# S.B. 11/Campus Carry Plan

## The University of Texas MD Anderson Cancer Center

## Fiscal Year 2016

Reviewed and ratified July 2016
Revised and ratified July 2020
Revised and ratified July 2022
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## S.B. 11/Campus Carry Plan



## Attachments

## Purpose

In 2016, Texas Senate Bill 11, colloquially known as Campus Carry, changed state of Texas law to permit Concealed Handgun License (CHL) holders to carry, in a concealed fashion, handguns on the premises of institutions of higher education. By statute, MD Anderson is an institution of higher education;[1] therefore, MD Anderson must comply with Campus Carry.

As the MD Anderson Working Group (the "Working Group") explains below, institutions' presidents are vested with statutory authority to establish "reasonable rules, regulations, or other provisions regarding the carrying of concealed handguns by license holders" on their campuses.[2] To facilitate consistency where possible but not dictate results or outcomes, William McRaven, who served as The University of Texas System Chancellor from 2015 to 2018, advocated a two-tier approach to complying with Campus Carry: a UT Systemwide working group and local, institution-level working groups.[3] This report represents the findings of the MD Anderson Working Group. These findings generally comport with the UT Systemwide working group's recommendations.[4]

Of note, passage of Texas House Bill 1927, sometimes known as "constitutional carry" or "permitless" carry, which went into effect Sept. 1, 2021, does not authorize the carriage of handguns on MD Anderson's campus. The Campus Carry law is still in effect, which means that only CHL holders may carry handguns on MD Anderson's Campus, and they may only carry in a concealed fashion in the designated areas explained below.

Additionally, although the term License to Carry (LTC) superseded the term CHL in 2017, this report and its related documents use the term CHL throughout.

## Regarding the Working Group's findings and recommendations

The Working Group's initial and subsequent biennial recommendations result from considering objective data about MD Anderson's student population, specific safety considerations, and unique campus environment. The recommendations should not be confused as tacit criticism of CHL holders' right to concealed carriage, a right afforded them by the Second Amendment; Article I, Section 23 of the Texas Constitution; and Section 411, Subchapter H of the Texas Government Code. Indeed, the data suggest that CHL holders are among the most law abiding of Texas citizens and take their concealed carriage right seriously. For example, in 2013, of the 50,869 convictions across the state of Texas, only 158 of those convictions involved CHL holders.[5] As 242,641 new CHLs were issued that same year,[6] these data suggest a low criminality rate among CHL holders.

[1] *See* TEX. EDUC. CODE § 61.003(5), (8).
[2] *See* Act approved July 13, 2015, 84th Leg., R.S., § 1, *to be codified at* TEX. GOV'T. CODE § 411.2031(d-1). S.B. 11 (Enrolled Version) is attached at Attachment A.
[3] Chancellor McRaven's July Memorandum is attached at Attachment B.
[4] *See* Attachment C for the UT Systemwide working group's recommendations.
[5] *See* DPS 2013 crime and enrollment statistics for CHL holders, attached at Attachment D.
[6] *See id*.

On the other hand, unintentional firearm gunshot injuries do occur.[7] Moreover, CHL holders have discharged their handguns unintentionally on other states' campuses that permit concealed carriage.[8] And given MD Anderson's unique campus environment — dedicated almost exclusively to patient care[9] — handgun discharges occurring in patient care areas are of special concern.[10] Even patients who are CHL holders can cause dangerous discharges in patient care areas, directly[11] or indirectly.[12]

Any number of unintended but avoidable consequences can occur when guns are introduced into patient care areas and laboratories. Even the most careful, law-abiding CHL holder might, for a number of reasons, discharge their handgun in an area on MD Anderson's campus that would cause disproportionate harm and damage to our patients and their families; our faculty, staff, volunteers, and visitors; our life-saving research; our reputation; and/or our designation as a National Cancer Institute (NCI) Comprehensive Cancer Center.

MD Anderson's campus has been refined over the course of 80 years to provide carefully calibrated life-saving research and patient care environments that service our most vulnerable population: those facing their own mortality due to the scourge of cancer. The introduction of handguns into these delicately balanced environments creates a risk that the Working Group respectfully recommends against incurring.

## Executive summary

In 2016, after consulting with faculty, staff, students, administrators, and patients on the nature of the student population, specific safety considerations, and the uniqueness of MD Anderson's campus environment, the Working Group found and recommended the following:

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[7]From 2001 to 2013, there were 215,422 reported unintentional firearm gunshot nonfatal injuries in the United States. In 2013, the number was 16,864, with a crude rate of 5.33 per 100,000. *See* Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Web-based Injury Statistics Query and Reporting System ("WISQARS"), *available at* www.cdc.gov/injury/wisqars/index.html.

[8]*See Weber State Student Accidentally Shoots Himself*, DAILY HERALD, Jan. 5, 2012, *available at* www.heraldextra.com/news/local/weber-state-student-accidentally-shoots-himself/article_eef6a77c-37d6-11e1-860e-0019bb2963f4.html; Ryan Parker, *Two injured when CU staffer with concealed carry permit fires gun accidentally,* DENVER POST, Nov. 12, 2012, *available at* www.denverpost.com/ci_21983216/two-injured-when-cu-staffer-concealed-carry-permit; Debbie Bryce, *ISU prof with concealed weapons permit who accidentally shot his foot in class is identified*, IDAHO STATE JOURNAL, Sept. 4, 2014, *available at* www.idahostatejournal.com/news/local/isu-prof-with-concealed-weapons-permit-who-accidentally-shot-his/article_18228ab2-3383-11e4-af7e-001a4bcf887a.html. Notably, each of the people involved in these incidents could legally carry on Texas campuses as of August 1, 2016, per Texas's CHL reciprocity agreements with Utah, Colorado, and Idaho. *See* http://www.txdps.state.tx.us/RSD/CHL/legal/reciprocity/.

