third Amended Complaint. Defendant objects to this request as unduly burdensome and harassing because it is duplicative and covered by other discovery requests served on Defendant, including but not limited to Requests for Production Nos. 12, 18, 19, 20, 21, 22, 23, 24, 38, 41, 42, 43, 44, 45, 46, 122, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 149, 150, 151, 152, 153, 155, 156. Moreover, this request seeks information that is not relevant and not reasonably calculated to lead to the discovery of admissible evidence. Plaintiff has made no allegation concerning communications with any news/media outlet, thus it is outside the scope of the Third Amended Complaint. Subject to and without waiving these objections and pursuant to Judge Warren’s Discovery Management Recommendation No. 5 and recent direction, Defendant responds as follows:

Defendant has produced all responsive documents in its possession, custody, or control. Responsive documents can be found in Stanford Health Care’s document production at SHC011325.

REQUEST FOR PRODUCTION NO. 249:

Produce all DOCUMENTS sent by SHC to news/media outlet KTVU, or to Lisa Fernandez of KTVU, that named PLAINTIFF or were about PLAINTIFF’s lawsuit or claims [Alameda County Case No. RG17877051] or were about the response(s) of SHC or The Board of Trustees of the Leland Stanford Junior University or Stanford Medicine to PLAINTIFF’s lawsuit or claims, including, but not limited to, any media statement that named MS. YOUNG.

RESPONSE TO REQUEST NO. 249:

This request is vague, ambiguous, and overbroad as to the terms “DOCUMENTS,” “Stanford Medicine,” “claims,” and “media statement.” Defendant objects that the request is outside the limits and scope directed by discovery referee Judge Warren, including that it

pertains to allegations not raised in the Third Amended Complaint. Defendant objects to this request as unduly burdensome and harassing because it is duplicative and covered by other discovery requests served on Defendant, including but not limited to Requests for Production Nos. 12, 18, 19, 20, 21, 22, 23, 24, 38, 41, 42, 43, 44, 45, 46, 122, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 149, 150, 151, 152, 153, 155, 156, and 248. Moreover, this request seeks information that is not relevant and not reasonably calculated to lead to the discovery of admissible evidence. Plaintiff has made no allegation concerning communications with KTVU or “any media statement,” thus it is outside the scope of the Third Amended Complaint. Subject to and without waiving these objections and pursuant to Judge Warren’s Discovery Management Recommendation No. 5, Defendant responds as follows:

Defendant will produce all responsive documents in its possession, custody, or control.

SECOND AMENDED RESPONSE TO REQUEST NO. 249:

This request is vague, ambiguous, and overbroad as to the terms “DOCUMENTS,” “Stanford Medicine,” “claims,” and “media statement.” Defendant objects that the request is outside the limits and scope directed by discovery referee Judge Warren, including that it pertains to allegations not raised in the Third Amended Complaint. Defendant objects to this request as unduly burdensome and harassing because it is duplicative and covered by other discovery requests served on Defendant, including but not limited to Requests for Production Nos. 12, 18, 19, 20, 21, 22, 23, 24, 38, 41, 42, 43, 44, 45, 46, 122, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 149, 150, 151, 152, 153, 155, 156, and 248. Moreover, this request seeks information that is not relevant and not reasonably calculated to lead to the discovery of admissible evidence. Plaintiff has made no allegation concerning communications with KTVU or “any media statement,” thus it is outside the scope of the Third Amended Complaint. Subject to and without waiving these objections and pursuant to Judge Warren’s Discovery Management Recommendation No. 5 and recent direction, Defendant responds as follows:

Defendant has produced all responsive documents in its possession, custody, or control. Responsive documents can be found in Stanford Health Care’s document production at SHC011325.

REQUEST FOR PRODUCTION NO. 251:

Produce all DOCUMENTS sent to or from SHC's media office/department regarding COMMUNICATIONS with any news/media outlet, including, but not limited to, KTVU, or Lisa Fernandez of KTVU, about PLAINTIFF's lawsuit or claims [Alameda County Case No. RG17877051], or the response(s) of SHC or The Board of Trustees of the Leland Stanford Junior University or Stanford Medicine to PLAINTIFF's lawsuit or claims.

RESPONSE TO REQUEST NO. 251:

This request is vague, ambiguous, and overbroad as to the terms "DOCUMENTS," "media office/department," "COMMUNICATIONS," "media outlet," "Stanford Medicine," and "claims." Defendant objects that the request is outside the limits and scope directed by discovery referee Judge Warren, including that it pertains to allegations not raised in the Third Amended Complaint. Defendant objects to this request as unduly burdensome and harassing because it is duplicative and covered by other discovery requests served on Defendant, including but not limited to Requests for Production Nos. 12, 18, 19, 20, 21, 22, 23, 24, 38, 41, 42, 43, 44, 45, 46, 122, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 149, 150, 151, 152, 153, 155, 156, 248, 249, and 250. Moreover, this request seeks information that is not relevant and not reasonably calculated to lead to the discovery of admissible evidence. Plaintiff has made no allegation concerning communications with any news/media outlet, thus it is outside the scope of the Third Amended Complaint. Defendant objects to this request to the extent that it seeks information protected by the attorney-client privilege and/or attorney work product doctrine. Subject to and without waiving these objections and pursuant to Judge Warren's Discovery Management Recommendation No. 5, Defendant responds as follows:

Defendant will produce all non-privileged, responsive documents in its possession, custody, or control.

SECOND AMENDED RESPONSE TO REQUEST NO. 251:

This request is vague, ambiguous, and overbroad as to the terms "DOCUMENTS," "media office/department," "COMMUNICATIONS," "media outlet," "Stanford Medicine," and "claims." Defendant objects that the request is outside the limits and scope directed by discovery

referee Judge Warren, including that it pertains to allegations not raised in the Third Amended Complaint. Defendant objects to this request as unduly burdensome and harassing because it is duplicative and covered by other discovery requests served on Defendant, including but not limited to Requests for Production Nos. 12, 18, 19, 20, 21, 22, 23, 24, 38, 41, 42, 43, 44, 45, 46, 122, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 149, 150, 151, 152, 153, 155, 156, 248, 249, and 250. Moreover, this request seeks information that is not relevant and not reasonably calculated to lead to the discovery of admissible evidence. Plaintiff has made no allegation concerning communications with any news/media outlet, thus it is outside the scope of the Third Amended Complaint. Defendant objects to this request to the extent that it seeks information protected by the attorney-client privilege and/or attorney work product doctrine. Subject to and without waiving these objections and pursuant to Judge Warren's Discovery Management Recommendation No. 5 and recent direction, Defendant responds as follows:

Defendant has produced all non-privileged, responsive documents in its possession, custody, or control. Responsive documents can be found in Stanford Health Care's document production SHC011346-011474; SHC011482-011610. Responsive documents withheld based on privilege are identified on Stanford Health Care's privilege log served with these responses.

REQUEST FOR PRODUCTION NO. 252:

Produce all SHC policies, rules, or guidelines effective at any time from January 1, 2017 to the present that establish or discuss how SHC is to respond to news/media inquiries on issues involving SHC or Stanford Medicine.

RESPONSE TO REQUEST NO. 252:

This request is vague, ambiguous, and overbroad as to the terms "policies," "rules," "guidelines," "discuss," "news/media inquiries," "issues," and "Stanford Medicine." Defendant objects that the request is outside the limits and scope directed by discovery referee Judge Warren, including that it pertains to allegations not raised in the Third Amended Complaint. Moreover, this request seeks information that is not relevant and not reasonably calculated to lead to the discovery of admissible evidence. Plaintiff has made no allegation concerning communications or responses to any news/media outlet, thus it is outside the scope of the Third

1 Amended Complaint. Subject to and without waiving these objections and pursuant to Judge
2 Warren’s Discovery Management Recommendation No. 5, Defendant responds as follows:

3 Defendant will produce all responsive documents in its possession, custody, or control.

4 **SECOND AMENDED RESPONSE TO REQUEST NO. 252:**

5 This request is vague, ambiguous, and overbroad as to the terms “policies,” “rules,”
6 “guidelines,” “discuss,” “news/media inquiries,” “issues,” and “Stanford Medicine.” Defendant
7 objects that the request is outside the limits and scope directed by discovery referee Judge
8 Warren, including that it pertains to allegations not raised in the Third Amended Complaint.
9 Moreover, this request seeks information that is not relevant and not reasonably calculated to
10 lead to the discovery of admissible evidence. Plaintiff has made no allegation concerning
11 communications or responses to any news/media outlet, thus it is outside the scope of the Third
12 Amended Complaint. Subject to and without waiving these objections and pursuant to Judge
13 Warren’s Discovery Management Recommendation No. 5 and recent direction, Defendant
14 responds as follows:

15 Defendant has produced all responsive documents in its possession, custody, or control.
16 Responsive documents can be found in Stanford Health Care’s document production at
17 SHC007948-007972; SHC011617-011641.

18 **REQUEST FOR PRODUCTION NO. 253:**

19 Produce all DOCUMENTS that discuss or reference any strategy or approach to
20 responding to any inquiry from any news/media outlet, about PLAINTIFF’s lawsuit or claims
21 [Alameda County Case No. RG17877051], or the response(s) of SHC or The Board of Trustees
22 of the Leland Stanford Junior University or Stanford Medicine to PLAINTIFF’s lawsuit or
23 claims.

24 **RESPONSE TO REQUEST NO. 253:**

25 This request is vague, ambiguous, and overbroad as to the terms “DOCUMENTS,”
26 “strategy,” “approach,” “inquiry,” “media outlet,” “claims,” and “Stanford Medicine.” Defendant
27 objects that the request is outside the limits and scope directed by discovery referee Judge
28 Warren, including that it pertains to allegations not raised in the Third Amended Complaint.

Moreover, this request seeks information that is not relevant and not reasonably calculated to lead to the discovery of admissible evidence. Plaintiff has made no allegation concerning responses to any news/media outlet inquiry about her lawsuit or claims, thus it is outside the scope of the Third Amended Complaint. Defendant objects to this request to the extent that it seeks information protected by the attorney-client privilege and/or attorney work product doctrine. Subject to and without waiving these objections and pursuant to Judge Warren's Discovery Management Recommendation No. 5, Defendant responds as follows:

Defendant will produce all non-privileged, responsive documents in its possession, custody, or control.

SECOND AMENDED RESPONSE TO REQUEST NO. 253:

This request is vague, ambiguous, and overbroad as to the terms "DOCUMENTS," "strategy," "approach," "inquiry," "media outlet," "claims," and "Stanford Medicine." Defendant objects that the request is outside the limits and scope directed by discovery referee Judge Warren, including that it pertains to allegations not raised in the Third Amended Complaint. Moreover, this request seeks information that is not relevant and not reasonably calculated to lead to the discovery of admissible evidence. Plaintiff has made no allegation concerning responses to any news/media outlet inquiry about her lawsuit or claims, thus it is outside the scope of the Third Amended Complaint. Defendant objects to this request to the extent that it seeks information protected by the attorney-client privilege and/or attorney work product doctrine. Subject to and without waiving these objections and pursuant to Judge Warren's Discovery Management Recommendation No. 5 and recent direction, Defendant responds as follows:

Defendant has produced all non-privileged, responsive documents in its possession, custody, or control. Responsive documents can be found in Stanford Health Care's document production at SHC011326-011340; SHC011475-011616. Responsive documents withheld based on privilege are identified on Stanford Health Care's privilege log served with these responses.

REQUEST FOR PRODUCTION NO. 254:

Produce all DOCUMENTS that discuss or reference any news/media outlet inquiry,

1 including, but not limited to, KTVU, or Lisa Fernandez of KTVU, about PLAINTIFF's lawsuit
2 or claims [Alameda County Case No. RG17877051], or the response(s) of SHC or The Board of
3 Trustees of the Leland Stanford Junior University or Stanford Medicine to PLAINTIFF's lawsuit
4 or claims.

5 **RESPONSE TO REQUEST NO. 254:**

6 This request is vague, ambiguous, and overbroad as to the terms "DOCUMENTS,"
7 "discuss," "inquiry," "media outlet," "claims," and "Stanford Medicine." Defendant objects that
8 the request is outside the limits and scope directed by discovery referee Judge Warren, including
9 that it pertains to allegations not raised in the Third Amended Complaint. Defendant objects to
10 this request as unduly burdensome and harassing because it is duplicative and covered by other
11 discovery requests served on Defendant, including but not limited to Requests for Production
12 Nos. 12, 18, 19, 20, 21, 22, 23, 24, 38, 41, 42, 43, 44, 45, 46, 122, 135, 136, 137, 138, 139, 140, 141,
13 142, 143, 144, 145, 146, 149, 150, 151, 152, 153, 155, 156, 248, 249, 250, 251, and 253. Moreover, this
14 request seeks information that is not relevant and not reasonably calculated to lead to the
15 discovery of admissible evidence. Plaintiff has made no allegation concerning responses to any
16 news/media outlet inquiry about her lawsuit or claims, thus it is outside the scope of the Third
17 Amended Complaint. Defendant objects to this request to the extent that it seeks information
18 protected by the attorney-client privilege and/or attorney work product doctrine. Subject to and
19 without waiving these objections and pursuant to Judge Warren's Discovery Management
20 Recommendation No. 5, Defendant responds as follows:

21 Defendant will produce all non-privileged, responsive documents in its possession,
22 custody, or control.

23 **SECOND AMENDED RESPONSE TO REQUEST NO. 254:**

24 This request is vague, ambiguous, and overbroad as to the terms "DOCUMENTS,"
25 "discuss," "inquiry," "media outlet," "claims," and "Stanford Medicine." Defendant objects that
26 the request is outside the limits and scope directed by discovery referee Judge Warren, including
27 that it pertains to allegations not raised in the Third Amended Complaint. Defendant objects to
28 this request as unduly burdensome and harassing because it is duplicative and covered by other

discovery requests served on Defendant, including but not limited to Requests for Production Nos. 12, 18, 19, 20, 21, 22, 23, 24, 38, 41, 42, 43, 44, 45, 46, 122, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 149, 150, 151, 152, 153, 155, 156, 248, 249, 250, 251, and 253. Moreover, this request seeks information that is not relevant and not reasonably calculated to lead to the discovery of admissible evidence. Plaintiff has made no allegation concerning responses to any news/media outlet inquiry about her lawsuit or claims, thus it is outside the scope of the Third Amended Complaint. Defendant objects to this request to the extent that it seeks information protected by the attorney-client privilege and/or attorney work product doctrine. Subject to and without waiving these objections and pursuant to Judge Warren's Discovery Management Recommendation No. 5 and recent direction, Defendant responds as follows:

Defendant has produced all non-privileged, responsive documents in its possession, custody, or control. Responsive documents can be found in Stanford Health Care's document production at SHC011346-011474; SHC011482-011610. Responsive documents withheld based on privilege are identified on Stanford Health Care's privilege log served with these responses.

Dated: August 4, 2023

GORDON REES SCULLY MANSUKHANI, LLP



By: _____

MICHAEL D. BRUNO
ALYSON S. CABRERA
PAMELA Y. NG

Attorneys for Defendant
THE BOARD OF TRUSTEES OF THE LELAND
STANFORD JUNIOR UNIVERSITY,
STANFORD HEALTH CARE (formerly known as
STANFORD HOSPITAL AND CLINICS), and
CHANRATH FLORES

VERIFICATION

STATE OF CALIFORNIA)
)
COUNTY OF ALAMEDA)

I, Mary Gaines, declare:

I am the Administrative Director of Employee and Labor Relations for Stanford Health Care, and am authorized to execute this verification on behalf of Stanford Health Care.

I have read the foregoing **DEFENDANT STANFORD HEALTH CARE'S SECOND AMENDED RESPONSE TO PLAINTIFF QIQIUA YOUNG'S REQUESTS FOR PRODUCTION, SET SIX** on file herein and know the contents thereof. To the extent I have personal knowledge of the matters set forth therein, the same are true and correct. Insofar as said matters are a composite of the information of many individuals, I do not have personal knowledge concerning all of the information contained in said Response, but I am informed and believe that the information set forth therein for which I lack personal knowledge is true and correct.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed at Pagosa Springs, CO on the 3rd August 2023.

DocuSigned by:
Mary Gaines
2F28756DB44E43C...

VERIFICATION

PROOF OF SERVICE

Qiqiua Young v. The Leland Stanford Junior University, et al.
Alameda County Superior Court, Case No. RG17877051

I am a resident of the State of California, over the age of eighteen years, and not a party to the within action. My business address is: Gordon Rees Scully Mansukhani, LLP 275 Battery Street, Suite 2000, San Francisco, CA 94111. On the below-mentioned date, I served the within documents:

DEFENDANT STANFORD HEALTH CARE'S SECOND AMENDED RESPONSE TO PLAINTIFF'S REQUEST FOR PRODUCTION OF DOCUMENTS, SET SIX

☒ **Via Email:** by electronically serving via email the document(s) listed above to the email address(es) set forth below on this date.

☐ **Via U.S. Mail:** by placing the document(s) listed above in a sealed envelope with postage thereon fully prepaid, in United States mail in the State of California at San Francisco, addressed as set forth below.

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Co-Counsel for Defendants

I am readily familiar with the firm's practice of collection and processing correspondence for mailing. Under that practice it would be deposited with the U.S. Postal Service on that same day with postage thereon fully prepaid in the ordinary course of business.

///

I declare under penalty of perjury under the laws of the State of California that the above is true and correct. Executed on August 4, 2023 at Daly City, California.



Vanessa Santellan



September 28, 2017

Stanford Health Care Media Statement

Stanford Health Care (SHC) is aware that a lawsuit was filed by SHC's current employee, QiQiuia Young. There is no question that the lawsuit contains many untruths and exaggerations which are designed to generate media attention. SHC has zero tolerance for harassment, discrimination, retaliation, or disrespectful conduct that is based on any protected characteristic including race, ethnicity, or gender. A basic value of Stanford Health Care is the respect for each individual and for individual differences, as well as a commitment to a diverse and inclusive workplace. Moreover, SHC not only encourages, *but requires*, that all employee raise concerns that they believe may affect the patient experience or workplace. Every one of Ms. Young's concerns has been investigated and SHC has taken any action needed.

Contrary to Ms. Young's allegations, SHC has been extremely proactive in addressing all of Ms. Young's concerns. Regrettably, Ms. Young was shown a photo taken by one employee of another employee's Halloween costume three years ago, consisting of a white sheet that could be perceived as a KKK costume. SHC denounced such abhorrent conduct and terminated all of the employees involved in that incident, including those who merely saw the photo and did not report it to management, and the supervisor. SHC also terminated the employee who Ms. Young claims took an inappropriate picture of a patient, as such conduct is contrary to SHC's commitment to protect patient privacy. SHC's CEO has personally met with staff to address these issues and SHC has conducted extensive additional workplace training with hundreds of employees, focusing on diversity and mitigating bias.

SHC is fully dedicated to patient safety and takes aggressive, proactive efforts to ensure safe and quality care. Ms. Young raised many of her concerns to the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), an independent agency that certifies and accredits health care organizations. JCAHO investigated and found there was no issue or that SHC had appropriately resolved the issues raised by Ms. Young. No action has ever been taken against SHC for these purported safety issues. More recently, Ms. Young has raised other concerns, all which have been fully addressed. SHC has never retaliated against Ms. Young; she continues to work for SHC and has even been promoted since her complaints began.

SHC firmly believes Ms. Young's lawsuit is without merit and it intends to vigorously defend against the suit. Although the complaint also names Stanford University as a defendant, as is well known to Ms. Young and her attorneys, the actions she claims happened to her arise from her employment by SHC and do not involve the University.

EXHIBIT 5



Stanford
MEDICINE

MAY 2021

Commission on **JUSTICE AND EQUITY** **RECOMMENDATIONS**

Imagine Reporting
855.777.7865

Lloyd Minor

Exhibit 6
Date 01.05.23



Introduction

In June of 2020, leaders and advocates of diversity and inclusion at Stanford Medicine and beyond came together to create the inaugural Stanford Medicine Commission on Justice and Equity (“Commission”), representing an unprecedented effort to collectively dismantle systemic racism and discrimination at Stanford Medicine and in society at large. The Commission was formed with a two-fold charge: first, to strengthen Stanford Medicine’s diversity, equity, and inclusion practices to become a model for other institutions; and second, to bolster efforts as an academic medical center to confront racism as an urgent public health crisis — underscored by recent glaring and tragic injustices.