[9]*See* the Working Group's Findings, §§ I-III, *infra.*

[10]*See* Michelle Heath, *Gun goes off inside Christus facility, injures woman*, BEAUMONT ENTERPRISE, Oct. 19, 2015, *available at* www.beaumontenterprise.com/news/article/Gun-goes-off-inside-Christus-facility-injures-6578001.php.

[11]*See Tampa man accidentally fires gun at hospital ER*, TAMPA TRIBUNE, Jan. 24, 2014, *available at* www.tbo.com/news/crime/tampa-man-accidently-fires-gun-at-hospital-er-20140124/.

[12]*See* Jesse Garza, *Gun taken from patient by deputy discharges at Froedtert* [Hospital], MILWAUKEE JOURNAL SENTINEL, June 27, 2014, *available at* www.jsonline.com/news/milwaukee/gun-taken-from-patient-by-deputy-discharges-at-froedtert-b99300775z1-265002421.html. In this case, the deputy emptying the patient's weapon caused the discharge after the patient, a concealed carriage license holder, either disregarded or did not know of the hospital's restrictions against handguns and brought the handgun into the hospital.

- MD Anderson is not a traditional, student-focused campus. Its student-to-campus community ratio is disproportionately small.

- As an NCI-designated Comprehensive Cancer Center, MD Anderson is a cancer-focused, research-supported, multidisciplinary cancer care complex. Its clinical oncology, basic science, translational research, cancer prevention, and related functions and facilities are interrelated and interdependent.

- MD Anderson's large cancer patient population faces extraordinary physical and psychological challenges. The patient population, both inpatient and outpatient, also is mobile throughout MD Anderson's facilities. This combination presents unique safety considerations.

- MD Anderson's vast basic science and translational research laboratory network contains inherently dangerous materials but is integral to MD Anderson's cancer care delivery system, its Moon Shots Program, and its life-saving clinical trials pipelines.

- The introduction of handguns and ammunition into MD Anderson's Comprehensive Cancer Center areas — where MD Anderson's cancer patients and laboratories are located — would create an unnecessary and unmanageable risk. The President should exclude concealed handgun carriage in these areas.

- The introduction of handguns and ammunition into animal care areas and vivaria, in which safety protocols increase the risk of discharge, contamination, or unanticipated separation of the concealed handgun from the CHL holder, would create an unnecessary and unmanageable risk. CHL holders should be excluded from carriage of handguns in these areas.

- MD Anderson should implement a new administration (ADM) policy outlining specific rules, regulations, and other provisions consistent with these findings and recommendations.

- The policy should delineate clearly where on MD Anderson's campus concealed handgun carriage is permitted and where it is prohibited.

- The policy should outline the process by which the President will reconcile adjacent excluded and non-excluded areas.

- The policy should expressly state that CHL holders on MD Anderson's campus should keep their concealed handguns on or about their persons when in non-excluded areas on MD Anderson's campus.

- The policy should define activities during which CHL holders may not carry their concealed handguns, irrespective of where on MD Anderson's campus those activities occur.

- The policy should direct immediate implementation of a robust communications and outreach plan, so that all of MD Anderson's stakeholder populations are fully apprised of MD Anderson's policies with respect to Campus Carry.

## Campus Carry's requirements and the Working Group's charge

Campus Carry requires our President to consult with a broad cross-section of MD Anderson's population on certain criteria before enacting rules to comply with Campus Carry. Specifically, Campus Carry instructs:

> After consulting with students, staff, and faculty of the institution regarding the nature of the student population, specific safety considerations, and the uniqueness of the campus environment, the president or other chief executive officer of an institution of higher education shall establish reasonable rules, regulations, and other provisions regarding the carriage of concealed handguns by CHL holders on the campus of the institution or on premises located on the campus of the institution.

See S.B. 11 at Attachment A.

Thus, the Working Group made specific findings and recommendations with respect to:

a. the nature of MD Anderson's student population;

b. specific safety considerations the institution faces given its mission of multidisciplinary, research-based clinical cancer care; and

c. the uniqueness of MD Anderson's integrated research and clinical care environment.

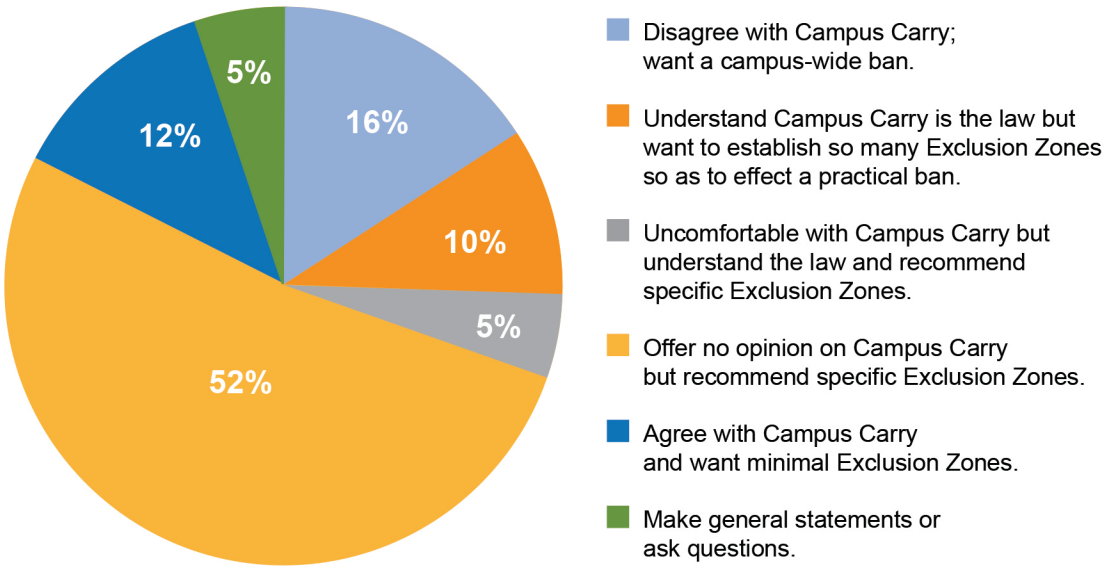
## MD Anderson's consultation with students, staff, faculty, and patients