During a pandemic that has already claimed more than a half-million American lives, longstanding social and health inequities have placed communities of Black, Hispanic/Latinx and other underrepresented groups at increased risk of getting sick and dying from COVID-19. Data from the Centers for Disease Control and Prevention show that Black and Hispanic populations are three times as likely to be hospitalized with COVID-19 when compared to non-Hispanic white individuals. Xenophobia has become increasingly common; for example, anti-Asian hate crimes rose by nearly 150% in 2020, according to a recent report from the Center for the Study of Hate and Extremism at California State University, San Bernardino. The nation’s legacy of racist policing practices and brutality against people of color came to a head in spring 2020. The murders of Breonna Taylor, George Floyd, and so many others in the Black community last year shocked Americans’ consciousness — awakening many to the insidious nature of racism and its threat to Black lives.

While the fight for racial justice has been a multi-generational struggle, Floyd’s murder sparked a national movement. Across the country, people marched in protest of racial violence and called for justice in Taylor and Floyd’s names. Millions of dollars in donations flowed in to support Black-led advocacy groups. At Stanford, hundreds of community members gathered on campus, kneeling for 8 minutes and 46 seconds to honor Floyd’s last moments of life, as a police officer knelt on his neck. Students, staff, and faculty publicly vowed to stand in solidarity with the Black community, support the Black Lives Matter movement, and confront all forms of racism and inequity.

That day, Stanford Medicine’s three leaders, Lloyd Minor, MD, dean of the School of Medicine (SOM); David Entwistle, president and CEO of Stanford Health Care (SHC); and Paul King, president and CEO of Stanford Children’s Health (SCH), made a pledge: to never be silent, to use their influence to promote racial justice, and to affirm that inaction is unacceptable. Out of this pledge grew a larger commitment to act against discrimination in all forms, recognizing that such injustices do not happen in isolation — they intersect with and are often exacerbated by race, gender identity, sexual identity, disability, socioeconomic status, and other differences in identity. That effort now stands as the Stanford Medicine Commission on Justice and Equity, led by chair Rosalind Hudnell and executive director Terrance Mayes, who is also Stanford Medicine’s inaugural associate dean for equity and strategic initiatives.

A primary goal of the Commission is to build upon and amplify the crucial diversity and inclusion work already in motion. Stanford Medicine’s efforts to enhance diversity and inclusion date back more than 50 years. In 1969, the Faculty Senate established the first program to boost underrepresented students at the School of Medicine. Since then, dozens of programs and initiatives — such as the creation of the Office of Faculty Development and Diversity, the Diversity Cabinet, and the Dean’s Taskforce on Diversity and Societal Citizenship — emerged as part of Stanford Medicine’s effort to continually foster a culture of belonging.

Over a six-month period, the Commission worked diligently in partnership with existing groups from across the institution and received input from dozens of internal and external leaders, experts, and advocates. Although Stanford Medicine’s road to racial justice and equity started more than 50 years ago, significant work remains. The Commission’s work identified existing gaps to address and highlighted the need for new initiatives to create lasting change, measure progress, and ensure accountability. The Commission is now making public a set of recommendations to serve as the North Star as Stanford Medicine charts a path forward.





Executive Summary

The Commission's recommendations provide a holistic and enterprise-wide approach to dismantle structural racism, advance diversity, equity, and inclusion, and address health disparities. These recommendations start with a focus on racial equity, with particular emphasis on the needs of Black community members and other underrepresented racial minority (URM) groups at Stanford Medicine, including those who identify as Hispanic/Latinx, Indigenous, and certain sub groups of the Asian American and Pacific Islander (AAPI) communities.

The Commission's recommendations are based on a number of key findings regarding challenges and opportunities for change. These findings underscore the need for expanded leadership and coordination, greater representation of Black faculty, trainee, and staff leaders, trust building and support for underrepresented community members, and a greater focus on health equity throughout the Stanford Medicine health system.

To align, elevate, and unify the goals of the institution, the Commission adopted the term, **Inclusion, Diversity, and Health Equity (IDHE)** as the ultimate goal of its recommendations. While the tactics to address diversity, equity, and inclusion (DEI) may differ from those to address health disparities, the long-term objectives are the same.

The Commission presents 15 recommendations across four domains to build a more just and equitable Stanford Medicine. By taking these bold actions, Stanford Medicine has the opportunity to create meaningful and lasting cultural change.

Leadership Commitment and Accountability

With leaders exemplifying and enabling the core tenets of inclusion, diversity, and health equity, true progress can occur at Stanford Medicine.

- Make an executive leadership commitment to IDHE and dedicate 1% of the annual budget to advance IDHE.
- Recruit an enterprise-wide chief diversity officer to streamline and align existing IDHE efforts across Stanford Medicine's three entities.
- Form an IDHE governing body with university and hospital board representation to provide strategic oversight and accountability.
- Track and tie senior leadership rewards to meeting annual IDHE performance metrics.

A More Diverse Community

Bold, proactive, and coordinated efforts to diversify will create lasting change.

- Increase the representation of Black and other underrepresented community members to 30% by 2030.
- Expand the community of Black, Hispanic/Latinx, and AAPI faculty and staff leaders.
- Build a critical mass of diverse trainees in the leadership pipeline, particularly with increased Black and underrepresented groups' participation.
- Increase representation of Black and other underrepresented members in governing committees to elevate their voices and perspectives in decision making.

A Culture of Belonging

Through a stronger foundation of trust and safety for all underrepresented groups in the community, Stanford Medicine as a whole will benefit.

- Create a safe and just environment by addressing reported acts of discrimination and harassment, providing accessible adjudication and increasing culturally responsive wellness and mental health support.
- Include IDHE standards in all employee, faculty, and trainee onboarding, performance reviews and promotion processes.
- Require ongoing personal learning to promote an antiracist and inclusive community.

Health Equity Responsibility

By becoming a local health equity leader, Stanford Medicine will become a national leader on promoting societal change and progress.

- Establish health equity as part of the Stanford Medicine mission, adding a health equity lens at all levels of decision-making.
- Create a Center for Health Equity Excellence to align existing efforts and expand research and translation to the clinic.
- Ensure culturally informed and equitable care across the health system, informed by data and standards.
- Expand engagement to build trust in local communities of color through funded partnerships, scholarships, and contracting.



Commission Charge

The Commission was officially charged in October 2020 to work in partnership with diverse stakeholders at all levels of Stanford Medicine and recommend:

- **Strategies for strengthening Stanford Medicine's DEI practices and organizational culture** to model the behaviors and changes that are necessary in our society at large.
- **Ways for Stanford Medicine to assert a national role in addressing health disparities** that continue to harm historically marginalized groups.

Commission Members

The 15-member Commission was appointed by the dean of the SOM and the CEOs of SHC and SCH. Members include internal Stanford Medicine community stakeholders, representing diverse viewpoints across the organization, as well as external experts on justice and equity issues, including in the workplace.

Rosalind Hudnell (chair) — Former Vice President, Global Corporate Affairs, Intel, and President, Intel Foundation

Eusebia Abad — Phlebotomist, Pre-Analytical Services

Ade Ayoola — Knight Hennessy Scholar, MD Student, 2023

Chris Bischof — Founding member and Principal at Eastside College Prep School, East Palo Alto

Sumbul Desai — Clinical Associate Professor, Medicine and Vice President of Health, Apple

Noelle Hanako Ebel — Clinical Assistant Professor of Pediatrics

Miriam Goodman — Professor of Molecular and Cellular Physiology

Justin Hansford — Executive Director of the Thurgood Marshall Civil Rights Center, Howard University School of Law

Marc Jones — Chairman and CEO, Aeris Communications, Stanford University Board of Trustees, Stanford Health Care Board of Directors

David Lopez — Co-Dean, Rutgers Law School, Former General Counsel, U.S. Equal Employment Opportunity Commission

Terrance Mayes — Associate Dean and Executive Director, Commission on Justice and Equity

Carla Pugh — Professor of Surgery, Director, Technology Enabled Clinical Improvement Center

Monica Ruiz — Fellow, Pediatric Intensive Care

Sarah Tabb — Registered Nurse, Cardiac Unit

Hannah Valentine — Professor of Medicine, Former National Institutes of Health Chief Officer for Scientific Workforce Diversity



Guiding Principles

The Commission created the following principles to guide its work in learning from the Stanford Medicine community and in shaping the recommendations found in this report.

- **Value and respect the experience of each individual voice**, leveraging our diverse backgrounds as a strength and seeing ourselves in each other.
- **Take on big challenges that affect all levels**, denouncing the policies, structures, and systems that intentionally or unintentionally contribute to inequities for Black, Indigenous, and people of color (BIPOC).
- **Be bold and innovative in our solutions**, providing actionable strategies to eliminate racism and improve equitable health outcomes.
- **Pursue a strategy of “quick small wins”** to depose structures of oppression and implement immediate efforts to address the implicit biases in the health system.
- **Pursue a strategy of sustainable, impactful, long-term change**, instating practical, measurable, and sustainable interventions, building accountability, and iterative assessments to ensure recommendations are implemented.

Commission Process

The Commission organized its work in three phases: learning, deliberating, and developing recommendations. As part of the learning phase, the Commission held listening sessions with representatives from the following groups:

- Stanford Black Bioscience Organization
- Stanford Black Postdocs Organization
- Student National Medical Association
- Faculty Senate Subcommittee on Diversity
- Black Faculty Affinity Meeting
- Stanford Medicine Abilities Coalition
- LGBTQ+/Sexual and Gender Minorities Subcommittee of the Diversity Cabinet
- SOM, SHC and SCH Human Resources leaders
- Faculty leaders of Health Equity Committee
- Office of Community Engagement leaders
- SHC and SCH diversity leaders
- Leaders advancing gender equality at Stanford

In addition, Commission representatives participated in a StanfordMed LIVE town hall and reviewed input from the Commission website suggestion box as well as results from an enterprise-wide Stanford Medicine Justice, Equity, and Abilities Survey conducted in collaboration with the SOM Office of Faculty Development and Diversity and the Stanford Medicine Abilities Coalition. The survey, which received more than 3,000 anonymous responses between November 2020 and January 2021 from members of the SOM, SHC, and SCH communities, sought to capture current attitudes about justice, equity, disabilities, and accommodations, and to inform future diversity initiatives across Stanford Medicine.

Following months of learning from stakeholders across Stanford Medicine, the Commission evaluated its findings and developed a set of goals and strategies to build a more just and equitable institution.



History of Diversity, Equity, and Inclusion Efforts at Stanford Medicine

1969

The School of Medicine Faculty Senate action to establish a minority program with a quota of 10 URM's

1971

Stanford medical students and faculty help establish the Gardner Community Health Center, in one of the most disadvantaged socio-economic neighborhoods in San Jose, CA



1983

The School of Medicine appoints Assistant Deans for Minority Programs - Fernando Mendoza, MD (top right), and Roger Peek, MD (bottom right)



1984

Launch of the Early Matriculation Program to promote academic careers in medicine among minority and disadvantaged medical students. Program continues as the Leadership in Health Disparities Program

1990

Opening of the Arbor Free Clinic

1992

School of Medicine receives the first Center of Excellence grant from the Health Resources and Services Administration (HRSA) which began 30 years of federal funding for the Center of Excellence for Diversity in Medical Education (COEDME)

1996

School of Medicine establishes Health Careers Opportunities Program



2003

Opening of the Pacific Free Clinic

2005

Opening of the Cardinal Free Clinics

2005

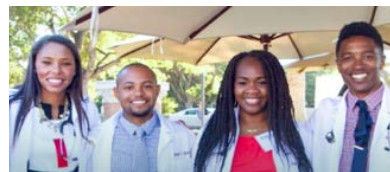
Creation of the Office of Faculty Diversity and Leadership, now the Office of Faculty Development and Diversity

2009

Formation of the Stanford Medicine Diversity Cabinet

2010

Launch of the Stanford Clinical Opportunity for Residency Experience (SCORE) Program



2015

Dean's Taskforce on Diversity and Societal Citizenship formed to provide recommendations to the Stanford University School of Medicine Dean, Senior Associate Deans, and Diversity Cabinet on advancing diversity within the School and on educating students and trainees in societal citizenship

2017

Leadership Education in Advancing Diversity (LEAD) Program established to develop diverse residents and fellows as inclusive leaders



2017

Diversity Center of Representation and Empowerment (D-CORE) provides a space where any member of the Stanford Medicine community interested in issues of inclusion and diversity can hold meetings, hang out, and study



2019

SHC launches several Employee Resource Groups aimed at cultivating a compelling culture of inclusive diversity to attract and retain top talent

2020

Launch of the Commission on Justice and Equity

Key Findings

Steadfast Commitment to Diversity Paves Path to Change

Stanford Medicine has made concerted efforts to advance diversity, equity, and inclusion. Several constituency-based offices and groups at the School of Medicine and both hospitals embed the work of diversity, equity, and inclusion at multiple levels, involving faculty, trainees, students, and staff. Progress has been made. In the last five years, changes and investments in recruiting practices have increased the percentage of URM medical students from 17% to 23% and the percentage of women faculty from 43% to 47%. The Stanford Medicine hospital employee base is also diverse, with nearly 30% URM staff. In the Stanford Medicine Survey on Justice and Abilities, conducted in late 2020, 81% of employees and trainees agreed or strongly agreed that their cultural differences are respected in their workplace or learning environment. Survey results also reported that the majority of community members at all levels feel a sense of commitment to advancing diversity and inclusion efforts. Stanford Medicine has the potential to build on this foundation to create meaningful change.

Desire for Accountability and Transparent IDHE Vision

Stanford Medicine has long espoused a strong commitment to diversity and inclusion, but some within the community are uncertain of the institution's sincerity. The Commission heard from underrepresented community members that this commitment appears only to be, "lip service," and some reported a lack of trust, transparency, and accountability on diversity, equity, and inclusion actions. Further, some members of the community express frustration that Stanford University and Stanford Medicine have not adequately addressed their own history and role related to systemic racism.

The Commission's findings point to an unclear institutional vision for an appropriate and aspirational approach to equity and justice. With no definition of accountability or expectations, it is difficult to identify desired outcomes and to develop strategies to achieve them. The distributed and decentralized nature of inclusion, diversity, and health equity efforts at Stanford Medicine creates silos that result in duplication, variability of resources (both financial and human), and limited effectiveness. There is a need for alignment and coordination so that existing efforts work in tandem, creating a sum greater than its parts. Furthermore,

School of Medicine Diversity Trend Overview

	Time Frame			CAGR or Δ *
	2016	Trend	2020	
Faculty				
Total	1,841		2,377	6.6%
Percent women	43.2%		47.1%	0.8%
Percent under-represented minorities	6.0%		6.8%	0.1%
Percent Nat. Haw. / Pacific Islander	0.2%		0.0%	0.0%
Percent Hispanic / Latino (any race)	4.0%		4.3%	0.1%
Percent Black / African American	1.4%		1.7%	0.1%
Percent American Indian / Alaska Nat.	0.1%		0.2%	0.0%
Percent Two or more [URM]	0.4%		0.5%	0.0%
Clinical Fellows				
Total	312		414	7.3%
Percent women	51.9%		50.2%	-0.3%
Percent under-represented minorities	9.0%		9.4%	0.1%
Percent Nat. Haw. / Pacific Islander	0.0%		0.0%	0.0%
Percent Hispanic / Latino (any race)	5.4%		5.8%	0.1%
Percent Black / African American	3.5%		3.6%	0.0%
Percent American Indian / Alaska Nat.	0.0%		0.0%	0.0%
Percent Two or more [URM]	0.0%		0.0%	0.0%
Residents				
Total	756		884	4.0%
Percent women	52.1%		49.1%	-0.6%
Percent under-represented minorities	7.5%		12.1%	0.9%
Percent Nat. Haw. / Pacific Islander	0.0%		0.0%	0.0%
Percent Hispanic / Latino (any race)	4.2%		7.7%	0.7%
Percent Black / African American	3.0%		4.4%	0.3%
Percent American Indian / Alaska Nat.	0.3%		0.0%	-0.1%
Percent Two or more [URM]	0.0%		0.0%	0.0%
Postdocs				
Total	1,154		1,336	3.7%
Percent women	45.1%		49.0%	0.8%
Percent under-represented minorities	5.0%		5.3%	0.1%
Percent Nat. Haw. / Pacific Islander	0.1%		0.0%	0.0%
Percent Hispanic / Latino (any race)	3.6%		2.8%	-0.1%
Percent Black / African American	0.5%		2.1%	0.3%
Percent American Indian / Alaska Nat.	0.1%		0.0%	0.0%
Percent Two or more [URM]	0.8%		0.4%	-0.1%
Graduate Students				
Total	652		963	10.2%
Percent women	48.0%		55.3%	1.5%
Percent under-represented minorities	11.2%		15.4%	0.8%
Percent Nat. Haw. / Pacific Islander	0.0%		0.0%	0.0%
Percent Hispanic / Latino (any race)	8.3%		12.8%	0.9%
Percent Black / African American	2.1%		2.5%	0.1%
Percent American Indian / Alaska Nat.	0.8%		0.1%	-0.1%
Percent Two or more [URM]	0.0%		0.0%	0.0%
Medical Students				
Total	482		489	0.4%
Percent women	49.4%		48.7%	-0.1%
Percent under-represented minorities	16.6%		22.5%	1.2%
Percent Nat. Haw. / Pacific Islander	0.0%		0.2%	0.0%
Percent Hispanic / Latino (any race)	9.5%		13.7%	0.8%
Percent Black / African American	5.8%		5.5%	-0.1%
Percent American Indian / Alaska Nat.	1.2%		0.6%	-0.1%
Percent Two or more [URM]	0.0%		2.5%	0.5%

*Compound Annual Growth Rate (CAGR) is the smoothed annualized change over the time horizon. Average annual delta (Δ) for the time frame.

unlike other functional areas that are core to Stanford Medicine's mission — teaching, research, clinical care, or human resources — senior leaders of diversity, equity, and inclusion currently do not report directly to the School of Medicine dean or the CEOs of SHC or SCH. Stanford Medicine leaders also lack regular consolidated reporting, measurement tools, and tracking of issues and progress related to diversity for individual departments or divisions. This, in turn, limits leadership's ability to create incentives for change.

Leadership Recruitment and Retention Efforts Need Improvement

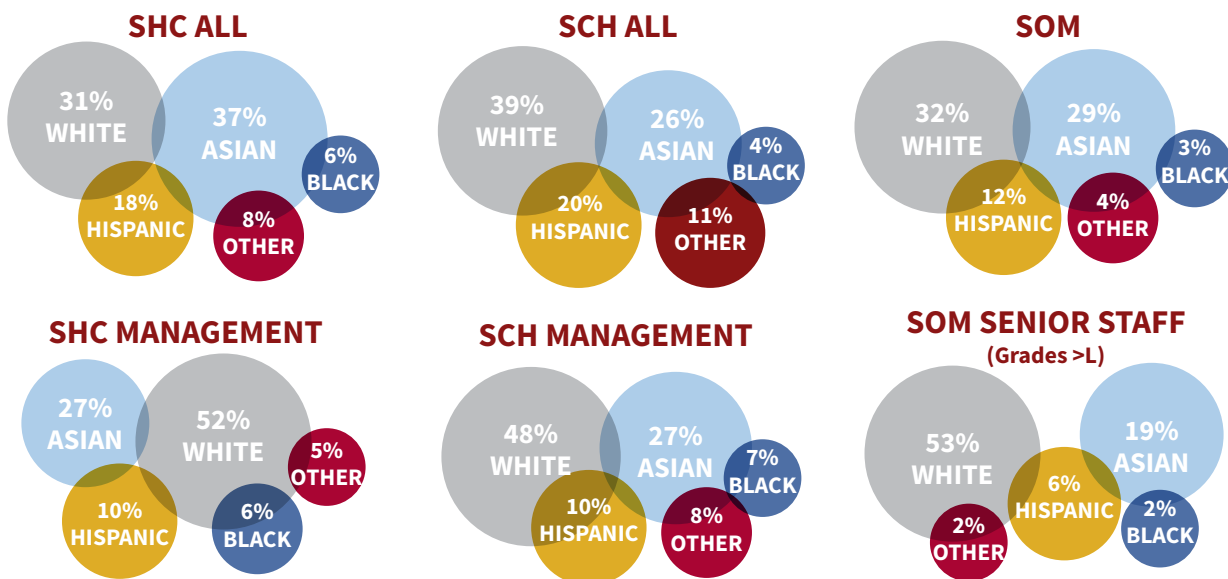
A significant lack of racial diversity persists within the SOM, SHC, and SCH at faculty, trainee and leadership levels. Despite well-intended, decades-long efforts, faculty recruitment and retention of Black and other URM faculty has remained stagnant, hovering below 7% of the total faculty. Of note, the School of Medicine has lost several accomplished underrepresented and women faculty in recent years. URMs represent only 5.3% of the postdoctoral scholar population, 3% of SHC leadership positions and 6% of SOM senior leadership. There are no Black department chairs or directors of finance and administration in over 30 departments and institutes within the School of Medicine. The problem is not a lack of candidates or openings. Stanford Medicine is challenged with keeping diversity top

of mind in many recruiting practices and has yet to establish appropriate mechanisms, incentives, and funds to recruit and retain diverse candidates successfully. Progress in increasing the diversity of the Stanford Medicine community has been slow and in sharp contrast to an increasingly diverse state and country where racial minorities are projected to become the majority by the year 2043, according to the U.S. Census.

Black Trainees and Employees Do Not Feel Safe or Supported

Beyond the composition of Stanford Medicine's community, the everyday experiences of URMs at Stanford Medicine are often distressing, filled with what they describe as microaggressions in classes, labs, offices, and clinics, impacting their mental health and professional work. Black community members report feeling unsafe on campus and detail multiple reports of harassment and profiling by campus police. They describe fear of retaliation for reporting incidents of racism, bias, and discrimination, and limited action and accountability following those reports. The apparent lack of visible university and Stanford Medicine support and advocacy for Black community members contributes to their lack of trust. The Commission believes this is a wellness imperative at all levels that must be addressed immediately.

2020 Snapshot of Workforce Demographics (Non-Academic)



SOM data does not include 'unknown/not reported.'

No Standard Protocols on Discrimination Reporting and Adjudication

The current process for responding to issues of discrimination is inadequate and not well known by community members. The Commission heard from underrepresented community members who fear retaliation for reporting acts of discrimination and harassment and do not trust the current process to address their grievance effectively. There is a need for a more transparent, well-communicated process to address discrimination without retaliation. Improved adjudication of incidents with restorative justice measures will send a message to all community members, including patients, that the institution is holding individuals accountable.

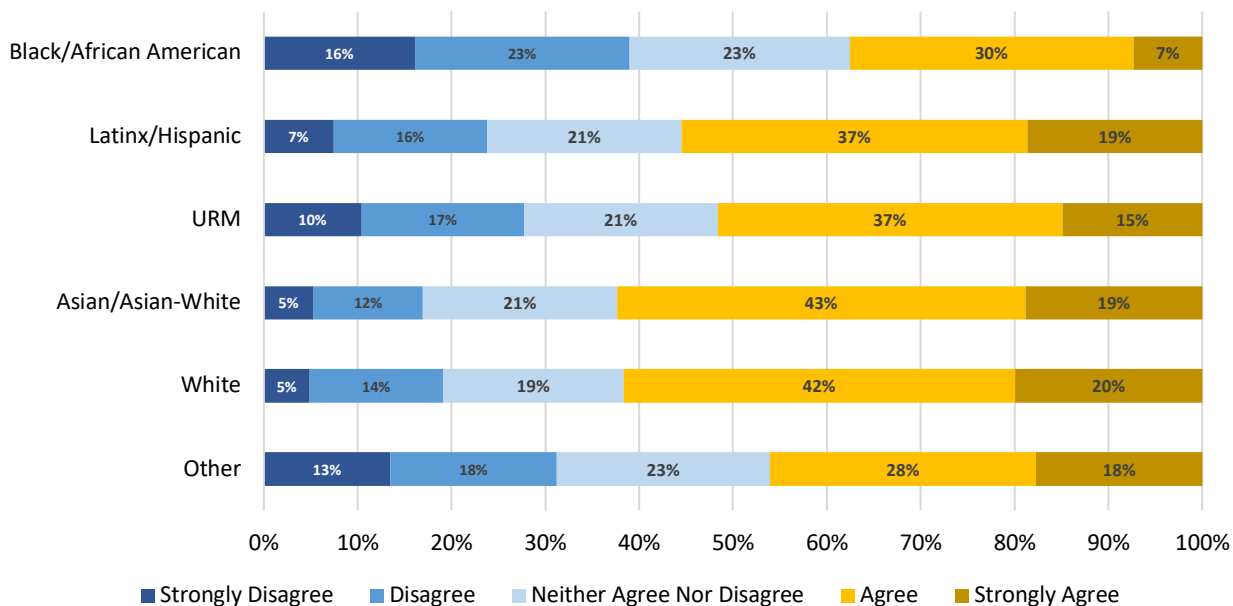
It should be noted that, among all respondents of the 2020 Justice, Equity, and Abilities Survey, Black/African American respondents reported the lowest levels of trust and confidence in the institution when it came to doing what is right regarding discrimination and treating all employees and students fairly.

Diversity and Health Equity Efforts Undervalued and Relegated to URM — The Diversity Tax

Climate and culture surveys, including the 2020 Stanford Medicine Justice and Abilities Survey, reveal that URM and women are consistently less satisfied than white individuals and men across a range of domains — from experiences with bias to feeling valued as members of the Stanford Medicine community. Black and other underrepresented faculty, staff, and trainees feel a professional and personal burden of having to do diversity and inclusion work, both with their colleagues or with patients, without recognition or reward, something they refer to as the “diversity tax.” Contributions to diversity are seen neither as critical to the work of individual community members nor as criteria for advancement.

Trust in Fairness, Comparison by Race/Ethnicity

"I trust my institution to be fair to all employees and students."



Results may not add to 100% due to rounding.

Health Equity Viewed as an Afterthought

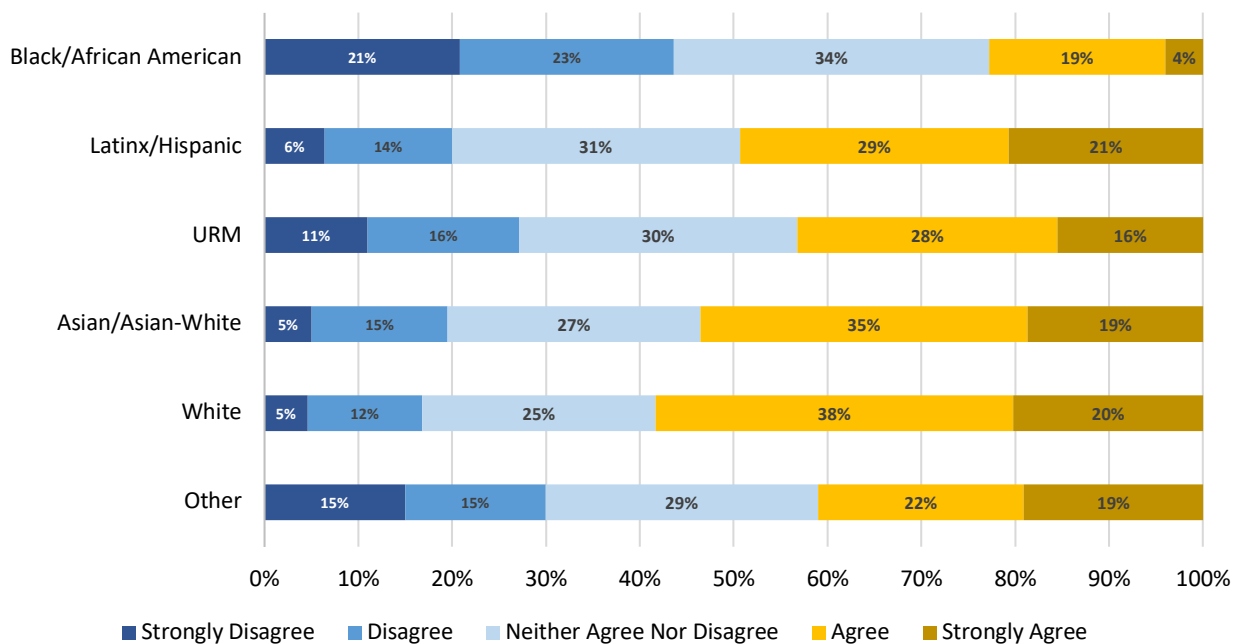
The COVID-19 pandemic has accentuated the longstanding health disparities that Black, Hispanic/Latinx, Indigenous, and other underrepresented groups experience. More than half of Stanford Medicine patients live in San Mateo and Santa Clara counties, where approximately 30% of households are unable to meet their basic needs, and these are disproportionately Black and Hispanic/Latinx households. The Commission heard from members of these communities who view Stanford Medicine as difficult to access and ill-equipped to provide culturally informed care. Several Black employees do not recommend SHC to their family or friends because they do not feel the hospital will provide equitable care and respect. Some employees reported a deficit of access to language resources for non-English-speaking families, a lack of systematic equitable resources provided in non-English languages, and inconsistent room assignments for non-English-

speaking patients. Stanford Medicine's current approaches to health equity are fragmented, under-resourced, limited in scope, and under-valued. The Commission found that the data to assess health equity performance is not systematically gathered, measured and tracked across the institution.



Confidence in Institution Doing What's Right About Discrimination, Comparison by Race/Ethnicity

"If I raised a concern, I am confident my institution would do what is right."



Results may not add to 100% due to rounding.

RECOMMENDATIONS | Building a Just and Equitable Stanford Medicine

LEADERSHIP COMMITMENT AND ACCOUNTABILITY

Building an enduring, just, and equitable institution starts at the top.

Commitment

Stanford Medicine's executive leaders must commit to the principles and goals of inclusion, diversity, and health equity. That commitment begins with the dean, the hospital CEOs, senior associate deans, department chairs and hospital executive teams developing **personal antiracism plans** tied to their annual performance goals. These plans will also define institutional values to which all individuals are held accountable as it pertains to antiracism. These values and IDHE goals should be communicated frequently by leaders with regular updates on the institution's progress. Beyond leadership commitment, the Commission recommends that **at least 1% of the overall annual budget** for Stanford Medicine be dedicated to advancing inclusion, diversity, and health equity (IDHE).

IDHE Leadership

To amplify, streamline, and align existing IDHE efforts, the Commission recommends the **recruitment of an enterprise-wide chief diversity officer** (CDO) who can lead Stanford Medicine's coordinated efforts toward justice and equity. This new position will ideally be filled by an experienced thought leader on antiracism and organizational change who will report to the dean and the two CEOs. Providing appropriate decision-making authority and resources will be critical to the CDO's success in implementing justice and equity strategies. In addition, the CDO will have the mandate to increase the effectiveness of current initiatives by aligning efforts toward common goals, increasing visibility, and providing additional budget, staff, and protected time to devote to IDHE efforts.



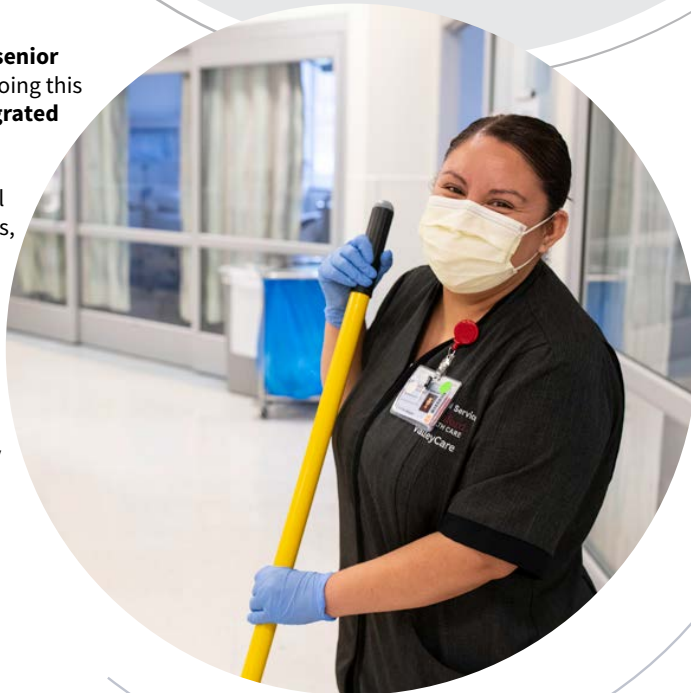
Governance

Efforts to change the institution should not be done in isolation. Through the **formation of an IDHE governing body**, Stanford Medicine's DEI efforts will benefit from strategic oversight and accountability. This governing entity should include the dean, the hospital CEOs, the CDO, other senior IDHE leaders, and representatives from the University Board of Trustees and the SHC and SCH boards of directors. The Commission recommends that this governing body meet quarterly to review institutional progress in meeting IDHE goals. In addition, if not already formed, the Commission advises the SHC and SCH boards of directors to create sub-committees focused on advancing IDHE to promote institutional alignment.

Leadership Commitment and Accountability

Incentives

What is not measured and rewarded cannot be changed. Incentives and metrics will be instrumental in changing Stanford Medicine's culture. The Commission recommends **tying senior leadership rewards to IDHE performance**. Doing this effectively will require the creation of an **integrated Stanford Medicine diversity dashboard** to measure performance against goals for all underrepresented groups. This dashboard will track key metrics on demographics at all levels, salary and benefits equity, research funding, research support, space, hiring and turnover, promotions and timeline for promotions. Regular quarterly and annual review of metrics can then inform leadership rewards and disincentives for performance. Fast and sweeping changes in policy and structure to promote IDHE must be matched with a steady commitment to a long-term iterative review process for continuous improvement.





A More Diverse Community



A MORE DIVERSE COMMUNITY

Achieving parity for underrepresented groups requires a bold, active, and dedicated effort.

30% at All Levels by 2030

Transformational goals create lasting change. To this end, the Commission recommends setting an aspirational target of dramatically increasing the representation of Black and other underrepresented community members to **30% by 2030** at all levels. The Commission draws from other organizations undergoing similar transformation in recommending 2030 sub-targets of 10% Black, 10% other underrepresented racial minorities including Hispanic/Latinx, Southeast Asian and Indigenous community members, and 10% other underrepresented groups including lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual (LGBTQIA) and disabled community members. By dramatically increasing

the representation of these underrepresented groups and reflecting the demographics of the broader U.S. population, Stanford Medicine can create an immediate and measurable impact on a culture of belonging as more individuals see themselves reflected in the broader group.

While this recommendation leads with advancing racial equity, the Commission encourages the institution to embrace the intersectional nature of diversity — spanning race, ethnicity, language, nationality, gender identity, sexual identity, disability, socioeconomic status, religion, and age. Stanford Medicine can aspire to be a model for other institutions by moving beyond race to advancing all forms of diversity at all levels with the Stanford Medicine community.

Critical Mass at the Top

Stanford Medicine must continue putting forth a sustained effort to **build a critical mass of Black and other underrepresented members in faculty and at leadership levels**. This starts with making deliberate, targeted efforts to recruit broader pools of candidates. Expanding search criteria, leveraging search waivers (ability to hire outside of an established open recruitment process), and combining searches across departments can attract more diverse candidates. The institution would also benefit from ensuring equity-minded hiring, onboarding, mentoring, professional development, and promotion processes. Developing cohort/cluster hire programs has also proven effective in promoting faculty diversity and inclusion. The institution must view these measures holistically to ensure that it not only attracts exceptional talent but also develops and retains them. To that end, the Commission recommends expanding formal leadership development programs to encourage participation from Black and other underrepresented groups. Above all, increasing Black and URM representation must demonstrate sincere efforts toward driving cultural change.

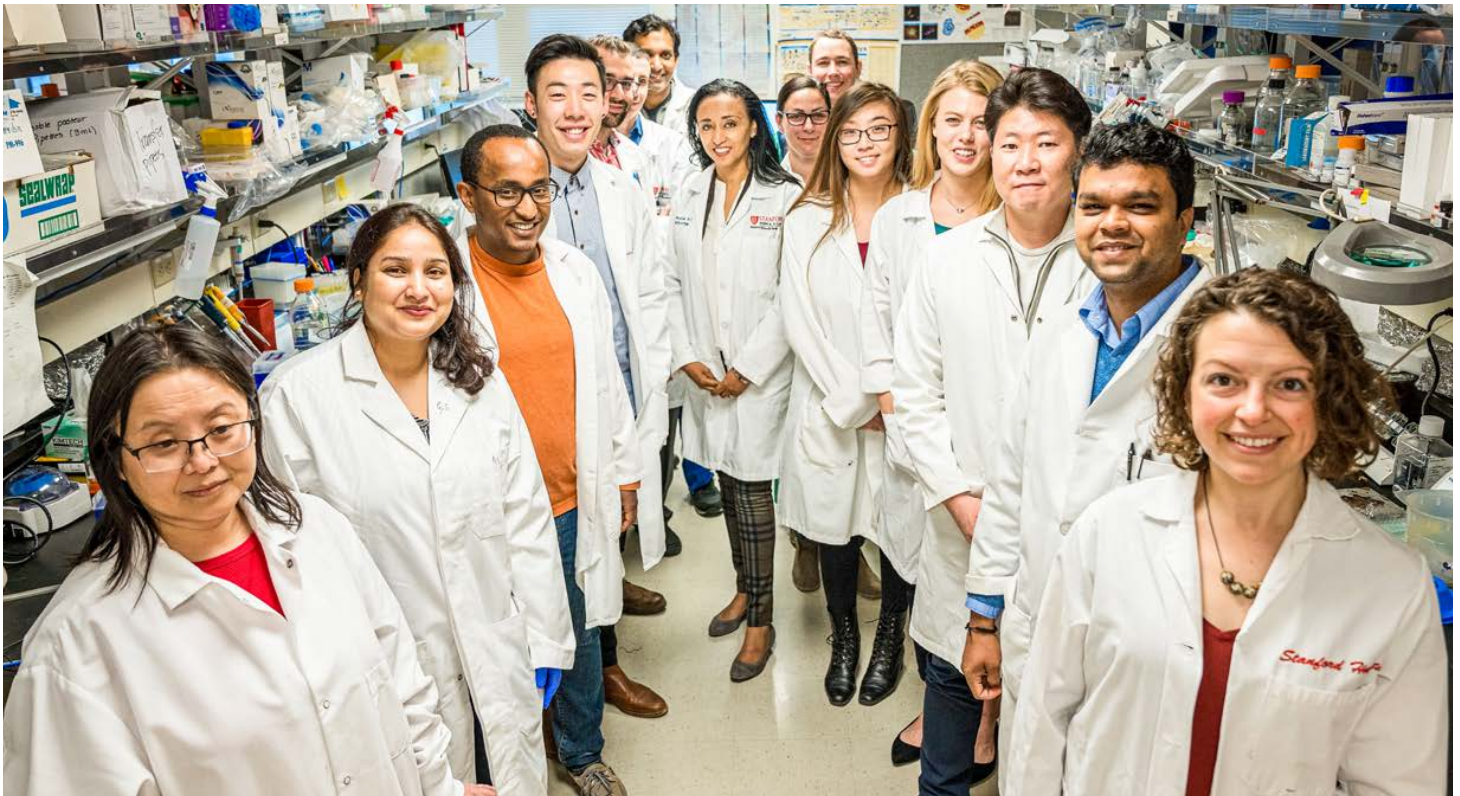
Critical Mass in the Pipeline

In addition to increasing diversity at the top, Stanford Medicine must build critical mass in the leadership

pipeline, particularly with **increased Black trainee representation**. A strong starting point is increasing partnerships with institutions that graduate a high percentage of underrepresented graduate students in the biomedical sciences, such as historically black colleges and universities. Critical to this effort is establishing inclusive selection processes that require consideration of diversity contributions and forming selection committees with participation from underrepresented members. Once at Stanford, the Commission recommends enhancing inclusive onboarding and mentoring of these students to support their advancement internally.

Voices in Decision-Making

More than being seen, diverse community members must be heard. By elevating the voices of Black and other underrepresented community members in decision-making groups, Stanford Medicine can ensure that strategic and operational decisions and the resulting outcomes reflect the needs and perspectives of a more diverse community. To ensure inclusion, diversity and health equity are a key lens through which decisions are made, the Commission recommends that **all institutional committees and advisory groups take active steps to recruit a critical mass** of Black and other underrepresented members.



A CULTURE OF BELONGING

For everyone to thrive, everyone needs to contribute.

Safety and Support

Stanford Medicine must build a foundation of safety and trust for all underrepresented groups in the community. **Reported acts of discrimination and harassment by campus police and hospital security against Black and other underrepresented community members must be reviewed and addressed** with appropriate policy reforms and training. The Commission recommends creating an **accessible, safe adjudication process** for students, providers, and staff to report experiences of discrimination, including racism, bias, dehumanization, and microaggressions. This process must allow for individuals to raise concerns without retaliation and provide transparent restorative justice processes for the victim and the accused. This is a wellness imperative that impacts both morale and academic and professional performance. Expanding access to experts who can provide culturally informed wellness and mental health support can help address this wellness need and create an environment where all feel supported, especially those who have been directly impacted by racial trauma.