The Working Group[13] was an example of the required consultation: It was a large, multidisciplinary group consisting of faculty (including Faculty Senators), administrators, representatives from the Graduate School of Biomedical Sciences and School of Health Professions, and patients.[14] In late August 2015, the Working Group began meeting every other Monday and then every Monday to gather and consider information with respect to the three statutory criteria as applied to MD Anderson. In addition, the Working Group formulated an aggressive communications and outreach plan, consisting of an interactive intranet site,[15] numerous presentations, and town hall events.[16]

[13] *See* Attachment E for a complete list of MD Anderson's Campus Carry Working Group members.
[14] The patients on the Working Group executed HIPAA authorizations, permitting their identities to be publicly associated with the Working Group.
[15] The intranet site contains an overview, key dates and events, answers to Frequently Asked Questions, and a short, anonymous Qualtrics survey.
[16] A complete list of the presentations and town hall events is included at Attachment F ("Campus Carry at MD Anderson Comprehensive Feedback Report").

**Campus Carry Qualtrics survey results**

MD Anderson's Campus Carry intranet site invited visitors to make statements about Campus Carry. Faculty and staff who responded to the survey recommended for the President's consideration any potential areas ("Exclusion Zones") where guns should not be allowed.




Of the 450 respondents,

- the majority recognized that Campus Carry is the law with which MD Anderson must comply, and recommended specific Exclusion Zones;
- 234 recommended specific Exclusion Zones;
- 149 referenced patient care areas;
- 101 referenced laboratories;
- 65 referenced clinics;
- 50 referenced the hospital; and
- 13 referenced animal care areas.

*Source: MD Anderson Department of Internal Communications*

The Faculty Senate also conducted a survey regarding potential Exclusion Zones; the Faculty Senate's survey responses and accompanying comments are included at Attachment H. The majority of the responses generally comport with the Working Group's recommendations.

## Findings and recommendations: nature of the student population, specific safety considerations, and uniqueness of the campus environment

Through its communications and outreach plan, the Working Group gathered information concerning the nature of MD Anderson's student population, specific safety considerations, and the uniqueness of MD Anderson's campus environment. Those findings are below.

## I. Nature of the student population

a. MD Anderson is not a traditional, student-focused campus.

The Working Group found that MD Anderson is not a traditional, student-focused campus. It is predominantly a large, multidisciplinary cancer care center with inseparable and interdependent translational, basic science, and clinical research functions.

Using The University of Texas System[17] classification of "student," which appears to account only for those enrolled in MD Anderson's School of Health Professions (SHP), it becomes clear that MD Anderson's campus is not dedicated primarily to students and student learning.

**Compare MD Anderson's environment to traditional student campuses**

| Institution | Personnel | Faculty | Student | Total personnel | Ratio of students to personnel |
|---|---|---|---|---|---|
| UTA | 2243 | 1698 | 33329 | 37270 | 89.43% |
| UT Austin | 11274 | 3366 | 52059 | 66699 | 78.05% |
| UTB | 685 | 395 | 8570 | 9650 | 88.81% |
| UTD | 2471 | 1045 | 21193 | 24709 | 85.77% |
| UTEP | 2030 | 1189 | 22926 | 26145 | 87.69% |
| UTPA | 1479 | 881 | 20053 | 22413 | 89.47% |
| UTPB | 257 | 238 | 5131 | 5626 | 91.20% |
| UTSA | 3322 | 1445 | 28623 | 33390 | 85.72% |
| UTT | 886 | 436 | 7476 | 8798 | 84.97% |
| UTSWMC | 10056 | 2219 | 2349 | 14624 | 16.06% |
| UTMB | 9674 | 1127 | 3112 | 13913 | 22.37% |
| UTHSCH | 4208 | 1792 | 4615 | 10615 | 43.38% |
| UTHSCSA | 3775 | 1676 | 3148 | 8599 | 36.61% |
| **UTMDACC** | **17354** | **2195** | **317** | **19866** | **1.60%** |
| UTHSCT | 816 | 99 | 17 | 932 | 1.82% |

*Source data at Attachment I.*

MD Anderson's non-traditional campus environment is further underscored by its designation as an NCI Comprehensive Cancer Center, as the Working Group explains below.

[17] *See* UNIVERSITY OF TEXAS SYSTEM FAST FACTS 2014, attached as Attachment I. Other than MD Anderson's SHP, in 2014 MD Anderson's campus had other non-traditional "students": 1,276 clinical residents and fellows, 1,853 research trainees, 452 visitors in special programs, 1,238 nursing trainees, and 1,204 student programs participants. *See* MD ANDERSON QUICK FACTS 2015 at Attachment J. These students are embedded in MD Anderson's large multidisciplinary clinics, research laboratories, allied health areas, and administrative offices. In any event, this is still a relatively small portion of MD Anderson's ever-growing workforce: according to an Enterprise Resource Planning report, as of November 5, 2015, MD Anderson had a total of 27,104 workforce members (classified, faculty, staff, and contract workers). UTHSCT began admitting students in the fall of 2012, which likely explains the low student cohort.

b. MD Anderson's elite designation as an NCI Comprehensive Cancer Center reflects the interrelated and interdependent nature of its clinical, basic science, translational research, and cancer prevention functions and facilities.