Behavior Standards

In building a community where all feel included, Stanford Medicine must value individuality and the contributions to realizing that vision. This starts by setting IDHE standards and including them in all employee, faculty, and trainee onboarding, performance reviews, and promotion processes. Additionally, this system must **recognize and reward individuals for their IDHE contributions**, moving from what is currently perceived as a “diversity tax” to a “diversity bonus.” IDHE evaluation and standards should be a consideration for advancement and promotion at all levels. The Commission recommends the immediate creation of a committee to define these standards for Stanford Medicine to be included in all employee evaluations.



Personal Learning

All members of the Stanford Medicine community play a role in building a more inclusive culture, and it begins with education.

Promoting an antiracist and inclusive community requires ongoing personal development and training. Stanford Medicine is now publicly committed to antiracism, but its actions need to go beyond anti-bias training. The institution must provide training for all and tools for leaders at all levels to facilitate challenging conversations around antiracism, equity, and inclusion. These trainings should include safe opportunities for dynamic dialogue with case studies relevant to the Stanford Medicine experience.



A Culture
of Belonging





Health Equity Responsibility



HEALTH EQUITY RESPONSIBILITY

Every person must receive equal, just, and exceptional medical care.

Core Mission

As an academic medical center, Stanford Medicine must hold health equity as core to its mission. Excellence in research, education, and care must not come at the expense of equitable access and quality of care. **By adding a health equity lens to all leadership decision-making**, the institution can begin the long-term process of integrating health equity into everyday processes. Stanford Medicine also has a unique opportunity to eliminate disparities by addressing the diseases that disproportionately affect disadvantaged populations (e.g., sickle cell anemia) through its tripartite mission of research, education, and patient care.

New Center

To ground, align, and accelerate Stanford's commitment to health equity, the Commission recommends **creating a new Center for Health Equity Excellence**. The Center will be tasked with expanding research into racial health disparities and translating that research into specific initiatives to improve patient outcomes. A data-driven approach to unmask health care inequities within the institution will be the first step towards transformational change at Stanford Medicine. With the development of a health equity dashboard, the Center will work to regularly measure and improve Stanford Medicine's health equity

performance, using guidance from internally and externally developed benchmarks such as Vizient. This must be paired with a commitment to rapid iteration and improvement policies and approaches to eliminate racial and ethnic health disparities, as well as those stemming from language barriers. The Center will also form a home to integrate existing health equity efforts. Funding and a dedicated and diverse leadership team are critical to ensure the Center's success.

Equitable Care

Stanford Medicine must make every effort to provide culturally informed and equitable care. This starts with measurements, such as requiring reliable, universal capture of system-wide patient demographic data to inform health equity work. **IDHE standards must also be integrated into all care delivery practices**, cultivating a culture of belonging and inclusion to the Stanford Medicine patient community. To create a more welcoming environment for the institution's diverse patient population, Stanford Medicine must ensure language accessibility for all patient materials and care. And just as for the internal community, Stanford Medicine must enhance current patient reporting mechanisms to ensure an **accessible, safe adjudication process for patients**

to report acts of discrimination, including racism, bias, dehumanization, and microaggressions within the care system, and with appropriate patient-focused remediation.

Community Engagement

For Stanford Medicine to be seen as a provider of equitable care, it must build greater trust with local communities of color. This starts with hiring more community staff that reflect Stanford Medicine's diverse community to build relationships based on trust, transparency and mutual understanding. The institution can build on existing efforts, realign resources for greater efficacy, and increase funding for partnerships with community organizations focused on understanding and addressing URM needs. By evaluating and expanding existing scholarship and grant programs, Stanford Medicine has the potential to inspire underrepresented youth to pursue health care careers and fill the pipeline with future leaders from all underserved communities. Following the lead of many for profit enterprises, Stanford Medicine can further demonstrate its commitment to local underrepresented communities by collaborating and contracting with local Black and other URM-owned businesses.



Measuring Progress and Success

The systematic collection and review of comprehensive data sets on IDHE will be fundamental to the success of implementing these recommendations. The Commission recommends a preliminary list of metrics below, tied to its four domains.



Leadership Commitment and Accountability

% of budget dedicated to IDHE

Integrated Stanford Medicine diversity dashboard tracking metrics by underrepresented groups:

- Demographics
- Salary and benefits equity
- Research funding, support and space
- Hiring and turnover
- Promotions and timeline



A More Diverse Community

Demographic metrics:
Percentage race/ethnicity
Percentage LGBTQIA
Percentage disabled

Benchmarks versus similar organizations



A Culture of Belonging

Number of reports of bias and outcomes

Percentage of employees meeting IDHE standards

Sense of belonging and engagement



Health Equity Responsibility

Stanford Medicine patient health equity dashboard including national benchmarks (Vizient, USNWR) as well as race/ethnicity, language, sexual orientation/gender identity (SOGI), and payer mix

Looking Ahead

The Commission presented its findings and recommendations to the dean of the SOM, the president and CEO of SHC, and the president and CEO of SCH in April 2021. The three leaders are reviewing the recommendations and will share implementation plans with the community later in 2021. As a leading academic medical center, Stanford Medicine has a profound opportunity to influence change and advance efforts to create a more just and equitable society. The recommendations in this report offer guideposts to help Stanford Medicine lead by example and model the changes necessary to dismantle systemic racism and discrimination. The Commission is confident that Stanford Medicine's community and leadership are up to this challenge and will rise to the occasion with urgency. The time to act is now.





EXHIBIT 6

Lloyd Minor

Exhibit 10
Date 01.05.23

From: Lloyd Minor, MD, David Entwistle and Paul King <stanfordmed-communications+stanford.edu@ccsend.com> **Sent:** Wednesday, November 17, 2021 1:03 PM

To: Young, Qiqiua <QYoung@stanfordhealthcare.org>

Subject: Progress Update on Commission on Justice and Equity Commitments, Addressing IDEAL Survey

Nov. 17, 2021

Dear Community,

Eighteen months ago, we [pledged](#) to confront systemic racism and accelerate change within Stanford Medicine and beyond. We remain wholly committed to this pledge, particularly in light of what our University has learned from its Inclusion, Diversity, Equity, and Access in a Learning Environment (IDEAL) [survey](#).

Similar to the Commission on Justice and Equity's report, the IDEAL survey findings underscore that Stanford is not immune to systemic racism and discrimination and that significant work remains in confronting bias, prejudice, and discrimination that touches all corners of our community.

The IDEAL survey's results punctuate the urgency and significance of efforts like the Commission. Since the [Commission published its recommendations](#) in May, we have been working to identify solutions needed to foster a more just, equitable, and inclusive Stanford Medicine. Here is a brief update on these efforts:

Recruitment of a Chief Diversity Officer

We have begun a national search to recruit a Chief Diversity Officer. This position will have a critical role in centralizing, aligning, and amplifying the outstanding DEI efforts already taking place at Stanford Medicine. Our goal is to fill the position by early 2022.

Launching Action Planning Workgroups

To execute on the Commission's recommendations and to address related findings from the IDEAL survey, we have overseen the creation of several Action Planning Workgroups. These groups, composed of stakeholders from all levels of Stanford Medicine, will support the development of plans and implementation strategies to achieve rapid progress in four domains: DEI Governance, Bias Reporting and Adjudication, Health Equity Excellence, and DEI Standards and Education. Over the next several months, the workgroups will be meeting regularly as part of an Action Planning phase, with the expectation that we will begin the process of implementation in early 2022. Membership of the Action Planning Workgroups will be formally announced on the Commission website next month.

Leadership Support and Accountability

Achieving meaningful progress demands a sustained commitment from all levels of Stanford Medicine but especially leadership. Recognizing this fact, we have taken two important steps to support DEI leaders and hold everyone accountable to the same set of goals:

1. We have expanded our protected time offerings for DEI leaders within Stanford Medicine to help them focus on developing programs that support our community. We

will continue to invest in growing our organizational capacity over time to advance DEI goals.

2. We've updated our DEI performance metrics for Department Chairs that are tied to compensation and directly align with the Commission's recommendations.

Among other goals, these two steps aim to begin addressing the "diversity tax" that members of our community—particularly those from underrepresented backgrounds—feel when taking on DEI responsibilities on top of their existing roles.

Through its report, the Commission on Justice and Equity set a bold vision for Stanford Medicine. While the actions outlined above are necessary, we acknowledge that it is only a start. Much more work lies ahead as we seek to achieve transformative change; change that the IDEAL survey underscores cannot come soon enough.

We encourage you to visit the Commission on Justice and Equity website for a more comprehensive overview of our community's work to align Stanford Medicine's diversity, equity, and inclusion initiatives with the Commission's final recommendations.

We are ever optimistic and undaunted, in no small part because of this community. We want to extend our profound thanks to our faculty, students, and staff who have reached out and are helping to translate the Commission's recommendations into action. As always, we welcome your [feedback and ideas](#), and we look forward to continuing to partner with you as we move into the next phase of our work together.

Sincerely,

Lloyd Minor, MD

Dean, Stanford School of Medicine

David Entwistle

President and CEO, Stanford Health Care

Paul King

President and CEO, Stanford Children's Health

□

Stanford Medicine | [291 Campus Drive, Stanford, CA 94305](#)

[Unsubscribe qyoung@stanfordhealthcare.org](mailto:Unsubscribe.qyoung@stanfordhealthcare.org)

[Constant Contact Data Notice](#)

Sent by stanfordmed-communications@stanford.edu

EXHIBIT 7

2021 IDEAL DEI Survey

Summary of Key Findings



Stanford University

Imagine Reporting
855.777.7865

Lloyd Minor

Exhibit 8
Date 01.05.23

8.1

Plaintiff Young 06034

Contents | **Key Findings from the 2021 IDEAL DEI Survey**

- 1. Demographics and Identity**
- 2. Sense of Belonging and Inclusion**
- 3. Microaggression, Discriminatory, and Harassing Behaviors**
- 4. Microaggression**
- 5. Discriminatory Behaviors**
- 6. Harassing Behaviors**
- 7. Reporting Experiences to the University**

- *For more information about the 2021 IDEAL DEI Survey, please visit the survey project website where you can find a description of the survey methodology, reports about key findings, and interactive dashboards where you can explore the survey data in greater detail.*
<https://idealdeisurvey.stanford.edu/>

2021 IDEAL DEI Survey | Response Rates

- Survey sent to all faculty, staff, students, and postdocs in May 2021
 - **36%** overall response rate
 - **14,907** respondents of 41,052 invited to take the survey
 - **29-31%** response rate for students, postdocs, and clinician educators
 - Comparatively high response rate among staff (**44%**) and faculty (**38%**)
 - Response rate was higher for females (**44%**) than males (**29%**)*
- Survey data are unweighted, i.e., do not “correct for” higher response rates for female or faculty and staff.
 - Clinician Educators are broken out separately from Faculty in the data

* **Note:** Currently university records contain only biological sex. Therefore, calculating survey response rates compared to the total university population required using biological sex instead of gender identity. The survey collected data on gender identity, which can be found on the survey project website.



3

2021 IDEAL DEI Survey | Unit/Department Level Reporting

Protecting Survey Participant Privacy

- The IDEAL survey was designed to collect data about experiences that differ substantially based on the racial and ethnic identities (among other identities) of study participants.
 - For the vast majority of departments and work units at Stanford, there were too few survey respondents to report findings broken out by department/unit level across racial and ethnic identities while systematically maintaining the privacy of individual survey respondents.
 - **For example:**
 - Across all undergraduate majors represented on the survey, **there were only two that had more than 10 undergraduate survey respondents who identified as Black or African American.** (30% undergraduate response rate, 146 Black or African American undergraduate survey respondents.)
 - **No department had more than three Black or African American faculty respondents** despite a response rate among Black or African American faculty of 54%. (There are 45 faculty members currently at Stanford who have identified themselves in university records as Black or African American.)
- **In most instances, reporting survey findings at the department level by race/ethnicity, gender identity, or other key identities/demographics would put at risk the anonymity of individuals who participated and the privacy of their survey responses.**

Demographics and Identity

Stanford University

Demographics, Identity, and Diversity

The IDEAL DEI Survey collected new and more detailed information about the demographics and identities of Stanford community members. You can explore this new data by visiting the survey data dashboards.

Examples of new survey data available:

- Race and ethnicity
- Country of origin
- Religious identity
- Gender identity
- trans identity
- Sexual identity/orientation
- Politics
- Disabilities
- Socioeconomic background
- First generation in college
- Age

Note on multiple selections:

Many of the demographic questions on the survey allowed respondents to select more than one identity option (for example, respondents could select both *Black or African American* and *Hispanic or Latino/a*). **In the charts and summaries below, respondents are included in every category with which they identified.**

Sense of Belonging and Inclusion

Stanford University

Sense of Belonging | **Valued as an Individual**

- **65% of all respondents** felt “**valued as an individual**” at Stanford.
- **65%** felt valued in their **School, VP unit, Institute/Center**
- **78%** felt valued in their **Department** or **Work Unit**.
- **81%** felt valued in their **Lab Group** (where applicable).

Sense of Belonging | Welcoming and Exclusionary Spaces

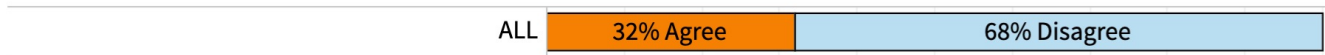
All Respondents:

I have found one or more communities, groups, or spaces at Stanford...

...where I feel welcome

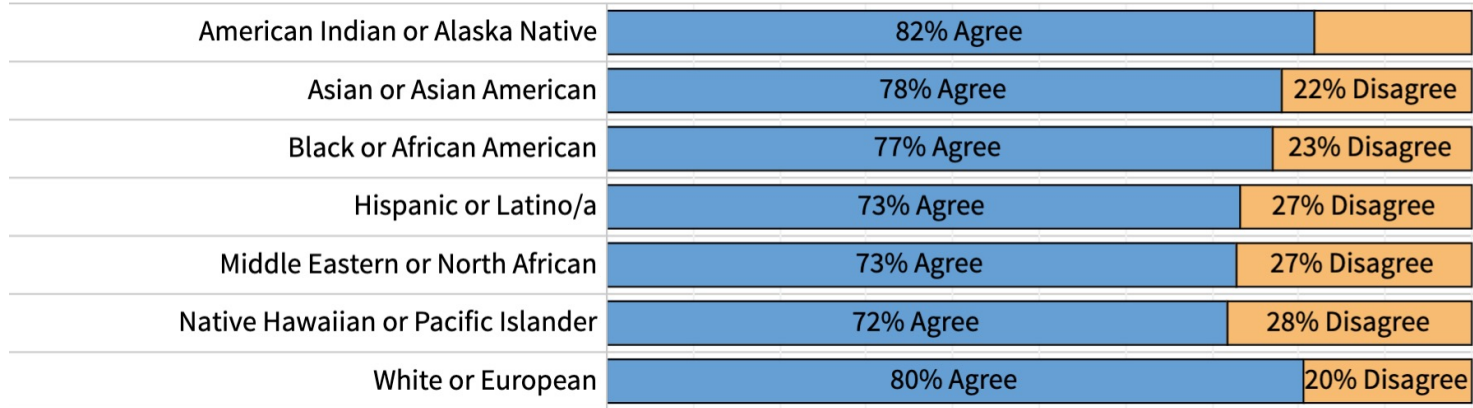


...where I feel marginalized or excluded



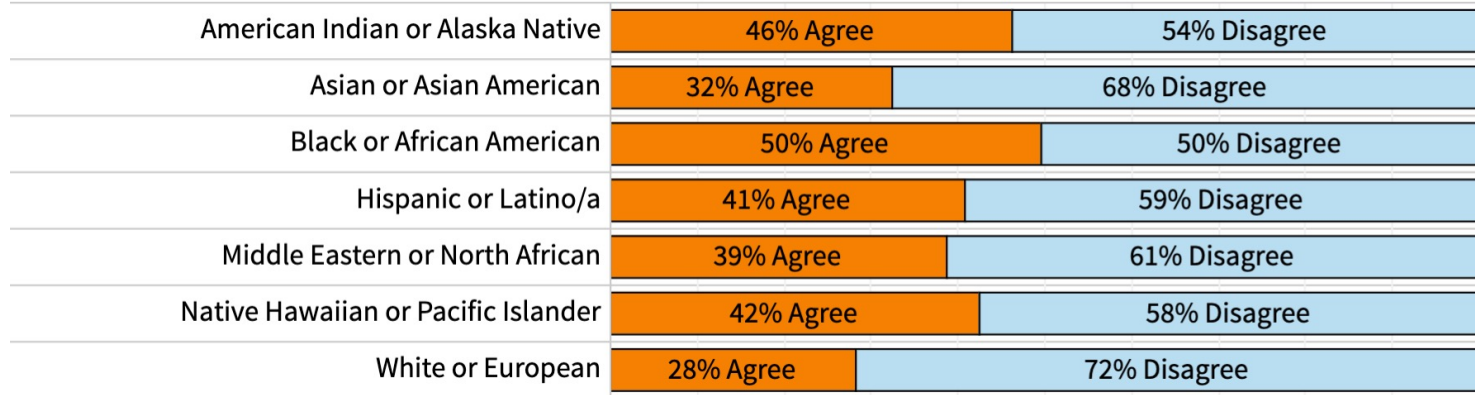
Sense of Belonging | Welcoming Spaces by Race/Ethnicity

All Respondents: I have found one or more communities, groups, or spaces at Stanford...
...where I feel welcome



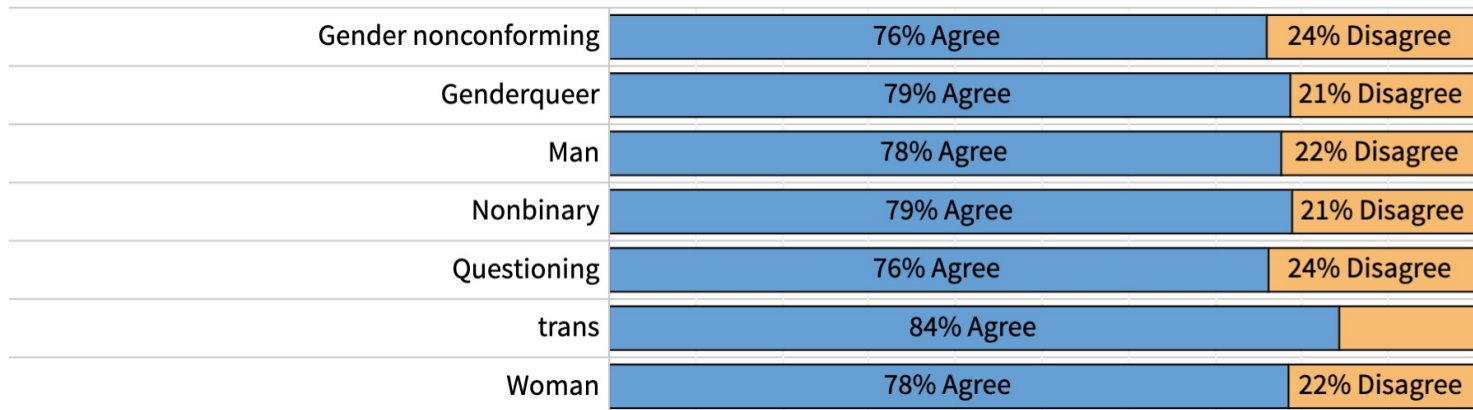
Sense of Belonging | Welcoming Spaces by Race/Ethnicity

All Respondents: I have found one or more communities, groups, or spaces at Stanford...
...where I feel marginalized or excluded



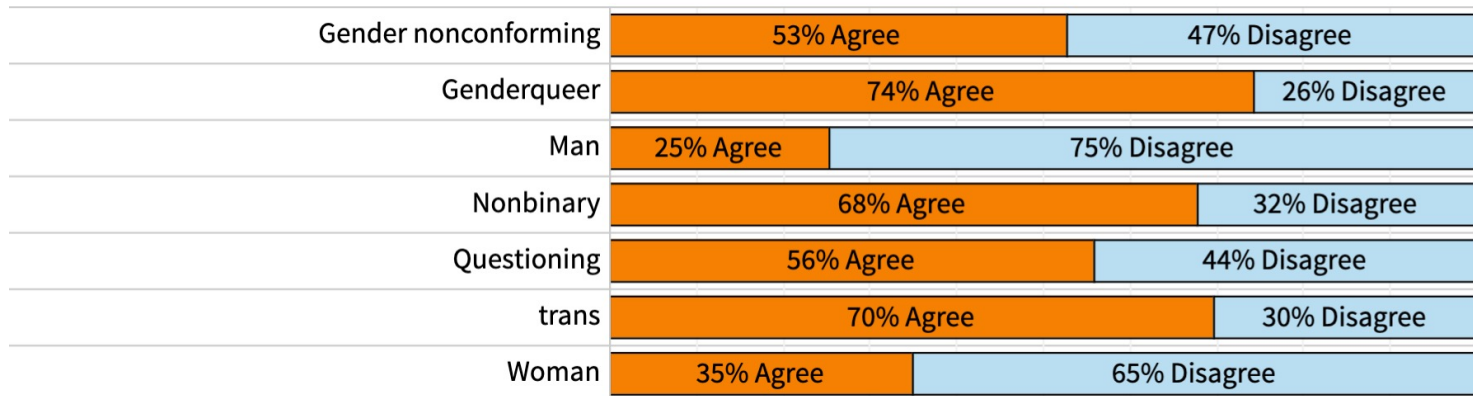
Sense of Belonging | Welcoming Spaces by Gender Identity

All Respondents: I have found one or more communities, groups, or spaces at Stanford...
...where I feel welcome



Sense of Belonging | Welcoming Spaces by Gender Identity

All Respondents: I have found one or more communities, groups, or spaces at Stanford...
...where I feel marginalized or excluded



Microaggression, Discriminatory, and Harassing Behaviors

Stanford University

8.14

Plaintiff Young 06047

What do we mean by microaggression, discriminatory, and harassing behaviors?

- The survey did not ask whether respondents experienced “microaggression,” “discrimination,” or “harassment.”
- Instead, the survey used **specific examples of interactions and behaviors** across each of these types of experiences (See sections below for more information about these survey questions).

Microaggressions due to race or ethnicity

- **“Microaggression”** is a term for commonplace daily verbal, behavioral or environmental slights, whether intentional or unintentional, that communicate hostile, derogatory, or negative attitudes toward stigmatized or culturally marginalized groups (Sue 2010). **Racial microaggressions** are **“brief, everyday exchanges that send denigrating messages to people of color because they belong to a racial minority group”** (Sue et al 2007).
- The term “microaggression” did not appear on the survey. It is used in our reporting to categorize **four sets of specific experiences that were presented to survey respondents.**

References

Sue, D. W. (2010). *Microaggressions in Everyday Life: Race, Gender, and Sexual Orientation*. Wiley. pp. xvi. ISBN 978-0-470-49140-9.

Sue, D. W., Capodilupo, C. M., Torino, G. C., Bucceri, J. M., Holder, A., Nadal, K. L., & Esquilin, M. (2007). Racial microaggressions in everyday life: implications for clinical practice. *American psychologist*, 62(4), 271.

What do we mean by microaggression, discriminatory, and harassing behaviors?

Questions about these experiences were limited to:

- Incidents that **occurred during the past two years** (or since arriving at Stanford)
 - The survey was conducted in May 2021, and the period covered by these survey questions roughly spans one pre-pandemic year, where teaching, research, and work occurred on campus, and one year where these activities were largely conducted remotely.

- By someone **associated with Stanford**.

The Scope of the Problem at Stanford | **Microaggression, Discriminator, and Harassing Behaviors**

- Data from the IDEAL Survey show that **these experiences are common in every Stanford school and across nearly every department and work unit.** (where there were more than 10 survey respondents)

Across Stanford Schools

Range across schools in percent of respondents indicating one or more experiences with **microaggression, discriminatory, or harassing** behaviors in the past two years by someone associated with Stanford.

- **Faculty:** Between **30-60%**
- **Undergraduates:** Between **40-50%**
- **Graduate & Prof. School students:** Between **40-60%**
- **Postdocs:** Between **25-35%**

The Scope of the Problem at Stanford | Academic Department Level

Faculty, Undergraduates, and Graduate/Professional Program Students

Percent of respondents indicating one or more experiences with **microaggression**, **discriminatory**, or **harassing** behaviors in the past two years by someone associated with Stanford.

Faculty

- **More than 20%** of faculty respondents **in every department**
- **50% or more** of faculty **in half of all departments**

Graduate and Professional Program Students

- **More than 25%** of graduate/professional program students **in every department**
- **50% or more** of graduate/ professional program students **in half of all departments**

Undergraduate students

- **More than 25% of undergrads** in nearly every major (with more than 10 survey respondents)

The Scope of the Problem at Stanford | **Staff**

For all Staff

Percent of respondents indicating one or more experiences with **microaggression, discriminatory, or harassing** behaviors in the past two years by someone associated with Stanford.

- **25% or more of staff in every work unit** (with more than 10 survey respondents)

- **For Black and African American Staff**
 - **50% or more of Black or African American staff in every work unit**
(with more than 10 Black or African American survey respondents)
 - **More than two-thirds of Black or African American staff in half of all work units**

The Scope of the Problem at Stanford | **Impact**

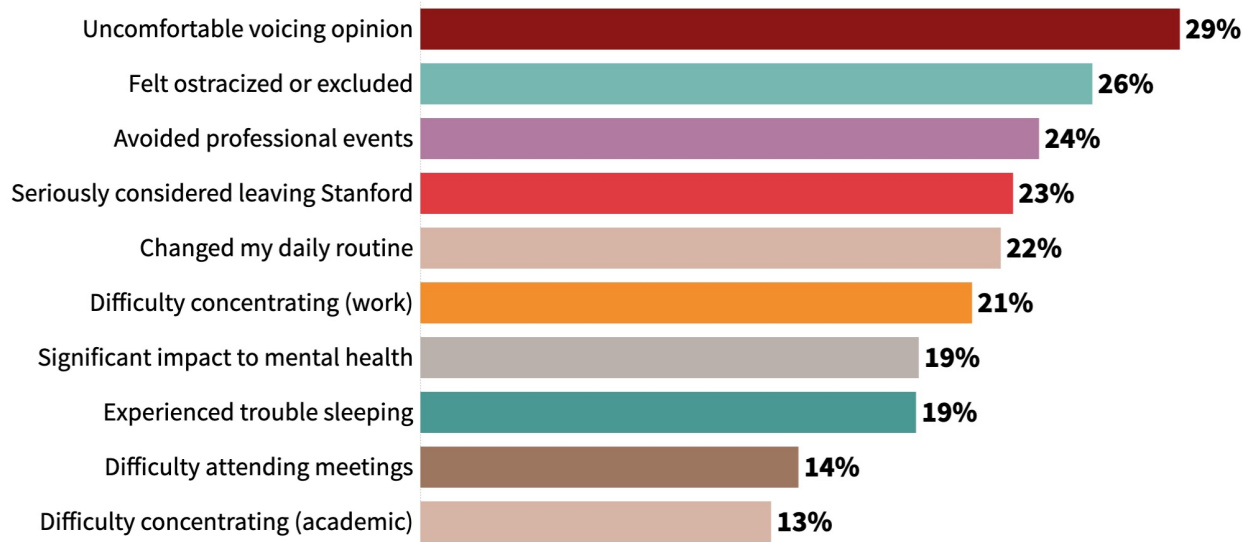
Regardless of race or role at Stanford:

- **70% or more** of all survey respondents who experienced at least one instance of **microaggression, discriminatory, or harassing behaviors indicated at least one significant impact.**
- **30%** of respondents that experienced **microaggression**, **40%** or more who experienced at least one **discriminatory behavior**, and **60%** that experienced **harassing behaviors** indicated that they felt their experiences **resulted in a hostile academic or work environment.**
- Subsequent to their experiences, **29% felt uncomfortable voicing their opinion, 26% felt ostracized or excluded, 24% avoided department or professional events.**
- **23% seriously considered leaving Stanford.**

The Scope of the Problem at Stanford | Impact

In what way did your experience(s) impact you?

Percent of all respondents who indicated at least one experience with microaggression, discriminatory, or harassing behaviors in the past two years.



Microaggression

Stanford University

Experiences with Microaggression | Definitions

How did the survey ask about experiences with race-related microaggression?

- Survey items come from survey and qualitative research literatures on how people experience commonplace, harmful interactions because of their race or ethnicity.
- We did not use the term “microaggression” on the survey. We use it to group four sets of specific experiences presented to survey respondents.

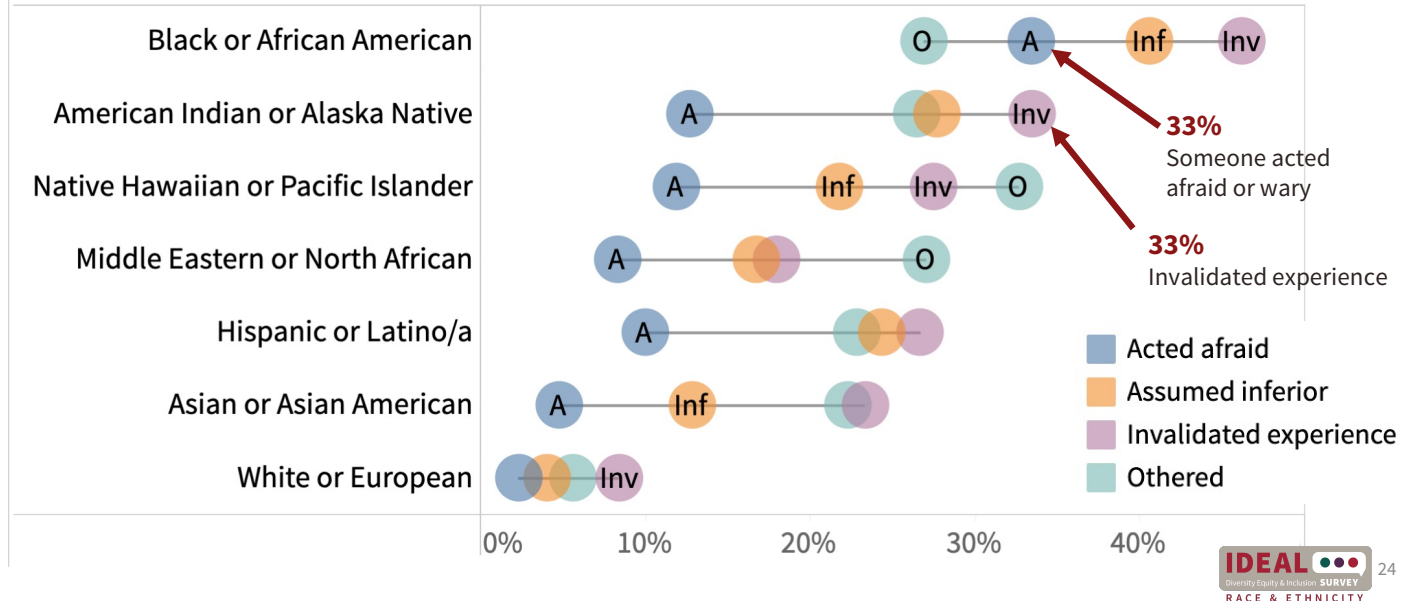
Four types of race-related microaggression on the survey:

- **Invalidated lived experience:** Told me they don’t see race, or we should not think about racism anymore, people of color don’t experience racism or just need to work harder, assumed a particular skill set because of my race/ethnicity (e.g., math/science, sports)
- **Assumed inferiority:** Assumed I was poor or from a disadvantaged background because of my race/ethnicity, acted surprised at scholastic/professional success or how articulate I am
- **Othered or exoticized:** Assumed I was not born in the U.S. or that I spoke a language other than English, suggested that I was “exotic,” told me that all people of my racial group look alike or are the same
- **Acted afraid or wary:** Avoided walking near me or clutched belongings, singled out by police/security, followed by a store owner

Experiences with Microaggression | Types of Interactions by Race/Ethnicity

- The proportion of respondents experiencing each of four types of microaggression varied by the race/ethnicity of survey respondents.

Percent of survey respondents indicating experience with each type of microaggression by race/ethnicity

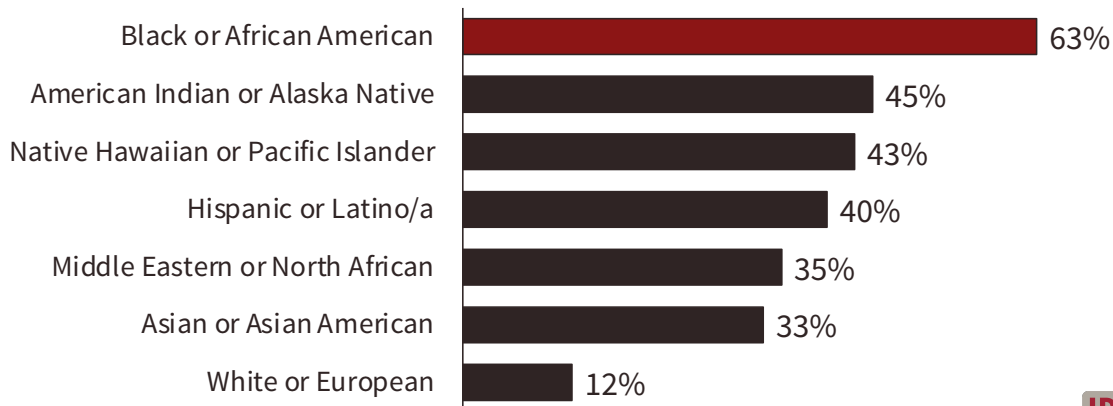


Experiences with Microaggression | Prevalence by Race/Ethnicity

- Experiences with microaggression were common (**33-45%**) across all respondents who identified as a race/ethnicity other than White/European or Black/African American.
- 63% of Black or African American respondents** indicated at least one experience with microaggression.

All respondents by race/ethnicity

Percent “Yes” At least one **microaggression** type in the past two years.



Experiences with Microaggression | **Setting and Perpetrators**

Settings

- Experiences with microaggression occurred **across all environments at Stanford** including in the **workplace, classroom, in labs, in social settings, and in recreational and residential environments.**

Perpetrators

- Those who experienced microaggression reported that the perpetrator was **most often someone in the same campus role** (e.g., student to student, faculty to faculty, staff to staff).
- But experiences were not exclusive to intra-role interactions. For example:
 - For **undergraduate and graduate/prof.** students, the **second most common** perpetrator was a **“faculty or instructor.”**
 - For **faculty**, the **second most common** perpetrator was a **“student.”**
- For 1,440 staff who experienced microaggressions, **26%** said it was their **boss or supervisor** and **19%** indicated a **faculty member** was a perpetrator.

Discriminatory Behaviors

Stanford University

8.27

Plaintiff Young 06060

Discriminatory Behaviors

- How did the survey ask about discriminatory behaviors?

During the last two years you have been employed at Stanford (or fewer, depending on when you were hired), have you ever experienced...

Discriminatory behaviors by someone associated with Stanford?

For example:

- Denied or overlooked for a promotion
- Unfair or unjust hiring practice
- Unfair or unjust disciplinary actions
- Denied or overlooked for professional development or mentorship opportunities
- Received a low performance evaluation
- Denied physical or mental health services
- Assigned an undesirable or unimportant task
- Denied leave request (including vacation)
- Denied equitable compensation
- Denied recognition in research publication

Yes

No

Prefer not to say

We know it can be difficult to know for sure whether or not someone's behaviors toward you are attributable to any one of your identities or attributes. For some, it is very clear; for others there is more uncertainty. We also know that this uncertainty can make the experiences even more difficult.

To the extent that you are comfortable answering, do you feel that any of these discriminatory behaviors were **due to your racial or ethnic identity**?

Yes

No

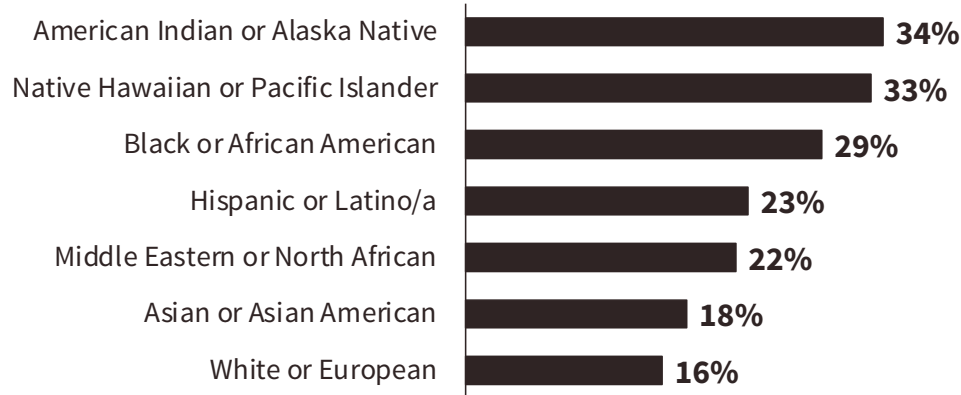
I'm not sure

Discriminatory Behaviors

- About **one-third** of **American Indian/Alaska Native** and **Native Hawaiian/Pacific Islander** survey respondents experienced discriminatory behaviors (due to any identity).
- Of **Black or African American** survey respondents that indicated they experienced some form of **discriminatory behavior**, **58% said it was due to their race**.

Percent “Yes” - Experienced at least one **discriminatory behavior in the last two years by someone associate with Stanford.**

All respondents by race/ethnicity

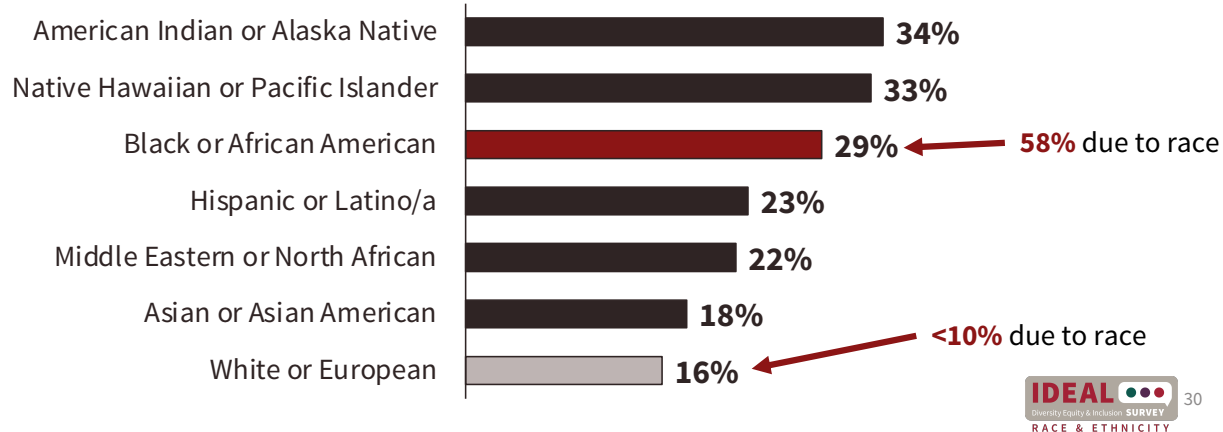


Discriminatory Behaviors

- About **one-third** of **American Indian/Alaska Native** and **Native Hawaiian/Pacific Islander** survey respondents experienced discriminatory behaviors (due to any identity).
- Of **Black or African American** survey respondents that indicated they experienced some form of **discriminatory behavior**, **58% said it was due to their race**.

Percent “Yes” - Experienced at least one **discriminatory behavior in the last two years by someone associate with Stanford.**

All respondents by race/ethnicity



Discriminatory Behaviors

Disability and discriminatory behaviors

- Across all roles at the University, **survey respondents who identified as having a disability indicated experiencing discriminatory behaviors at higher rates** than respondents who did not identify as having a disability.

For example:

- **46% of undergraduates** who **identified as having a disability** reported experiencing **at least one discriminatory behavior** in the past two years
 - Compared to **16%** of undergraduates who did not identify as having a disability.
- **34% of staff** who **identified as having a disability** reported experiencing **at least one discriminatory behavior** in the past two years
 - Compared to **20%** of staff who did not identify as having a disability.

Harassing Behaviors

Verbal, Written, Online, and Physical Harassing Behaviors

Stanford University

Verbal, Written, and Online Harassing Behaviors

- How did the survey ask about **verbal harassing behaviors**?

During the last two years you have been employed at Stanford (or fewer, depending on when you were hired), have you ever experienced...

Verbal, written, or online harassing behaviors by someone associated with Stanford?