MD Anderson is one of 52 facilities in the United States designated as a Comprehensive Cancer Center by the NCI. To achieve and maintain this designation, Comprehensive Cancer Centers must focus on laboratory research, population science, and clinical research involving patients and research participants.[18] Critically, the research must be applied and translational — when ready, the research must translate into actual care to patients.

As a Comprehensive Cancer Center, MD Anderson has designed its research, care, and cancer prevention facilities and programs to interoperate seamlessly. In FY14, there were 27,761 hospital admissions; an average of 654 inpatient beds; and 1,363,008 outpatient clinic visits, treatments, and procedures. That same year, many of these same patients were enrolled as participants in one or more of MD Anderson's 1,101 active clinical trials.[19]

In sum, MD Anderson simply is not a university campus in the traditional sense. It is rather a vast, cancer-focused, research-fueled clinical care system, and it is recognized as such by the NCI. MD Anderson's multidisciplinary approach toward research, cancer prevention, and clinical treatment of cancer are interrelated and interdependent, both physically and functionally.

## II. Specific safety considerations

a. MD Anderson's large and mobile cancer patient population necessitates specific safety considerations.

The Working Group found that MD Anderson's large cancer patient population faces extraordinary challenges to its health and well-being and, at the same time, is mobile throughout MD Anderson's patient care areas and connecting facilities. This creates the same types of safety considerations that exclude concealed handguns from certain places by law, either permissively or mandatorily.

In keeping with its multidisciplinary approach to cancer care, and to help assure patients that they are a valued part of the broader MD Anderson community, MD Anderson has its patients travel freely and often throughout MD Anderson's North Campus Buildings, including the Main Building (Clark Clinic, Lutheran Pavilion, Alkek Tower, and The Pavilion), Ambulatory Care Building (Mays Clinic), and the Cancer Prevention Building (Duncan Building). In FY15, 91,929 patients made 114,224 trips from the Main Building to Mays Clinic or the Duncan Building for same-day appointments.[20]

[18]General information about Comprehensive Cancer Centers is available at www.cancer.org/treatment/findingandpayingfortreatment/findingtreatmentcenters/nci-cancer-center-programs.
[19]*See* Attachment J.
[20]Source: Institutional Analytics and Informatics Enterprise Information Warehouse Report ("IAI EIW Report"), available in the Institutional Compliance Office.

However, MD Anderson patients face special challenges when moving about our campus: in FY15, there were 72,621 encounters with cancer patients aged eighteen and under[21] and 1,091,863 encounters with patients aged 65 or older.[22] Additionally, in FY15, 44,064 of the patients moving between patient care areas were undergoing chemotherapy, with 17,694 of these patients receiving their chemotherapy treatments on the same day they were moving between patient care areas.[23] This is significant because patients undergoing chemotherapy endure challenges with cognitive functioning during their therapy.[24] Similarly, some pharmaceuticals prescribed to MD Anderson cancer patients have been linked to cognitive dysfunction. For example, in FY15, 1,943 MD Anderson cancer patients were prescribed Goserelin and Leuprolide,[25] two drugs that have been associated with adverse cognitive effects in cancer patients.[26]

**Patients are expected to travel frequently throughout campus**

In FY15, 91,929 patients made 114,224 trips from the Clark Clinic to Mays or Duncan for same-day appointments.

| Year/Month | Patients with same-day appts at Main and ACB/CPB | Same-day patient trips between Main or ACB/CPB | Total number of appointments |
|---|---|---|---|
| **2014** | | | |
| Sept | 7,428 | 9,183 | 31,107 |
| Oct | 7,673 | 9,587 | 32,695 |
| Nov | 6,647 | 8,220 | 27,698 |
| Dec | 7,382 | 9,133 | 30,519 |
| **2015** | | | |
| Jan | 7,600 | 9,417 | 32,700 |
| Feb | 7,309 | 9,136 | 31,517 |
| March | 7,903 | 9,793 | 34,147 |
| April | 8,252 | 10,345 | 34,897 |
| May | 7,460 | 9,231 | 30,809 |
| June | 8,231 | 10,150 | 35,148 |
| July | 8,178 | 10,181 | 34,965 |
| Aug | 7,866 | 9,848 | 33,730 |
| **Total FY15** | **91,929** | **114,224** | **389,932** |

*Source: IAI EIW Report*

[21]Source: IAI EIW Report.
[22]Source: IAI EIW Report.
[23]Source: IAI EIW Report.
[24]*See* www.cancer.gov/about-cancer/treatment/research/understanding-chemobrain and www.mdanderson.org/patient-and-cancer-information/cancer-information/cancer-topics/dealing-with-cancer-treatment/chemobrain/index.html for general information about the cognitive challenges some patients face when undergoing chemotherapy.
[25]Source: Department of Pharmacy Medication Management and Analytics. Report available in the Institutional Compliance Office.
[26]*See* note 24, *supra*.

Moreover, cancer diagnoses and treatment often cause fear, anger, anxiety, and depression. In FY15, there were 13,657 scheduled encounters of various types with MD Anderson's departments of Neuropsychology, Pediatric Neuropsychiatry, Psychiatry, and Social Work.[27]

In sum, MD Anderson cancer patients often struggle with extraordinary challenges to their bodies, their psyches, and their mental acuity. However, as part of MD Anderson's multidisciplinary approach and culture of community, these cancer patients are expected to move freely about MD Anderson's patient care areas. Patients are also encouraged to travel among and about the common areas adjacent to Pickens Academic Tower and the Faculty Center. These buildings not only are access points from the Rotary House, an MD Anderson-owned hotel facility designated specifically for patients, they also are way stations of sorts for MD Anderson's skybridge pedestrian cart service. In FY15, 442,000 patients and their families used MD Anderson's carts to move between these buildings and spaces for appointments.[28]

The combination of mobility, a cancer diagnosis, a fragile physical and emotional state, and/or decreased mental acuity creates unique safety concerns for MD Anderson's large cancer patient population. Under these circumstances, patients and their families carrying concealed handguns could be a risk to each other or even themselves.[29] As a result, no one (save licensed law enforcement professionals) should carry concealed handguns into patient care areas; such carriage could create unintended and dangerous consequences for all populations.[30]

The United States Supreme Court observed in *District of Columbia v. Heller*, 554 U.S. 570 (2008), that prohibitions of handgun carriage in certain "sensitive places" including schools and certain areas of government buildings remain permissible. 554 U.S. at 626. Indeed, the Texas Legislature regulates handgun carriage in these areas.[31] The Working Group inferred that the Legislature has deemed schools to be sensitive places due to the large and vulnerable populations found within their premises.[32] On the other hand, the Working Group inferred that the Legislature has determined that areas within government buildings holding court also are sensitive places, for a slightly different reason: the nature of the business being conducted and the potential for heated emotions and exchanges during that business. Indeed, there is some indication that intense personal

[27]Source: IAI EIW Report. Notably, an applicant for a CHL may well be denied the right to concealed carriage if they are incapable of exercising sound judgment due to a condition that causes or is likely to cause substantial impairment in judgment or intellectual ability. *See* TEX. GOV'T. CODE § 411.172(a)(7), (d)(1).
[28]Source: Departments of Facilities Management and Parking and Transportation. Report available in the Institutional Compliance Office.
[29]One Working Group member who also is a patient advised that he locked away his handgun during his chemotherapy regimen.
[30]*See* notes 11 and 12, *supra.*
[31]*See* TEX. PEN. CODE §46.03(a)(1)(prohibiting weapons in schools without authorization); TEX. PEN. CODE §46.03(a)(3)(prohibiting weapons in government court or offices utilized by the court).
[32]*See Nordyke v. King*, 563 F.3d 439, 459 (9th Cir. 2009), *vacated on other grounds*, 611 F.3d 1015 (9th Cir. 2010); *see also United States v. Masciandaro*, 648 F.Supp.2d 779, 790 (E.D. Virginia 2009)(interpreting *Heller*'s sensitive places to include those where there is a large gathering of defenseless people). The Legislature has also determined convalescent and nursing facilities to be sensitive places, presumably for similar reasons. *See* TEX. PEN. CODE § 46.035(b)(4).

feelings during traumatic events was the Legislature's concern when it gave hospital administrators the ability to exclude concealed carriage on hospital premises.[33]

The Working Group found that MD Anderson is a sensitive place for both reasons. As we explained above, its large patient population is especially vulnerable: the patient population is often weakened physically and mentally due to age and/or cancer therapies. Moreover, MD Anderson patients are under extreme physical and emotional stress due to their diagnoses. As one Working Group member who is a patient noted, MD Anderson patients are often receiving the worst news of their lives. These traumatic circumstances increase the likelihood of intense personal feelings and less than prudent actions. For these reasons, the President should exclude handgun carriage from MD Anderson's Comprehensive Cancer Center areas.

b. MD Anderson's vast basic science and translational research laboratory network contains inherently dangerous materials.

Integral to its clinical operations and designation as an NCI Comprehensive Cancer Center, in FY15, MD Anderson operated 2,300 research, basic science, and translational laboratories, occupying 89 floors of 32 buildings, used by approximately 4,459 employees in 53 different departments.[34] MD Anderson laboratories contain flammable solids and liquids, oxidizers, reactives, corrosives, toxics, and highly toxics as defined by the National Fire Protection Association (NFPA) and the Occupational Safety and Health Administration (OSHA). The laboratories contain specifically regulated flammables,[35] which, in OSHA-regulated facilities, must be separated from small arms ammunition "by a fire-resistive wall of 1-hour rating or by a distance of 25 feet."[36]

MD Anderson's laboratory safety programs are carefully calibrated to address risks to its patients, principal investigators, and other members of its workforce. The Working Group found that the presence of handguns and ammunition in MD Anderson's research, basic science, and translational laboratories — even when in the possession of CHL holders — represents a substantial safety risk that can be managed effectively only by excluding handguns from those areas.[37]

## III. Uniqueness of the campus environment

a. Even among NCI-designated Comprehensive Cancer Centers, MD Anderson's integration between translational research and cancer patient care is unique.

MD Anderson's core function of patient care is supported directly by its research laboratory facilities. MD Anderson has a vast network of clinical, translational, and basic science laboratories,

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[33]*See* TEX. PEN. CODE § 46.035(b)(4); *see also* HEARINGS ON H.B. 72 AND SB. 60 BEFORE THE HOUSE COMM. ON PUBLIC SAFETY, 74th Leg., R.S., (April 11, 1995)(testimony of Representative Carter)(tape available through House Video/Audio Services Office).

[34]Source: Departments of Facilities Management, and Environmental Health and Safety. Report available in the Institutional Compliance Office.

[35]Including acetone, acetonitrile, aldehydes, and ethanol, all of which appear in OSHA's Hazardous Materials Table. *See* 49 C.F.R. § 172.101.