For example:

- *Someone made a derogatory remark or gesture in person or online*
- *Someone sent me a derogatory email, text, or social media post*
- *Someone defaced property with derogatory graffiti*
- *I was embarrassed, humiliated, or threatened by someone in person or online*

Yes

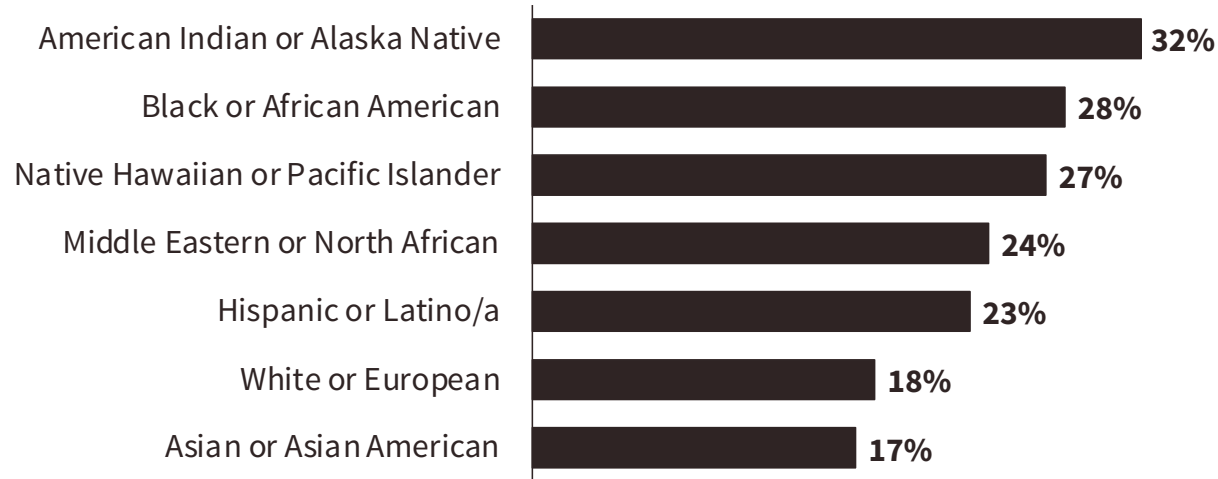
No

Prefer not to say

Verbal, Written, and Online Harassing Behaviors

Percent of survey respondents who experienced at least one **verbal, written, or online harassing behavior** in the last two years by someone associated with Stanford.

All respondents by race/ethnicity



Verbal, Written, and Online Harassing Behaviors

Gender and trans identity and harassing behaviors

- Larger percentages of **gender non-binary (40%)** survey respondents indicated experiencing verbal harassing behaviors than *women* (21%) or *men* (15%).
- **46%** of survey respondents **who identified as trans** indicated experiencing verbal harassing behaviors. Overall, 19% of survey respondents indicated experiencing verbal harassing behaviors.

Verbal, Written, and Online Harassing Behaviors | **Perpetrators**

University staff

- Of the 1,313 staff who said they experienced **verbal harassing behaviors** (for any reason) **41% indicated their boss or supervisor was a perpetrator** and **26%** indicated a **faculty member was a perpetrator**.
- Of the 337 staff who said they experienced **verbal harassing behaviors** due to their race or ethnicity, **42% indicated their boss or supervisor was a perpetrator**.

Graduate Students and Postdocs

- **47%** of **graduate students** that experienced verbal harassing behaviors indicated a **faculty member or instructor was a perpetrator**.
- **45%** of **postdocs** that experienced verbal harassing behaviors indicated a **faculty member or instructor was a perpetrator**.

Physical Harassing Behaviors

- How did the survey ask about **physical harassing behaviors**?

During the last two years you have been employed at Stanford (or fewer, depending on when you were hired), have you ever experienced...

Physically harassing behaviors by someone associated with Stanford?

For example:

- *I was threatened with physical violence*
- *I experienced physical violence*
- *Someone tried to touch me without my consent*
- *I was touched in a way that I did not want*

Yes

No

Prefer not to say

Physical Harassing Behaviors

- **521 people indicated experiencing physical harassing behaviors** in the last two years by someone associated with Stanford.
- Of those who experienced physical harassing behaviors, the majority indicated that they believed the behaviors were **due to their gender identity**.
- Experiences with physical harassing behaviors were reported across **all roles** at Stanford, but **most frequently among undergraduates**.

Physical Harassing Behaviors

- Of those who experienced physically harassing behaviors due to their gender/sexual/or trans identity, **93%** indicated it was a form of **non-consensual sexual contact**, with the two most frequent experiences being “inappropriate touching” (69%) and “tried to stroke/fondle/kiss” (47%).
- **32%** of undergraduate survey respondents that identified **as nonbinary** and **18% of undergraduate women** indicated they experienced some form of physical harassing behaviors in the past two years (including over a year of remote instruction).
- Where are physically harassing behaviors occurring among **undergraduates**?
 - Of the 275 students who experienced physical harassing behaviors:
 - **72%** in a **social setting**
 - **37%** in a **residential setting**

Reporting to the University

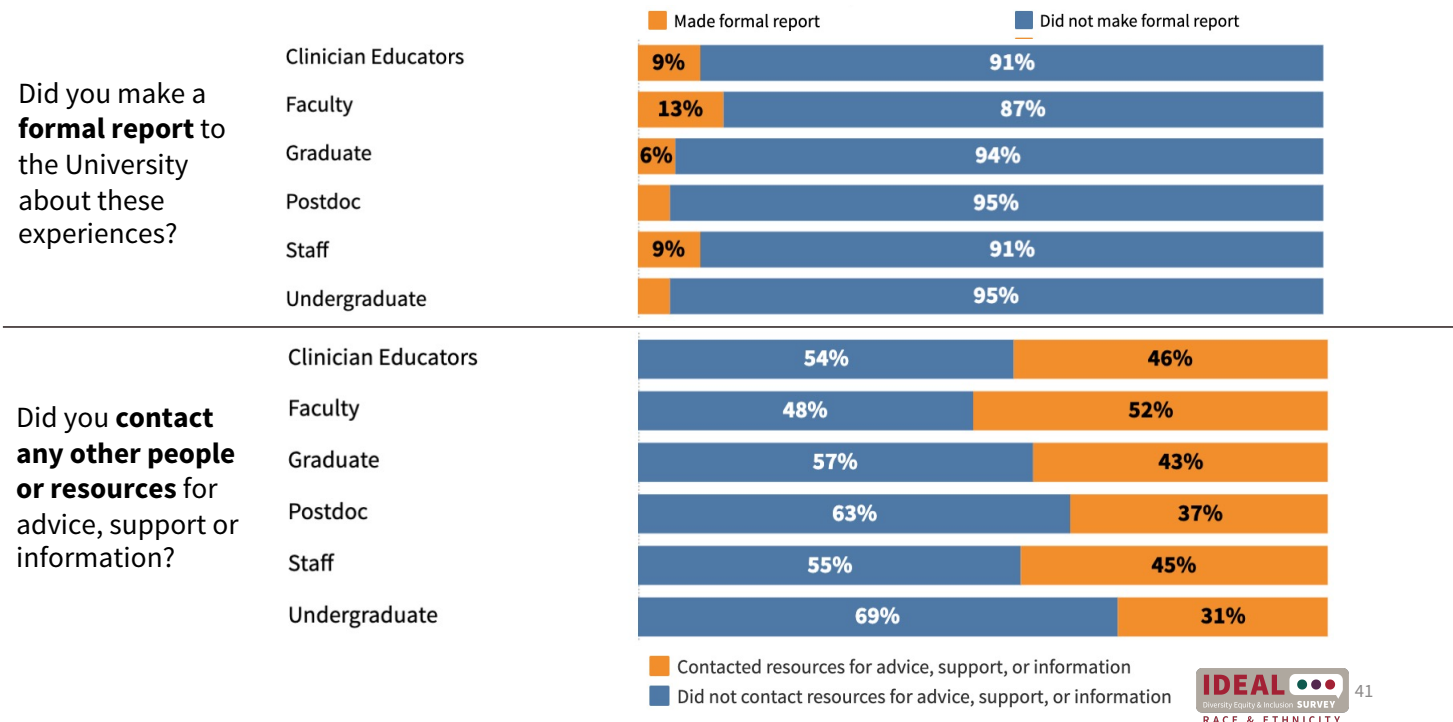
Stanford University

8.40

Plaintiff Young 06073

Reporting experiences to the University

Percent of *all respondents* who indicated at least one experience with microaggression, discriminatory, or harassing behaviors in the past two years.



Visit the survey website

<https://idealdeisurvey.stanford.edu/>



Stanford University

EXHIBIT 8

To: Schilling, Lisa[LSchilling@stanfordhealthcare.org]; Shen, Sam[SShen@stanfordhealthcare.onmicrosoft.com]
From: Murshed, Alexis Victoria
Sent: Tue 4/9/2019 1:43:15 PM (UTC-07:00)
Subject: SECURE: RWC Digestive Health Complaint

Follow-up on Redwood City Digestive Health Complaint

Allegedly 2 patients in the past month suffered a Code Blue related to questionable care.

Able to identify 1 of the 2 patients who presented to RWC DH Department on 2/7/2017 for a Esophageal Manometry Procedure (EMAN). Patient lost consciousness shortly after administration of topical lidocaine. RN immediately started first responder CPR and 911 called. Patient regained consciousness within minutes.

Patient taken to Sequoia Hospital by Paramedics. On 2/9/ 2019, the physician (Dr. Adriana Garcia) reached out to the patient and found that the patient is fine and was released from the hospital on the same date of 911, as tests did not indicate any health issues. Anxiety may have played a part in his presentation.

My review of documentation does support the above information obtained through dialog with the Assistant Manager.

Will continue to try and identify the second event but the manager in the area is not aware of another but will continue to inquire.

~Alexis

Alexis Victoria Murshed, RN MBA CPHRM CLNC

Director of Patient Safety

TEACHEREQUALIZER

300 Pasteur Drive A015 | QPSED: MC-5758

Palo Alto, CA 94305

Office: (650) 724-7548

Cell: (650) 714-5030

FAX: (650) 724-8674

Email: amurshed@stanfordhealthcare.org

Administrative Assistant

Anne Winslow

awinslow@stanfordhealthcare.org

650-723-8577



Safety is a Dynamic Non-Event, we have to work very hard so that nothing will happen.

This e-mail may contain confidential information protected by Evidence Code 1157. It may also contain Patient Safety Work Product protected by data submission to the CHPSO Patient Safety Organization and the Patient Safety Act. Please do not copy, share, or forward.

SHC012154

To: Schilling, Lisa[LSchilling@stanfordhealthcare.org]; Shen, Sam[SShen@stanfordhealthcare.onmicrosoft.com]
Cc: Beatty, Dale[DBeatty@stanfordhealthcare.org]; Krna, Catherine[CKrna@stanfordhealthcare.org]; Weinacker, Ann, M.D.[AWeinacker@stanfordhealthcare.org]
From: Murshed, Alexis Victoria
Sent: Wed 4/10/2019 9:21:47 AM (UTC-07:00)
Subject: SECURE: Follow-up on Redwood City Digestive Health Complaint (2nd Patient)

Good Morning Leaders,

Follow-up on Redwood City Digestive Health Complaint

Allegedly 2 patients in the past month suffered a Code Blue related to questionable care.

Able to identify the second patient, a 30 year old patient with history of chronic reflux, laryngospasm and dysphasia presented to RWC DH Department on 1/22/2019 for a Esophageal Manometry Procedure (EMAN). Patient lost consciousness shortly after administration of topical lidocaine. RN immediately started bag mask ventilation and Patient regained consciousness immediately and the procedure was aborted. 911 care offered but patient declined and requested to go home.

Patient went home after demonstration of stable vital signs and stable clinical assessment. The MD (Dr. Adriana Garcia) reached out to the patient the next day 1/23/2019, and patient was fine. The patient was scheduled for follow-up completion of EMAN as well as EGD with biopsy at the hospital Endoscopy Department due to her previous experience.

My review of documentation does support the above information obtained through dialog with the Assistant Manager.

Alexis Victoria Murshed, RN MBA CPHRM CLNC

Director of Patient Safety

TEACHEREQUALIZER

300 Pasteur Drive A015 | QPSD: MC-5758

Palo Alto, CA 94305

Office: (650) 724-7548

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SHC012155

EXHIBIT 9



**Confidential
For Internal Review Purposes Only**

Privacy Assurance Office Memorandum

To: Kathryn Bailey, Administrative Director – Cancer Care Programs
Cc: Kim Ko, Senior Employee & Labor Relations Specialist
From: Donna Harper, Assistant Director, Privacy Assurance
Date: February 18, 2015
Re: Privacy Investigation Case #9874 Summary Memorandum

The Privacy Assurance Office (Privacy Office) has completed its investigation into the above-referenced case. A summary of the privacy issue investigated, case outcome and findings, along with any recommendations or requirements for remediation/preventive action are described below. If remediation/preventive action is required, the associated Remediation and Prevention Plan (RPP) grid must be completed and returned to the Privacy Office within 10 business days from receipt of the request for the plan.

Privacy investigations include, as appropriate, medical record reviews, system audit log reviews, staff and manager interviews, interviews with subject matter experts, policy reviews, and other available investigative review processes needed for fact-gathering and decision-making. The following privacy issue was reported to the Privacy Office on Tuesday, January 6, 2015. Interviews were conducted on January 9, 2015, January 15, 2015, January 20, 2015, January 27, 2015 and January 28, 2015. The following individuals were interviewed in person: Sarishma Maharaj, Medical Assistant, Elizabeth Dobbins, Medical Assistant, Natalie Buranzon Medical Assistant, Tim Svozil, Assistant Clinic Operations Manager, Kathryn Bailey, Administrative Director, Cancer Clinic, and Margaret (Meg) Folk-Tolbert, Nurse Practitioner (NP). Kim Ko, Senior Employee & Labor Relations Specialist attended the in-person meetings with the three medical assistants. Dr. Kim Rhoads (Attending) was interviewed via phone and follow-up phone interviews were conducted via phone with the three Medical Assistants and the NP. EPIC access audits were conducted on January 27, 2015 and January 29, 2015 by the Privacy Office and Epic Security Technical Services once the affected patient was identified by the Attending.

Privacy Issue: Impermissible Use

The Privacy Office was contacted on Tuesday, January 6, 2015 by Kim Ko, Senior Employee & Labor Relations Specialist who reported that during the course of a human resource investigation regarding a separate non-privacy matter and while interviewing Sarishma Maharaj (MA-1), she

was informed that MA-1 had received a texted photo from Natalie Buranzon (MA-2), a co-worker in the SHC Cancer Center. The text was sent from MA-2's personal cell phone to MA-1's personal cell. MA-1 further stated that the texted photo was sent to the personal cell phone of another co-worker in the Cancer Center, Elizabeth Dobbins (MA-3). The photo depicted a patient's sensitive anatomy.

Outcome:

On Wednesday, November 19, 2014 a Medical Assistant in GI Oncology, used her personal cell phone to take a photo of a patient's sensitive anatomy and texted the photo to the personal cell phones of two co-workers. The privacy issue was reported to the hospital on Tuesday, January 6, 2015 during the course of a human resource investigation. The recipients of the photo did not report the violation in a timely manner. According to the Attending Physician, Dr. Kim Rhoads, the photo does have clinical value in that the anatomy is very abnormal and would make it difficult/challenging to conduct the scheduled testing. The investigation yielded no support for the claim that the photo was taken for clinical purposes. However, if it is assumed the photo was taken for clinical purposes, it was taken in violation of hospital policy and shared with co-workers who at the time were not involved in the patient's care team.

Summary of Investigative Findings:

1. On the day the photo was taken, the three medical assistants had been engaged in a day long group texting session. Informal as well as work related text messages had been posted by the three medical assistants and each medical assistant at some point during the day had responded to the various texts.
2. When the patient presented, MA-2 was responsible for in-take and vitals. MA-2 stated that Margaret (Meg) Folk-Tolbert, Nurse Practitioner (NP) directed her to take the photo for the purposes of showing the photo to the Attending. This statement could not be substantiated. Although the NP did not recall whether she directed MA-2 to take the photo, the Attending stated she would not direct a MA to take a patient photo because she is in the clinic and can see the patients in person, so there would be no need for a photo. Attending stated it is "not often, to rarely, to never" that she would direct a MA to take a patient photo. Attending further stated she would never direct a patient photo to be taken with a personal cell phone as there are processes in place for taking patient photos using authorized hospital equipment. The Attending added, she would never approve or sanction texting patient photos to personal cell phones.
3. The photo in question appears to have been an inappropriate expression related to the "bad day" one of the MA's was having. There is no record the patient authorized the photo. There is no evidence the photo was uploaded to the patient's record.
4. It was after the investigator's prompting with dates, a review of her notes from Wednesday, November 19, 2014 and prior to viewing the photo, that the Attending was able to identify the patient. The Attending confirmed that "a clinician" would not be able to identify the patient based on the uniqueness of the wound in this particular photo. But

the Attending herself, upon viewing the photo would definitely remember the anatomy, but only because she was specifically treating this area of the body.

Mitigation:

1. The photo was not further disclosed beyond the three medical assistants and was deleted from the cell phones of all three medical assistants in the presence of the Privacy Office and Employee & Labor Relations representatives.
2. Verbal attestations from the three Medical Assistants attesting they did not use or disclose the photo and will not use or further disclose, any information relating to the patient or this incident with any other person.
3. To date there has been no indication of additional inappropriate or unauthorized access to the photo.

Additional Factors:

1. All three medical assistants completed HIPAA training prior to the date of the incident.

Remediation and Prevention Plan:

To address the findings above and prevent recurrences of a similar incident, the following action steps are required: (1) review and implement specific departmental controls and processes, and establish appropriate infrastructure to implement departmental policies to prevent further occurrence, and (2) complete and return the associated Remediation and Prevention Plan grid within 10 business days from receipt of the request for the plan.

Policy Violations: Natalie Buranzon, Medical Assistant

See Policy: HIPAA Photographing of Patients by Physicians, Staff Members, Patients and/or Visitors

- Failure to obtain patient consent and document in the medical record.
- Taking a photograph of patient with a personal cell phone or other portable electronic device.
- Failure to use hospital approved equipment when taking the photograph.

See Policy: HIPAA: Internal Access to Protected Health Information

- Failure to securely maintain and store the photograph and manage access to and circulation of the photograph.
- Failure to securely maintain and store the photograph for as long as needed and securely dispose of it when no longer needed.

See Policy: HIPAA: Use and Disclosure of Protected Health Information

- Failure to obtain patient authorization before using or disclosing the photo for purposes other than treatment, payment or operations.
- Using PHI for non-business related purposes.

See Policy: HIPAA Patient Privacy and Information Security Incidents: Corrective Action Policy

Inappropriate or unprofessional use or disclosure of de-identified patient information can cause reputational risk to the organization and may be subject to corrective action.

Class 2 Offense: Deliberate and/or Reckless Disregard to Protect Patient Information
Class 2 offenses may include, but not be limited to, the following behaviors or activities that result from intentional and/or reckless disregard:

Accessing (including searching to see if a record exists), using, or disclosing PHI without a job-related need to know (e.g., looking up records for personal learning or out of curiosity or concern).

Using electronic devices or removable media not issued by SHC/LPCH IT or not meeting SHC/LPCH IT Security standards to capture, store, or transmit patient information. Devices include, but are not limited to, desktop computers, laptop computers, other computing devices, iPhones, blackberry and other mobile devices.

Disclosing PHI learned in the course of a legitimate business activity to internal individuals who are not authorized to receive the information or who do not have a job-related need-to-know.

The following corrective action shall be taken with consideration given in accordance with sections IV.B.2 – B.5:

Aggravating Factors include:

- a. Should have known or negligent behavior
- b. Past behavior

Class 2 offense: Termination

Policy Violations: Sarishma Maharaj, Medical Assistant
Elizabeth Dobbins, Medical Assistant

See Policy: HIPAA: Internal Access to Protected Health Information

- Failure to return or forward the photo to the appropriate gatekeeper or originator or to the Privacy Office once it came into his or her possession.
- Failure to ensure that his or her access to PHI is appropriate.

See Policy: HIPAA Privacy-Related Complaints, Reporting, and Breach Notification

- Failure to immediately report to the Privacy Officer, the potential violation or concern after becoming aware of the potential violation.

See Policy: HIPAA: Use and Disclosure of Protected Health Information

- Using PHI for non-business related purposes.

See Policy: HIPAA Patient Privacy and Information Security Incidents: Corrective Action Policy

Inappropriate or unprofessional use or disclosure of de-identified patient information can cause reputational risk to the organization and may be subject to corrective action.