[36]*See* 29 C.F.R. § 1910.109(j)(2)(ii). This regulation illustrates that objective regulatory bodies have recognized and, with concern, assessed the risk of coupling small arms ammunition with flammables.

[37]*See* § V.g. for additional discussion.

located on our North and South Campuses, in our Zayed Building for Personalized Cancer Care Research, and at our Bastrop facilities.

The translational and basic science laboratories support our clinical trials pipeline to reduce dramatically the time it takes to bring life-saving drugs to patients. This integration manifests in MD Anderson's Moon Shots Program.[38] The program's focus toward direct drug development expertise, prevention, cancer genetics, proteomics, immunology, preclinical trial modeling, and big data repositories and analytics support direct patient care by improving existing therapies and getting new, more powerful drugs to market faster.

For example, the Immunotherapy moon shots platform proposed the first Phase Ia and Phase IIa studies that collected patients' tumor samples and matched blood samples for laboratory studies. The laboratory studies led to the identification of a subset of effector T cells that enable tumor regression.[39] This is the essence of MD Anderson's uniqueness: its moon shots platforms and other initiatives accelerate the impact of research on patient care.

Another example is the groundbreaking work of the Oncology Research for Biologics and Immunotherapy Translation (ORBIT) moon shots platform. The ORBIT moon shots platform has developed an antibody that may result in the destruction of acute myeloid leukemia cells and is a prime candidate for clinical trials. The development of the antibody originated in MD Anderson's basic science and translational laboratories. Yet another ORBIT moon shots platform initiative, one that involved work with GlaxoSmithKline (GSK), has already produced a drug that has advanced to a Phase I multisite clinical trial. These efforts demonstrate the necessity of the integrated basic science and translational research in MD Anderson's patient care approach.

Sponsors, both public and private, have invested heavily in this approach. In FY14, MD Anderson received a total of $204,676,292.12 in sponsored basic science projects, from sponsors including NCI, NIH, CPRIT, Bristol-Myers Squibb, the U.S. Department of Defense, and the U.S. Department of Veterans Affairs.[40] Given these investments, MD Anderson takes extraordinary care to assess risks inherent to its laboratory environments. A handgun incident in an Immunotherapy or ORBIT moon shots platform laboratory, for example, might prove catastrophically disruptive to the laboratory and its workers in the short term, but it would also most certainly have an adverse effect on patients in the near and medium term.

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[38]Information about MD Anderson's Moon Shots Program is available at www.mdanderson.org/publications/conquest/issues/2012-fall/moon-shots-program.html and www.mdanderson.org/publications/conquest/issues/2015-summer/conquest-summer-2015-the-engines-powering-the-moon-shots.html.

[39]"These types of studies that combine expertise in clinical trials, translational research, and basic science form the foundation of the Immunotherapy platform." Joe Cavallo*, Advancing Immune Checkpoint Targeting in Cancer Treatment,* THE ASCO POST*, available at* www.ascopost.com/issues/june-25,-2014/advancing-immunecheckpoint-targeting-in-cancer-treatment.aspx (quoting James Allison, Ph.D.).

[40]Source: Grants and Contracts Department. Excludes gifts. Report available in the Institutional Compliance Office.

## Rules and regulations concerning Campus Carry

Considering the findings above, the Working Group made the following recommendations on the rules, regulations, and other provisions regarding the carriage of concealed handguns by CHL holders on MD Anderson's campus.

## IV. A new administration (ADM) policy

The Working Group recommended a new enterprise-wide administration (ADM) policy concerning MD Anderson's compliance with Campus Carry. The policy should contain at least the following elements:

a. A policy statement, making clear MD Anderson's policy to respect Texas citizens' right to bear arms, the Texas Legislature's power to regulate the wearing of handguns and their concealment at institutions of higher education, and MD Anderson's power under Campus Carry to implement reasonable rules concerning the carriage of concealed handguns on MD Anderson's campus.

b. A list of permissions and prohibitions concerning the carriage of concealed handguns on MD Anderson's campus. Chief among these should be the requirement that CHL holders must keep their concealed handguns on or about their persons while working in Concealed Handgun License (CHL) Zones.[41] In this regard, the Working Group recommends against MD Anderson providing or permitting storage via lockers, vaults, or even personal safes. The requirement for CHL holders to carry their concealed handguns on or about their persons is to reduce the risk of unintentional discharges, which appear to be more frequent when the handguns are not secured.[42]

c. An explanation of how CHL Zones and Exclusion Zones[43] are created and implemented on MD Anderson's campus. This includes a process for reconciling adjacent Exclusion Zones and CHL Zones in which ingress and egress by CHL holders are not practicable.[44]

d. A definitive listing of Exclusion Zones (*see* §V, below).

e. An explanation of how Exclusion Zones are to be tracked at MD Anderson; specifically, by the Associate Vice President, Environmental Health & Safety, Sustainability and Emergency Management (EHSSEM) via a comprehensive listing of floors in different buildings affected by Exclusion Zones.