Class 2 Offense: Deliberate and/or Reckless Disregard to Protect Patient Information
Class 2 offenses may include, but not be limited to, the following behaviors or activities that result from intentional and/or reckless disregard:

1. Failure to immediately report a privacy or information security incident to the SHC/LPCH Privacy Office. Note: Incidents must be reported to the Privacy Office immediately whenever the individual knows, or reasonably should know, that a breach might have occurred.

The following corrective action shall be taken with consideration given in accordance with sections IV.B.2 – B.5:

Aggravating Factors include:

- a. Should have known or negligent behavior
- b. Past behavior

Class 2 offense: Final Written Warning
Sarishma Maharaj, Medical Assistant

Elizabeth Dobbins, Medical Assistant
CORRECTIVE ACTION PLAN

I. Jan 13, 2015 Cancer Care Programs Manager Meeting: 3:00-4:00pm

List of attendees & agenda:

Meeting Agenda:

1. Box training with Julie Kuznetsov
2. Introduction of Jennifer Landes, Manager, CCP Operations (GI & Sarcoma Clinics)
3. **Plan and discussion for educating all staff on appropriate taking of patient photos & process**
4. Potential changes to management structure
5. New Patient Coordinator script
6. Public go-live for Press Ganey MD reviews (see below for additional information)

Attendees

- Adrian, Cherie
- Bailey, Kathryn
- Landes, Jennifer
- Lawlor, Rachel
- Maxwell, Janelle
- Nand, Nina
- Nicolas, Liane
- Nymo, Rolf
- Ochoa, Irma
- Sprecher, Alicia
- **Svozil, Timothy, GI Oncolcoy**
- Webster, Latisha

II Schedule training for all Medical Assistants at upcoming staff meeting to include several subjects – but specifically - Haiku patient photo application, how to use, appropriate use and working process.

Include in training responsibility to report a potential privacy/security breach

If you have any questions, please contact Donna Harper, Assistant Director, Privacy Assurance, at 650-497-4277.

EXHIBIT 10

From: Berrier, Martha [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D8F90B28826844D6AFEAC79ED177B5BB-BERRIER, MA]
Sent: 7/1/2017 5:41:07 PM
To: Hicks, Ruth [rhicks@stanfordhealthcare.org]
Subject: RE: Meet with Employee

She's a piece, isn't she?



Martha Berrier, MSN, RN, HCIC
Assistant Director - Digestive Health, Liver, Liver Transplant and Pelvic Floor Clinics
· Office: 650. 724-4599 · Fax: 650.723.8592 · Cell: 650-387-2814

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From: Hicks, Ruth
Sent: Saturday, July 01, 2017 10:41 AM
To: Berrier, Martha <MBerrier@stanfordhealthcare.org>
Subject: Re: Meet with Employee

Yes

Ruth Hicks, BSN, CCRN
Assistant Clinic Manager
Digestive Health, Hepatology & Pelvic Floor Clinic
Stanford Health Care
Cell: 650-206-3039
Office: 650-736-6125
rhicks@stanfordhealthcare.org

On Jun 30, 2017, at 4:49 PM, Berrier, Martha <MBerrier@stanfordhealthcare.org> wrote:

Will you be available?

<Ongoing Concerns About Stanford Patient Safety and Privacy And Retaliatory Bullying.eml>

<meeting.ics>

EXHIBIT 11

From: Berrier, Martha [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D8F90B28826844D6AFEAC79ED177B5BB-BERRIER, MA]
Sent: 6/13/2017 9:13:16 PM
To: Harris, Suzanne
CC: Walter, Melissa (Aimee) (MWalter@stanfordhealthcare.org) [MWalter@stanfordhealthcare.org]
Subject: SECURE: Help
Attachments: RE: Complaint of Harassment and Bullying By Stanford Coordinator; RE: Complaint of Harassment and Bullying By Stanford Coordinator; Re: SECURE: Complaint of Harassment and Bullying By Stanford Coordinator

Okay, here are the series of emails since our last conversation. Q is causing a hostile work environment within the Immunology/Rheumatology department. HELP! I'll send you my notes from our two investigatory meetings as soon as I meet with Q in a few minutes.



Martha Berrier, MSN, RN, HCIC

Assistant Director - Digestive Health, Liver, Liver Transplant and Pelvic Floor Clinics

· | · Office: 650. 724-4599 · | · Fax: 650.723.8592 · | · Cell: 650-387-2814

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EXHIBIT 12

REDACTED

From: Jones, David D. (HR)
Sent: Friday, June 28, 2019 10:15 AM
To: Young, Qiqiua <QYoung@stanfordhealthcare.org>
Cc: Entwistle, David <DEntwistle@stanfordhealthcare.org>; Minor, Lloyd <lminor@stanford.edu>;

Madison-Ramsey, April <amramsey@stanford.edu>
Subject: Response to your 6/21/19 Email

Dear Ms. Young:

I am writing in response to your June 21, 2019 email addressed to David Entwistle and Dean Lloyd Minor. Our understanding of the facts in this matter are very different than your representation. Mr. Entwistle's September 29, 2017 letter in response to your lawsuit expressed Stanford Health Care's opinion about the facts you alleged in your complaint. Contrary to your present representation, he did not tell anyone you were a liar. Rather, he truthfully informed interested parties of all of the actions SHC had taken to proactively address your allegations of inappropriate conduct at the time it occurred. In fact, SHC continues to address your concerns as they arise.

His letter truthfully stated that all the employees who were involved in or failed to report the inappropriate photo incident had been terminated. His letter truthfully stated that he and the Dean of the School of Medicine had met with leaders to address the decision to terminate those employees and reiterated that such conduct would not be tolerated at SHC. He confirmed that no action had ever been taken against SHC for the "purported safety issues" raised. He stated that SHC is dedicated to patient safety and takes "aggressive proactive efforts to ensure safe and quality care." Finally, he stated that SHC had "responded proactively and lawfully" when the issues were raised about your workplace and that SHC would "vigorously defend the lawsuit."

While we understand you disagree with SHC's response to your complaint, your attempts to re-characterize the documents produced in this litigation as evidence of untruthfulness is inaccurate. The documents produced speak for themselves and do not validate your claims. Nothing in Mr. Entwistle's September 2017 letter "smears" your reputation and nothing in his letter was untruthful.

As for your continued allegations of patient safety issues, the documents produced in this litigation confirm that we took your concerns very seriously at the time you raised them. We thoroughly reviewed and investigated each issue at the time and took appropriate action. Moreover, as mentioned in Mr. Entwistle's letter, the Joint Commission investigated the issues and found that either there were no issues or that SHC had resolved the issues.

It is unfortunate that you choose to continue to attack Mr. Entwistle and Dean Minor and to disregard and misrepresent the concrete actions SHC has taken to address the incidents at issue.

In the future, if you have other questions or comments that relate to your lawsuit, please communicate through your lawyer to our lawyers. Of course, for questions you have relating to your current employment, please raise those with your supervisor and through appropriate channels at SHC.

Sincerely,

David

David D. Jones

Chief Human Resources Officer

Stanford Health Care

1850 Embarcadero Road, Suite B, MC 5513 • Palo Alto, CA 94303

O: 650.497.5401 C: 650.785.1247

DavidJones@stanfordhealthcare.org

|Advisor // Pioneer|



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Begin forwarded message:

From: "Young, Qiquia"

[<QYoung@stanfordhealthcare.org>](mailto:QYoung@stanfordhealthcare.org)

Date: June 21, 2019 at 12:44:36 PM PDT

To: "Entwistle, David"

[<DEntwistle@stanfordhealthcare.org>](mailto:DEntwistle@stanfordhealthcare.org), "Minor,

Lloyd" <lminor@stanford.edu>

Subject: The Truth

Dear Mr. Entwistle & Dean Minor,

I am writing to you because having just seen the documents that Stanford produced in my case makes it impossible for me to remain silent and intimidated any longer-because these documents prove that you knew I was telling the truth when you sent your email to 22,909 people saying that my reports of racism and patient endangerment were "grossly exaggerated" and "largely inaccurate."

At the time you told 22,909 people I was a liar who Stanford had to "vigorously defend" itself against, you had to have known that Stanford's interviews and investigations into my complaints confirmed that the employees who dressed like the KKK reported to Stanford that "it was normal for all employees in the GI Oncology group to make racial comments and joke" and that "there has always been "ongoing jokes about race." I felt absolutely crushed reading that a coworker only got a verbal warning after my report was substantiated that she openly sang a song in front of me with a racial slur – and especially crushed after seeing that the Director who I still have to work with every day put the word "nigger" in the document when that's not even the word I reported in my complaint. How is any part of this "zero tolerance for conduct that promotes disrespect of another's race" like you claim in your email?

Not only that, imagine yourself or a family member going to their doctor, and being vulnerable sharing the most intimate, personal, and embarrassing medical issues, and then the Stanford staff that is supposed to be helping care for you is taking

pictures of your body-parts and texting the photos to their coworkers as a joke. What woman wants her private parts photographed and laughed at? Can you imagine how humiliated the patient must feel? Your investigation confirmed that happened also.

Your documents also confirmed that the hemorrhoid ligators that had been in one patient's rectum and supposedly cleaned for reuse in another patient's rectum were being returned with "dirty rubber bands," just like I reported.

Your documents also confirmed that Stanford's cancer clinics' crash cart was neglected for almost 3 weeks without being checked, which I also reported , and found that the teams were not "trained to use" the crash cart and did not have a policy in place to protect patients who coded. (Your documents also show that these facts were withheld from Stanford's response to the Joint Commission.)

All I have been doing is trying to stop the racism at Stanford and look out for the safety of our patients, and you respond to my reports by humiliating me and telling 22,909 people that I'm a liar.

These attached six documents show that I am not the liar that you guys called me when you sent your email to 22,909 people saying that my claims were "grossly exaggerated" and "largely inaccurate." These documents show that the things I reported HAPPENED. I have been telling the truth, and instead of listening to me and doing the right thing to stop the rampant racism and patient endangerment at Stanford , instead you two, two of the most powerful men at Stanford have used your positions of power to smear my reputation and make me out to be a liar and an enemy.

You had these facts in front of you to show that your accusations against me were absolutely false, but you went forward and retaliated against me, shaming me in front of the entire Stanford community . It's obvious to me that you made these false accusations against me to bully , humiliate, attack, and silence me because I was shining a light on the racism and patient endangerment at Stanford . if you knew my complaints were true, how could you tell 22,909 people that I was a liar?

Can you imagine how humiliated you have made me feel by spreading these lies about me? Can you imagine how painful it was, and still is, for me to go to work and face hundreds of people who were informed by you that I'm a liar and enemy of Stanford?

Can you explain why you made these false accusations against me if not to retaliate against me and bully me into silence and try to drive me out of my job? It was incredibly distressing to me when I learned that you had told 22,909 people that I was a liar, but it's 100 times more distressing to find out that when you made these false statements about me you knew your accusations were absolutely false. All I can think is that you smeared my reputation with 22,909 people in retaliation for my coming forward to spot the racism and patient endangerment at Stanford and to attempt to bully me into silence. I can't think of any other reason why you would do that to me.

Did any one of those 22,909 people ask for these statements from you? Could you truthfully tell me that even 50 of these 22,909 people asked you for these statements? If tens of thousands of people

did not ask for these so called "facts," the only reason that I can see for your spreading these lies about me was to punish me for my past reports, and to try to silence and intimidate me into leaving.

But now knowing that you knew your statements about me were false when you made them, I can't stay silent about this anymore. This Wednesday was Juneteenth, and having read a letter by Jordan Anderson, a former slave to his former master that was circulating online in honor of Juneteenth, I realized that I could not live with myself if I continued to stay silent about this.

My ancestors on both sides were slaves, and my mother and her siblings had to run from the KKK in Oklahoma. My grandparents fought for Civil Rights and their children were the first Black children to attend desegregated schools in Oklahoma. My ancestors fought too hard for me to have the opportunities I have had for me to continue to be silent about what you have done to me.

Now that Stanford's documents are out, and it is impossible to claim my reports were false would you please send a retraction email to all 22,909 people who got your email calling me a liar, and let them know that instead it was your accusations against me that were false?

As Dr. King said, "The time is always right to do what is right." I can only hope that you will now finally do the right thing.

Thank you,

Qiquia Young

Qiquia Young

Patient Testing Technician III

Pelvic Health Clinic

Stanford Medicine Outpatient Center

420 Broadway St.

Pavilion-D

Redwood City, CA 94063

P: (650) 721-2700

Qyoung@stanfordhealthcare.org

>

EXHIBIT 13

StanfordHospital
Discipline Case 2019-1043

Case Number: 2019-1043

Case Owner: Suzanne Harris

Violation Date: 4/19/2019

Resolution Date:

Case Status: ACTIVE

Date Closed:

Discipline Reason(s): ILLEGAL ACT OR CONDUCT

Discipline Level(s): TO BE DETERMINED

Discipline Process: Investigation / Corrective Action

Discipline Summary: 4/2019 smh Notified by Legal REDACTED

ELR to investigate with

Asst. Director Martha Berrier to whom Ms. Young reports. See Files.

Discipline Resolution:

Case Participants

Case Participant	Job Title	Department	Division
Qiquia S Young <i>AFFECTED EMPLOYEE</i>	500500 - PATIENT CARE COORD IV--	78757 - OP CTR PELVIC HEALTH CTR-TECH	Catherine Krna
Martha L Berrier <i>MANAGER</i>	100069 - DIR- CLINIC OPERATIONS	86180 - CLINIC ADMINISTRATION	Catherine Krna

Case Steps

Step	Step Action Date	Step Status	Comments
Step 1 <i>Date Manager Aware of Issue</i>	04/19/2019		
Step 2 <i>Temporary Relief of Duty Starts</i>			
Step 3 <i>Temporary Relief of duty ends</i>			
Step 4 <i>ELRS provides template</i>			
Step 5 <i>Manager Submits draft</i>			
Step 6 <i>ELRS finalizes documentation</i>			
Step 7 <i>Manager issues discipline</i>			

StanfordHospital
Discipline Case 2019-1043

Step 8 <i>Case Closed</i>			
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EXHIBIT 14

From: Qiua Young [yqiua@yahoo.com]
Sent: 10/2/2017 9:19:56 PM
To: Young, Qiua [QYoung@stanfordhealthcare.org]



ENROLMENT AT EARLSBORO: Three Earlsboro Negro youngsters enrolled in the formerly all-white Earlsboro highschool Monday, after U. S. District Judge W. R. Wallace, Oklahoma City, ordered their admission. Working on class schedules are (seated, center) Betty Permeter and (standing, left to right) Coyle Lee and John Earl Permeter. Their parents, Mr. and Mrs. Coyle Permeter, accompanied them to school Monday morning. In the foreground is C. J. Smith, Earlsboro school superintendent. A fourth student who won admission to the school, Francis Jean Carr, is expected to enrol today.

Eise ple

Appropri bill is pa by house

OKLAHOMA
bill appropriatin
to 23 state ins
agencies for open
the next two yea
by the house M

The bill carries
\$3,463,187 over th
to the institution
provides that mit
for employes be r
to \$160 a month.

Another half-an
appropriation bill
projects at nine
was passed by the
Rep. A. E. I
chairman of the
tions committee.

[Sent from Yahoo Mail for iPhone](#)

From: Iris Catrice Gibbs [dover@stanford.edu]
Sent: 10/3/2017 3:54:03 AM
To: Young, Qiqiuia [QYoung@stanfordhealthcare.org]
Subject: Re: Secure: Stay strong
Sensitivity: Company Confidential

Seems that strength and tenacity run through your veins. As a similarly principled person, I understand the hurt. You're in my prayers.

Best
Iris C Gibbs, MD

----- Original message -----

From: "Young, Qiqiuia" <QYoung@stanfordhealthcare.org>
Date: 10/2/17 3:28 PM (GMT-08:00)
To: Iris Catrice Gibbs <dover@stanford.edu>
Subject: RE: Secure: Stay strong

Hi Dr. Gibbs,

I really appreciate your kind words of support. This is incredibly painful and scary for my family and I. I have tried to do the right thing every step of the way and I am trying so hard to stay strong Dr. Gibbs, but it hurts that they are calling me a liar on top of everything else, But this is not new for us. And my family comes from years of struggle with racism. My grandparents helped fight for Civil rights so my aunt and two uncles could be the first Black children to be enrolled in a all white school in Oklahoma. Here is a photo from a newspaper article about them.

Thank you again for your message Dr. Gibbs. I appreciate it more than you can know.

Qiqiuia

From: Iris Catrice Gibbs [mailto:dover@stanford.edu]
Sent: Sunday, October 01, 2017 10:22 AM
To: Young, Qiqiuia
Subject: Secure: Stay strong
Sensitivity: Confidential

Qiqiuia,

I have been at Stanford for nearly 30 years and I understand. Although we have never met, I have been aware of your quiet struggle to continue to do your job over these past several years. I regret that you have shouldered these burdens. While I cannot speak to the legal issues, I have no doubt that your decision to proceed in this direction was an extremely difficult one, perhaps a last resort.

As I champion the values of inclusivity, diversity, and excellence in patient-centered care at Stanford Medicine, I am saddened by the characterization of you as untruthful. While I have felt supported for most of my time, I have also endured a great deal. So I admire your bravery and applaud your tenacity. Stay strong.

Iris C. Gibbs, MD, FACR
Associate Dean of MD Admissions
Professor of Radiation Oncology
email: iris.gibbs@stanford.edu
Admissions: mdadmissions@stanford.edu
Administrative Assistant: 650.736.1480



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EXHIBIT 15



Hospital Details

Stanford Health Care

300 Pasteur Drive
Stanford, CA 94305

This Hospital's Grade



Outcomes measures include errors, accidents, and injuries that this hospital has publicly reported.

Measure	The Hospital's Score	Worst Performing Hospital	Avg. Performing Hospital	Best Performing Hospital	Data Source	Time Period Covered
Dangerous object left in patient's body	0.133	0.352	0.015	0.000	CMS	07/01/2019 - 12/31/2019 and 07/01/2020 - 06/30/2021
Air or gas bubble in the blood	0.000	0.358	0.001	0.000	CMS	07/01/2019 - 12/31/2019 and 07/01/2020 - 06/30/2021
Patient falls and injuries	0.530	2.229	0.437	0.000	CMS	07/01/2019 - 12/31/2019 and 07/01/2020 - 06/30/2021
Infection in the blood	1.127	4.462	1.077	0.000	2022 Leapfrog Hospital Survey	07/01/2021 - 06/30/2022
Infection in the urinary tract	0.766	3.516	0.862	0.000	2022 Leapfrog Hospital Survey	07/01/2021 - 06/30/2022
Surgical site infection after colon surgery	1.234	3.117	0.822	0.000	2022 Leapfrog Hospital Survey	07/01/2021 - 06/30/2022
MRSA Infection	1.066	3.918	1.095	0.000	2022 Leapfrog Hospital Survey	07/01/2021 - 06/30/2022

C. diff. Infection	0.665	2.066	0.489	0.000	2022 Leapfrog Hospital Survey	07/01/2021 - 06/30/2022
Death from treatable serious complications	122.51	186.71	143.23	73.88	CMS	07/01/2019 - 12/31/2019 and 07/01/2020 - 06/30/2021
Harmful Events	0.93	2.70	0.98	0.50	CMS	07/01/2019 - 12/31/2019 and 07/01/2020 - 06/30/2021
Dangerous bed sores *	0.34	9.62	0.59	0.01	CMS	07/01/2019 - 12/31/2019 and 07/01/2020 - 06/30/2021
Collapsed lung *	0.17	0.39	0.19	0.08	CMS	07/01/2019 - 12/31/2019 and 07/01/2020 - 06/30/2021
Falls causing broken hips *	0.04	0.33	0.08	0.01	CMS	07/01/2019 - 12/31/2019 and 07/01/2020 - 06/30/2021
Blood Leakage *	3.35	4.73	2.38	1.29	CMS	07/01/2019 - 12/31/2019 and 07/01/2020 - 06/30/2021
Kidney injury after surgery *	1.30	3.06	0.92	0.27	CMS	07/01/2019 - 12/31/2019 and 07/01/2020 - 06/30/2021
Serious breathing problem *	2.58	46.91	6.73	1.15	CMS	07/01/2019 - 12/31/2019 and 07/01/2020 - 06/30/2021
Dangerous blood clot *	5.40	7.74	3.40	1.11	CMS	07/01/2019 - 12/31/2019 and 07/01/2020 - 06/30/2021
Sepsis infection after surgery *	5.79	8.70	4.15	1.53	CMS	07/01/2019 - 12/31/2019 and 07/01/2020 - 06/30/2021
Surgical wound splits open *	0.62	1.98	0.81	0.30	CMS	07/01/2019 - 12/31/2019 and 07/01/2020 - 06/30/2021
Accidental cuts and tears *	1.27	3.13	1.04	0.32	CMS	07/01/2019 - 12/31/2019 and 07/01/2020 - 06/30/2021

* This measure is a part of the Harmful Events Composite and is not used for scoring.

Process measures include the management structures and procedures a hospital has in place to protect patients from errors, accidents, and injuries.

Measure	The Hospital's Score	Worst Performing Hospital	Avg. Performing Hospital	Best Performing Hospital	Data Source	Time Period Covered
Doctors order medications through a computer	100	15	91.77	100	2022 Leapfrog Hospital Survey	2022
Safe medication administration	100	25	91.22	100	2022 Leapfrog Hospital Survey	2022
Specially trained doctors care for ICU patients	100	5	67.47	100	2022 Leapfrog Hospital Survey	2022
Effective leadership to prevent errors	120.00	9.23	116.86	120.00	2022 Leapfrog Hospital Survey	2022
Staff work together to prevent errors	100.00	0.00	115.87	120.00	2022 Leapfrog Hospital Survey	2022
Enough qualified nurses	100.00	0.00	98.13	100.00	2022 Leapfrog Hospital Survey	2022
Handwashing	40	15	71.64	100	2022 Leapfrog Hospital Survey	2022
Communication with nurses	93	75	89.81	97	CMS	04/01/2021 - 03/31/2022
Communication with doctors	92	76	89.70	97	CMS	04/01/2021 - 03/31/2022
Responsiveness of hospital staff	87	58	81.30	94	CMS	04/01/2021 - 03/31/2022
Communication about medicines	81	48	74.21	87	CMS	04/01/2021 - 03/31/2022
Communication about discharge	89	61	85.07	95	CMS	04/01/2021 - 03/31/2022



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Infections

Problems
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Practices
to Prevent
Errors

Doctors,
Nurses &
Hospital
Staff



MRSA
Infection



C. diff
Infection



Infection
in the
blood



Infection
in the
urinary
tract



Surgical
site
infection
after
colon
surgery



Sepsis
infection
after
surgery

Hospital Performs Worse Than Average Better Than Average

This Hospital's Score:

C. diff infection

0.665

Best Hospital's Score:

0.000

Average Hospital's Score:

0.489

Worst Hospital's Score:

2.066

Clostridium difficile (C. diff) is a bacterium that can cause diarrhea, abdominal pain, loss of appetite, and fever. Most C. diff cases occur in patients taking or having recently taken antibiotics, and fully killing the bacteria in an infected patient can be very difficult. C. diff can spread via contaminated equipment or by providers who fail to properly wash their hands between patients.

This number represents a comparison of the number of infections that actually happened at this hospital to the number of infections expected for this hospital, given the number of patients they care for on a daily basis and how widespread C. diff infection is in their local community. A number lower than one means fewer infections than expected; a number more than one means more infections than expected. [For details on sources, click here.](#)

What safer hospitals do:

Doctors and nurses should clean their hands after caring for every patient.

Hospital rooms and medical equipment should be thoroughly cleaned often. Safer hospitals will also keep C. diff patients separate from other patients, and require providers and visitors to wear gloves and gowns around these patients.

Notes and Definitions

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Infections

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Practices to Prevent Errors

Doctors, Nurses & Hospital Staff



MRSA
Infection



C. diff
Infection



Infection
in the
blood



Infection
in the
urinary
tract



Surgical
site
infection
after
colon
surgery



Sepsis
infection
after
surgery

Hospital Performs Worse Than Average Better Than Average

This Hospital's Score:

Infection in the blood

1.127

Best Hospital's Score:

0.000

Average Hospital's Score:

1.077

Worst Hospital's Score:

4.462

If a patient is in the hospital, he or she may be given a central line (a tube inserted into the body to deliver medication and other treatments). Patients with a central line are at high risk for developing a dangerous infection in the blood. These serious infections can lead to other complications, increase recovery time, and can often lead to death.

This number represents a comparison of the number of central line-associated infections in the blood that actually happened at this hospital to the number of infections expected for this hospital, given the number of central lines used and other factors like facility type and size. A number lower than one means fewer infections than expected; a number more than one means more infections than expected. [For details on sources, click here.](#)

What safer hospitals do:

Hospital staff follows special guidelines when inserting central lines, often including a checklist of steps to follow. They properly maintain a patient's central line to prevent infection.

Notes and Definitions

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Practices
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Doctors,
Nurses &
Hospital
Staff



MRSA
Infection



C. diff
Infection



Infection
in the
blood



Infection
in the
urinary
tract



Surgical
site
infection
after
colon
surgery



Sepsis
infection
after
surgery

Hospital Performs Worse Than Average Better Than Average

This Hospital's Score:

MRSA infection

1.066

Best Hospital's Score:

0.000

Average Hospital's Score:

1.095

Worst Hospital's Score:

3.918

Staph bacteria are common in hospitals, but Methicillin-resistant Staphylococcus aureus (MRSA) is a type of staph bacteria that is resistant to (cannot be killed by) many antibiotics. MRSA can be found in bed linens or medical equipment and can be spread if providers do not properly wash their hands between patients. MRSA can cause life-threatening bloodstream infections, pneumonia and surgical site infections.

This number represents a comparison of the number of infections that actually happened at this hospital to the number of infections expected for this hospital, given the number of patients they care for on a daily basis and how widespread MRSA infection is in their local community. A number lower than one means fewer infections than expected; a number more than one means more infections than expected. [For details on sources, click here.](#)

What safer hospitals do:

Doctors and nurses should clean their hands after caring for every patient. Hospital rooms and medical equipment should be thoroughly cleaned often. Safer hospitals will also keep MRSA patients separate from other patients and require providers and visitors to wear gloves and gowns around these patients.

Notes and Definitions

1. Declined to Report: The hospital was asked to provide this information to the public, but did not.

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Infections

Problems with Surgery

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Doctors, Nurses & Hospital Staff



MRSA Infection



C. diff Infection



Infection in the blood



Infection in the urinary tract



Surgical site infection after colon surgery



Sepsis infection after surgery

Hospital Performs Worse Than Average Better Than Average

This Hospital's Score:

Sepsis infection after surgery

5.79

Best Hospital's Score:

1.53

Average Hospital's Score:

4.15

Worst Hospital's Score:

8.70

Sepsis is your body's extreme reaction to an infection. All types of surgeries can put a patient at risk of infection that can lead to sepsis. This could be infection where the skin was cut, or an infection that develops after the surgery, like pneumonia. Sepsis requires immediate treatment or the patient may experience lifelong complications including organ failure. Some patients may die if sepsis is not treated quickly.

This number represents the number of surgical patients that experienced a sepsis infection for every 1,000 people who had surgery. [For details on sources, click here.](#)

What safer hospitals do:

Hospital staff closely monitor patients for signs of sepsis following surgical procedures, including a high heart rate, low blood pressure, fatigue, confusion, and severe pain.

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MRSA Infection



C. diff Infection



Infection in the blood



Infection in the urinary tract



Surgical site infection after colon surgery



Sepsis infection after surgery

Hospital Performs Worse Than Average Better Than Average

This Hospital's Score:

Surgical site infection after colon surgery

1.234

Best Hospital's Score:

0.000

Average Hospital's Score:

0.822

Worst Hospital's Score:

3.117

This infection happens after surgery in the part of the colon where the surgery took place. These infections can be very serious, and may spread throughout the body. A patient with this type of infection often faces a long recovery in the ICU. Some people even die from the infection.

This number represents a comparison of the number of infections after colon surgery that actually happened at this hospital to the number of infections expected for this hospital, given the types of patients they care for and other factors like a patient's age and type of surgery. A number lower than one means fewer infections than expected; a number more than one means more infections than expected. [For details on sources, click here.](#)

What safer hospitals do:

The hospital team uses appropriate antibiotics before surgery, cleans the skin with a special soap that kills germs, and closely watches patients during and after major colon surgeries.

Notes and Definitions

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Infections ☐

**Problems
with
Surgery**

Safety
Problems ☐

Practices
to Prevent
Errors ☐

**Doctors,
Nurses &
Hospital
Staff** ☐



Dangerous
object left
in
patient's
body



Surgical
wound
splits
open



Death
from
serious
treatable
complications



Blood
leakage



Kidney
injury
after
surgery



Serious
breathing
problem



Accidental
cuts and
tears

Hospital Performs Worse Than Average Better Than Average

This Hospital's Score:

Accidental cuts and tears

1.27

Best Hospital's Score:

0.32

Average Hospital's Score:

1.04

Worst Hospital's Score:

3.13

For procedures of the abdomen and pelvis, there is a chance that the patient will suffer an accidental cut or tear of their skin or other tissue. This problem can happen during surgery or a procedure where doctors use a tube to look into a patient's body.

This number represents the number of times patients experienced accidental cuts and tears in the abdominal or pelvic region during a procedure for every 1,000 people discharged. [For details on sources, click here.](#)

What safer hospitals do:

Hospital staff is careful when using scalpels, knives, and other surgical tools so that they don't accidentally cut or tear the patient's skin and tissues.

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SAFETY GRADE

A program of
THE LEAPFROG GROUP

Stanford Health Care

300 Pasteur Drive
Stanford, CA 94305

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This Hospital's Grade



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Infections ☐

Problems
with
Surgery

Safety
Problems ☐

Practices
to Prevent
Errors ☐

Doctors,
Nurses &
Hospital
Staff ☐



Dangerous
object left
in
patient's
body



Surgical
wound
splits
open



Death
from
serious
treatable
complications



Blood
leakage



Kidney
injury
after
surgery



Serious
breathing
problem



Accidental
cuts and
tears

Hospital Performs Worse Than Average Better Than Average

This Hospital's Score:

Blood Leakage

3.35

Best Hospital's Score:

1.29

Average Hospital's Score:

2.38

Worst Hospital's Score:

4.73

If blood vessels become injured during surgery, they may leak excess blood within the body. In some cases, the blood leak will clump up or clot. In other cases, the blood leak is active and ongoing. Both blood clots and internal bleeding can cause significant damage to the body's organs, potentially leading to organ failure or even death.

This number represents the estimated number of times patients experienced blood leakage during a procedure for every 1,000 people who had surgery. [For details on sources, click here.](#)

What safer hospitals do:

Before finishing a surgical procedure, surgeons and hospital staff should carefully examine the patient's body cavity for potential blood leaks. Surgical sites should be sewn or fused shut completely before the body is closed.

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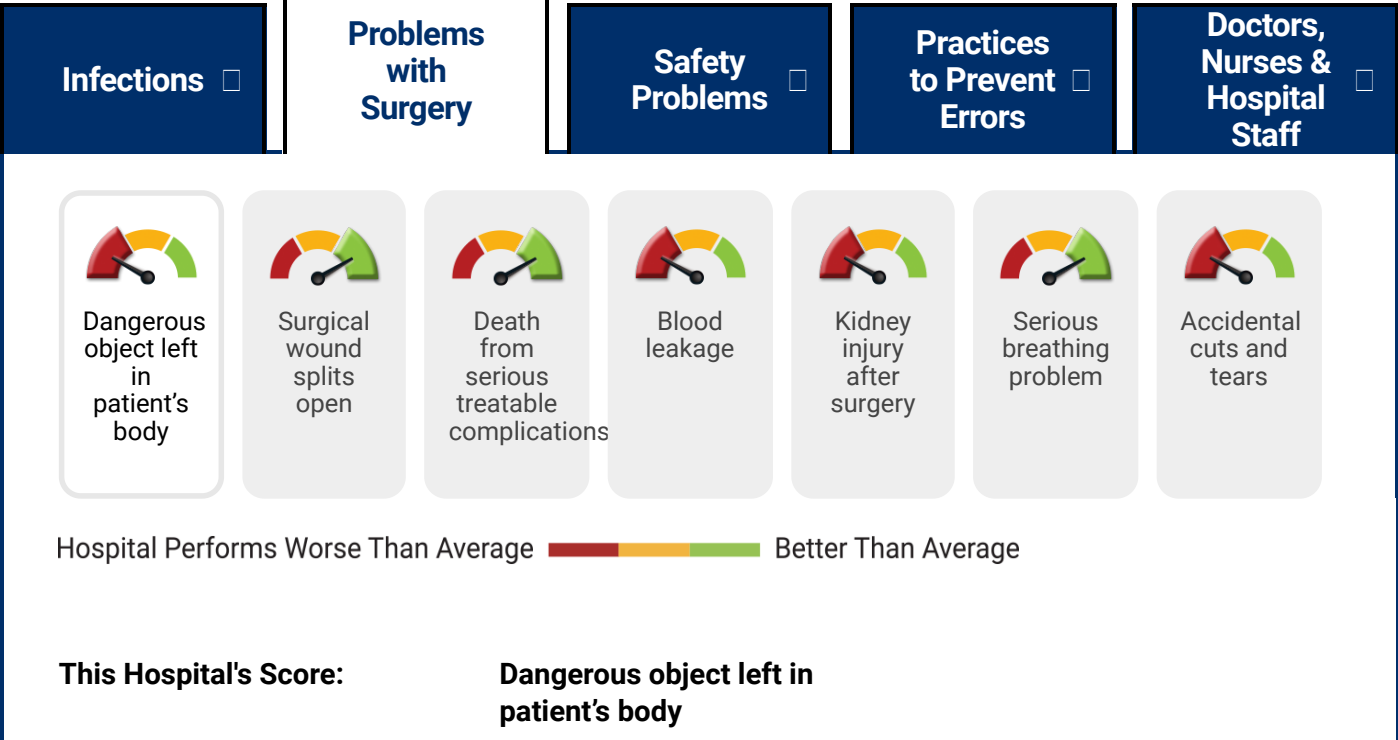
This Hospital's Grade



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0.133

Best Hospital's Score:

0.000

Average Hospital's Score:

0.015

Worst Hospital's Score:

0.352

A surgeon can accidentally leave an object inside a patient's body during surgery. Most times the object is a surgical sponge, which can quickly get infected. This problem doesn't happen often, but if it does happen it can be extremely dangerous. Many patients become severely ill, disabled, or even die.

This number represents the number of times dangerous objects were left inside patients for every 1,000 people discharged. [For details on sources, click here.](#)

What safer hospitals do:

The hospital team follows a strict procedure to count sponges and tools in the operating room. The hospital may use an electronic scanning system where each object is scanned before and after surgery to ensure they haven't left any objects inside the patient.

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**Problems
with
Surgery**

Safety
Problems ☐

Practices
to Prevent
Errors ☐

Doctors,
Nurses &
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Staff ☐



Dangerous
object left
in
patient's
body



Surgical
wound
splits
open



Death
from
serious
treatable
complications



Blood
leakage



Kidney
injury
after
surgery



Serious
breathing
problem



Accidental
cuts and
tears

Hospital Performs Worse Than Average Better Than Average

This Hospital's Score:

Kidney injury after surgery

1.30

Best Hospital's Score:

0.27

Average Hospital's Score:

0.92

Worst Hospital's Score:

3.06

After major surgery, particularly heart surgery, some patients may experience kidney failure. In serious cases, kidney failure can lead to the need for dialysis, an artificial way of replacing the kidneys' function. In the most extreme cases, a patient may need a kidney transplant or risk death. Patients who are older or have other pre-existing health problems are at a greater risk of experiencing kidney failure.

This number represents the estimated number of times patients experienced kidney failure for every 1,000 people who had surgery. [For details on sources, click here.](#)

What safer hospitals do:

Hospital staff should regularly test a patient's blood for changes in levels of chemicals and hormones. They should also monitor urine output. Close monitoring can allow a patient to be treated for kidney failure quickly before long-term and irreversible damage is done.

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Problems
with
Surgery ☐

**Safety
Problems**

Practices
to Prevent
Errors ☐

Doctors,
Nurses &
Hospital
Staff ☐



Harmful
events



Dangerous
bed sores



Patient
falls and
injuries



Falls
causing
broken
hips



Collapsed
lung



Dangerous
blood clot



Air or gas
bubble in
the blood

Hospital Performs Worse Than Average Better Than Average

This Hospital's Score:

Dangerous blood clot

5.40

Best Hospital's Score:

1.11

Average Hospital's Score:

3.40

Worst Hospital's Score:

7.74

A blood clot is a gathering of blood cells in a vein, which can be caused by damage to tissue during surgery. Most blood clots form in the leg but the clot can break away and travel through the bloodstream to other areas of the body. If the clot travels to the lungs and gets stuck, it can prevent oxygen from getting into the blood. This can lead to chest pain, unconsciousness, and even death.

This number represents the number of times patients experienced dangerous blood clots for every 1,000 people who had surgery. [For details on sources, click here.](#)

What safer hospitals do:

Doctors use compression devices to apply pressure to areas of the body where a blood clot might form. They also give patients blood thinners and closely watch patients that might be at risk to prevent dangerous blot clots. It also helps to get patients out of bed and walking around as soon as possible after surgery.

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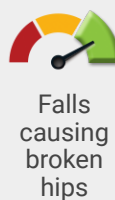
Infections ☐

Problems
with
Surgery ☐

Safety
Problems

Practices
to Prevent
Errors ☐

Doctors,
Nurses &
Hospital
Staff ☐



Hospital Performs Worse Than Average Better Than Average

This Hospital's Score:

Patient falls and injuries

0.530

Best Hospital's Score:

0.000

Average Hospital's Score:

0.437

Worst Hospital's Score:

2.229

One common problem that patients face in the hospital is a serious injury or death resulting from a fall or other kind of trauma. Falls can happen when patients who really can't walk on their own try getting out of bed, often to go to the restroom. Patient falls increase time in the hospital, require additional care, and can result in permanent disability.

This number represents the number of times patients experienced falls or other types of trauma for every 1,000 people discharged. [For details on sources, click here.](#)

What safer hospitals do:

Hospital staff assist patients when they want to get up to use the restroom or move around the hospital. Leadership and staff make sure that the hospital environment is clear of hazards that could cause a fall or other trauma. Patient beds may be equipped with alarms to alert staff if a patient who is at risk of falls tries to get out of bed on his or her own. Hospital staff responds quickly to these alarms if they go off.

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Infections ☐

Problems
with
Surgery ☐

Safety
Problems ☐

Practices
to Prevent
Errors

Doctors,
Nurses &
Hospital
Staff ☐



Doctors
order
medications
through a
computer



Safe
medication
administration



Handwashing



Communicate
about
Medicines



Communicate
about
Discharge



Staff
work
together
to prevent
errors

Hospital Performs Worse Than Average Better Than Average

This Hospital's Score:

Handwashing

40

Best Hospital's Score:

100

Average Hospital's Score:

71.64

Worst Hospital's Score:

15

Healthcare workers can help stop infection and illness by carefully cleaning their hands. When hospital staff does not carefully wash their hands, they can spread germs from one patient to another and cause someone to become seriously ill.

Hospitals can earn up to 100 points for having a handwashing policy and evaluating how hospital workers follow that policy. [For details on sources, click here.](#)

What safer hospitals do:

Hospitals provide training and implement policies to make sure that all hospital staff cleans their hands before touching a patient.

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Practices
to Prevent
Errors

Doctors,
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Staff ☐



Doctors
order
medications
through a
computer



Safe
medication
administration



Handwashing



Communicat
about
Medicines



Communicat
about
Discharge



Staff
work
together
to prevent
errors

Hospital Performs Worse Than Average Better Than Average

This Hospital's Score:

Staff work together to prevent
errors

100.00

Best Hospital's Score:

120.00

Average Hospital's Score:

115.87

Worst Hospital's Score:

0.00

A hospital that has a strong culture of safety has a well-functioning team with good leaders who catch errors before they can harm a patient. Patients are less likely to experience mistakes if hospital staff works together. Staff should also be comfortable speaking up when they sense an error might happen.

Hospitals can earn up to 120 points for measuring culture of safety, providing feedback to staff, and creating new plans to prevent errors. [For details on sources, click here.](#)

What safer hospitals do:

Hospitals regularly survey their physicians, nurses, and other staff on the culture of safety to measure how well staff works together to keep patients safe. Then, hospitals provide feedback on the results to leaders and hospital staff and create plans to improve.

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On March 19, 2025, I served true copies of the following document(s) described as:

on the interested parties in this action as follows:

Michael D. Bruno, Esq.
Pamela Ng, Esq.
Alyson Cabrera, Esq
Holly Graves, Esq.
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Executed on March 19, 2025 at Pinole, California.

ALC

Amanda L. Arnall