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[41]CHL Zones are "the area within an MD Anderson Premises where CHL Holders may carry a Concealed Handgun." Exclusion Zones are "area[s] on MD Anderson's Campus where CHL Holders may not carry a Concealed Handgun." *See* Draft UTMDACC INSTITUTIONAL POLICY #ADM1254, Policy on Concealed Handgun Carriage on MD Anderson's Campus, attached at Attachment K.
[42]*See* notes 8 and 10-11, *supra.*
[43]*See* Attachment K.
[44] *See* §V.i., *infra.*

f. A listing of Excluded Activities, which are those activities during which CHL holders may not carry their concealed handguns, irrespective of where on campus they might be. This includes activities such as providing a service directly to a patient or family member, receiving a service directly from an MD Anderson workforce member, handling extremely dangerous chemicals, transporting laboratory animals, and consuming alcohol.

g. Policy statements concerning vendors, contractors, suppliers, auditors/monitors, and other third parties who are CHL holders and enter MD Anderson's campus with concealed handguns.

h. Directives for a robust communications and outreach plan, so that all of MD Anderson's stakeholder populations are fully apprised of MD Anderson's policies with respect to Campus Carry.

i. Instructions on complying with the Legislature's reporting requirement, as well as an internal reporting structure to keep the President timely notified of events that concern Campus Carry.

The ADM policy is included at Attachment K.

## V. Exclusion Zones at MD Anderson

In accordance with its findings above, the Working Group recommended that MD Anderson implement the following Exclusion Zones:

a. *Areas required to be excluded by law or contract.* Areas for which state or federal law, licensing requirements, or contracts require exclusion exclusively at the discretion of the state or federal government, or are required by a campus' accrediting authority.

b. *Child care facilities and pediatric activity areas.*

c. *NCI Designation Zone.* Section 46.035(b)(4) of the Texas Penal Code excludes, with proper signage, handgun carriage in hospitals licensed under Chapter 241 of the Texas Health and Safety Code. By analogy[45] and extension, all of MD Anderson's facilities dedicated to fulfilling its mission as an NCI-designated Comprehensive Cancer Center to treat and cure cancer patients should be excluded. These include MD Anderson's hospital functions, clinics, laboratories, and all other areas physically and functionally related to caring for MD Anderson's unique cancer patient population.

d. *Police and correctional facilities.*

[45]Chapter 241 does not apply to facilities maintained or operated by the state. *See* TEX. HEALTH & SAFETY CODE § 241.004(3).

e. *Chapels, synagogues, prayer rooms, and other areas designated for worship, spiritual reflection, or meditation on MD Anderson's campus.* Section 46.035(b)(6) of the Texas Penal Code excludes, with proper signage, handgun carriage on the premises of churches, synagogues, or other established places of worship. By analogy and extension, areas on MD Anderson's premises designated for spiritual reflection should be similarly excluded.

f. *Pediatric school areas and areas in which sponsored activities are conducted for persons under 18 years of age who are not enrolled at MD Anderson.* The Legislature's regulation of handgun carriage in schools[46] surely resulted from a concern about the inherent defenselessness of that population. Similarly, MD Anderson facilities designated for the care or education of minors should remain gun-free.

g. *Areas where discharge of a concealed handgun might cause widespread harm or catastrophic results, such as laboratories with extremely dangerous chemicals, biologic agents, or explosive agents, or equipment that is incompatible with metallic objects such as magnetic resonance imagining (MRI) machines.* There is a dearth of data on firearm discharges in laboratories — most likely because handguns are not traditionally found in these areas. There are data, however, on discharges on campuses that permit concealed carriage,[47] and data on the inherent risks in laboratory settings. The Working Group recommends against coupling these risks.

   We know from the UCLA laboratory fire in 2008 and the Texas Tech laboratory explosion in 2010[48] that serious and disruptive laboratory fires and explosions are prohibitively damaging in terms of human injury, property damage, and lost research. The possibility of concealed handgun discharge in a laboratory — intentional or otherwise — would introduce a new risk into an environment that is already very difficult to manage. Moreover, the harm that may result from a laboratory incident reaches beyond immediate injury or property damage. Damage to an Immunotherapy or ORBIT moon shots platform laboratory, for example, could result in the loss of life-saving data and research. The Working Group therefore recommends against introducing this potential risk into our clinical, translational, and basic science laboratories. Due to the dynamic nature of MD Anderson's laboratories and the material within the laboratories (chemicals and other hazardous materials move from laboratory to laboratory), all of our

[46] *See* TEX. PENAL CODE § 46.03(a)(1).
[47] *See* note 8, *supra.*
[48] Information on these incidents may be found at the U.S. Chemical Safety Board website, located at www.csb.gov/investigations/completed-investigations/. The specific CAL/OSHA findings for the UCLA laboratory incident may be found at assets.documentcloud.org/documents/286342/cal-osha-report.pdf. The reagent involved in the UCLA incident appeared on one MD Anderson MSDS at the time of this writing. Another chemical implicated in the report by the PI, hexane, is found in several MD Anderson laboratories at the time of this writing.

laboratories should be excluded. And MRIs generate magnetic fields that could attract handguns, with dangerous results.

h. *Animal care facilities and vivaria.* MD Anderson maintains strict protocols for humans entering and exiting its mouse rooms in order to prevent the introduction of viruses, microbes, and other hazards to the health of the mice. Entering personnel must don protective clothing and use sterile gloves to handle the animals, for example. Allowing concealed handguns into these protocols would introduce a new element into a highly controlled environment. Any concealed handgun discharge — accidental or otherwise — not only could lead to animal injury or death, but also would severely traumatize the entire population.

   Moreover, MD Anderson works with non-human primates, including chimpanzees that have the ability to grab and manipulate objects snatched from humans who come near them. This is one of the reasons that MD Anderson requires special clothing in its primate areas and does not allow sharp objects such as fixed blade knives except in limited areas that require such tools.

   Further, non-human primates carry viruses and bacteria that are pathogenic to humans. A firearm might become contaminated from a splash, thrown feces, or other accidental contact, and decontaminating a firearm is potentially dangerous and difficult to accomplish.

   Finally, when working with Great Apes and other large primates, only personnel trained in primate behavior can assess whether a weapon could or should be used. CHL holders who lack training with these animals could pose a serious hazard to both humans and the animals.

**i.** *Areas excluded by policy due to impracticability.* MD Anderson's unique campus environment — that of the pre-eminent NCI-designated Comprehensive Cancer Center in the world — features multipurpose buildings and facilities. This results in some premises being adjacent to areas that should be excluded based on the Working Group's findings above.[49] The President must reasonably reconcile these boundaries when they create logistical or administrative difficulties for our campus community. Accordingly, when a CHL holder's ingress or egress through CHL and Exclusion Zones is made impracticable (*i.e.*, the CHL holder cannot circumnavigate the Exclusion Zones, or Texas Penal Code §30.06 signage placement[50] is unreasonably difficult or confusing), or administrability or enforcement is unduly difficult, the President should deem the Carry Zone an Exclusion Zone. Similarly, when a significant portion of a building's assignable

[49]The Legislature allowed for this possibility when it predicted the implementation of Exclusion Zones, *see* Attachment A at §4(a-3), but proscribed a complete ban on concealed carriage on campuses, *see* Attachment A at §1(d), (d-1).
[50] This section outlines the requirements for signage intended to exclude CHL holders from certain premises.

space is excluded, the President should deem the entire building to be an Exclusion Zone.

## Conclusion

After consulting with students, staff, faculty, and patients of MD Anderson regarding the nature of its population, especially its large cancer patient population, its specific safety considerations arising from the research-based care of those patients, and its unique campus environment as an NCI-designated Comprehensive Cancer Center, the Working Group recommends that the President implement the rules, regulations, and other provisions referenced in this Plan and in the attached ADM policy.

## Illustration of proposed implementation

Attachment L is a map of MD Anderson's campus illustrating the effect of adopting the Working Group's findings and implementing the Working Group's recommendations.

## Submission page

*The following 2016 Working Group members concurred with the Findings and Recommendations, and urged adoption of the Plan.*

Michelle Barton, Ph.D.
Gary Bentz
Matt Berkheiser, Dr.PH.
Kelly Brassil, Ph.D.
Yolan Campbell
Aundrietta Duncan
Steven Haydon, LL.M., J.D.
Brandon Hernandez
Chris Hernandez
David Johnson, Ph.D.
Patty Johnston, D.N.P.
Ann Killary, Ph.D.
Matt Masek, LL.M., J.D.
Chris McKee
Gregory Montelaro
Spencer Moore
Ronnie Pace
Tadd Pullin
Michael Redmond
Shirley Richmond
Max Weber, J.D.

*The following 2015-2016 Working Group members concurred with portions of the Findings and Recommendations, and with the submission of the Plan for the President's consideration.*

Richard Wendt III, Ph.D.
Peter Norman, M.D.

*The following 2015-2016 Working Group members fully participated in examining and discussing the Findings and Recommendations but respectfully abstained from voting on concurrence with the Plan due to their institutional positions.*

William Adcox
Lindsey Garner
Sherri Magnus, C.P.A.
Thomas Lee Boozer II
Julie Penne
Anthony Phillips, J.D.
Pamela Ryall

*The following 2022 Working Group members concurred with the Findings and Recommendations, and ratified revisions to the Plan.*

| | | |
|---|---|---|
| Matt Berkheiser, Dr.P.H. | Brad Gibson | Shibu Mathews |
| Kelly Brassil, Ph.D. | Dan Gospin, J.D. | Crystal McWhirter |
| Yolan Campbell | Ann Killary, Ph.D. | Stephen Miles |
| Kent DeShazo | Patty Johnston, D.N.P. | Spencer Moore |
| Charles Dunn | Ann Killary, Ph.D. | Kaleena Ramirez |
| Ray Gerwitz | Shaun Kurian | Robert "Bob" Ruzensky |

*The following 2022 Working Group members concurred with portions of the Findings and Recommendations, and with the submission of the Plan for the President's consideration.*

| | |
|---|---|
| Richard Wendt III, Ph.D. | Peter Norman, M.D. |

*The following 2022 Working Group members fully participated in examining and discussing the Findings and Recommendations but respectfully abstained from voting on concurrence with the Plan due to their institutional positions.*

| | |
|---|---|
| William Adcox | Maggie Newell |
| Thomas Lee Boozer II | Max C. Weber, J.D. |
| Sherri Magnus, C.P.A. | |

*The following 2024 Working Group members concurred with the Findings and Recommendations, and ratified revisions to the Plan.*

Jim Bankson, Ph.D.
Matt Berkheiser, Dr.PH.
Kelly Brassil, Ph.D.
Yolan Campbell
Kent DeShazo
Charles Dunn
Ray Gerwitz
Dan Gospin, J.D.
Chris Hernandez
Patty Johnston, D.N.P.
Michael Keneker
Sherri Magnus
Shibu Mathews
Crystal McWhirter
Stephen Miles
Spencer Moore
Peter Norman, M.D.
Kaleena Ramirez
Robert "Bob" Ruzensky

*The following 2024 Working Group member concurred with portions of the Findings and Recommendations, and with the submission of the Plan for the President's consideration.*

Peter Norman, M.D.

*The following 2024 Working Group member fully participated in examining and discussing the Findings and Recommendations but respectfully abstained from voting.*

Ann Killary, Ph.D.

*The following 2024 Working Group members fully participated in examining and discussing the Findings and Recommendations but respectfully abstained from voting on concurrence with the Plan due to their institutional positions.*

William Adcox
Thomas Lee Boozer II
Claudia Diehl
Sherri Magnus, C.P.A.
Maggie Newell
Jennifer Pertler
Max C. Weber, J.D.