

MD Anderson Campus Carry Working Group
Findings and Recommendations
March 23, 2016

S.B. 11/Campus Carry Plan

The University of Texas MD Anderson Cancer Center • Fiscal Year 2016

THE UNIVERSITY OF TEXAS
MD Anderson
Cancer Center

Making Cancer History®



S.B. 11/Campus Carry Plan

**The University of Texas MD Anderson Cancer Center
Fiscal Year 2016**

Table of Contents

S.B. 11/Campus Carry Plan

Purpose.....	1
Regarding the Working Group’s findings and recommendations.....	1
Executive summary.....	2
Campus Carry’s requirements and the Working Group’s charge.....	4
MD Anderson’s consultation with students, staff, faculty, and patients.....	4
Findings and recommendations: nature of the student population, specific safety considerations, and uniqueness of the campus environment.....	5
I. Nature of the student population.....	6
II. Specific safety considerations.....	7
III. Uniqueness of the campus environment.....	10
Rules and regulations concerning Campus Carry.....	12
IV. A new administration (ADM) policy.....	12
V. Exclusion Zones at MD Anderson.....	13
Conclusion.....	16
Illustration of proposed implementation.....	16
Submission page.....	16

Attachments

A. S.B. 11 (Enrolled Version)	
B. Chancellor McRaven’s July 2015 Memorandum	
C. UT Systemwide working group’s recommendations	
D. DPS 2013 crime and enrollment statistics for CHL holders	
E. MD Anderson’s Campus Carry Working Group members	
F. Campus Carry at MD Anderson Comprehensive Feedback Report	
G. MD Anderson Campus Carry Qualtrics survey results	
H. MD Anderson Faculty Senate Exclusion Zones survey results	
I. The University of Texas System Fast Facts 2014	
J. MD Anderson Quick Facts 2015	
K. Draft UTMDACC INSTITUTIONAL POLICY #ADM1254, POLICY ON CONCEALED HANDGUN CARRIAGE ON MD ANDERSON’S CAMPUS	
L. MD Anderson campus maps	

Purpose

Texas Senate Bill 11, colloquially known as Campus Carry, changes the current 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, The University of Texas System Chancellor William McRaven 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

Regarding the Working Group’s findings and recommendations

The Working Group’s 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.

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

¹See TEX. EDUC. CODE § 61.003(5), (8).

²See 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.

³Chancellor McRaven’s July Memorandum is attached at Attachment B.

⁴See Attachment C for the UT Systemwide working group’s recommendations.

⁵See DPS 2013 crime and enrollment statistics for CHL holders, attached at Attachment D.

⁶See *id.*

⁷From 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.

⁸See *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

to patient care⁹ — 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, directly¹¹ 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 his or her 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 75 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

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 finds and recommends the following:

- 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 also is mobile throughout MD Anderson’s facilities. This combination presents unique safety considerations.

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/>.

⁹See the Working Group’s Findings, §§ I-III, *infra*.

¹⁰See 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.

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

¹²See 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’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 excluded.
- 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 Group¹³ is an example of the required consultation: it is 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

¹³See Attachment E for a complete list of MD Anderson's Campus Carry Working Group members.

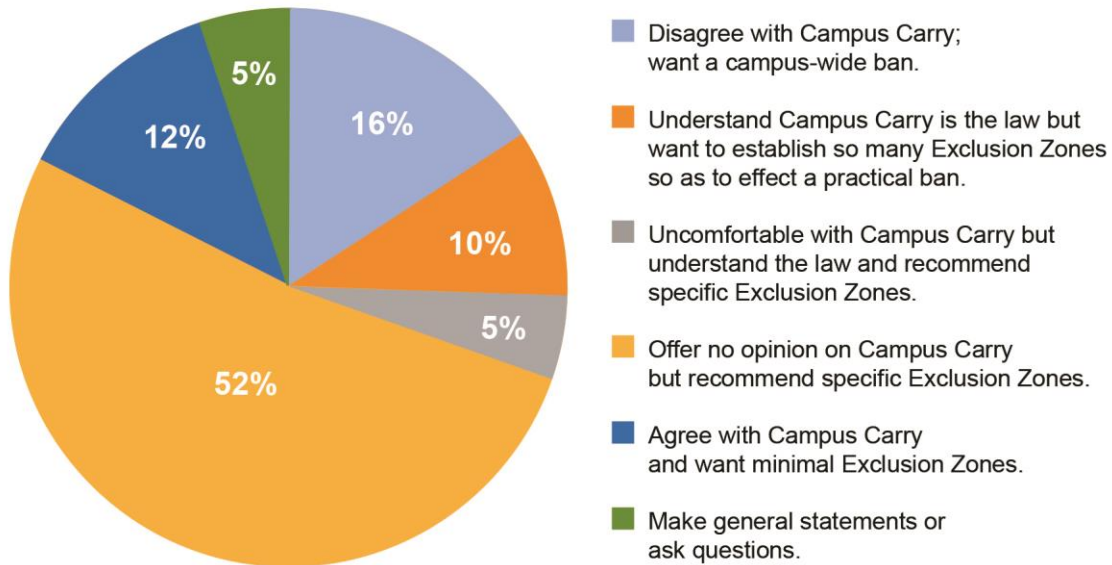
¹⁴The patients on the Working Group executed HIPAA authorizations, permitting their identities to be publicly associated with the Working Group.

¹⁵The intranet site contains an overview, key dates and events, answers to Frequently Asked Questions, and a short, anonymous Qualtrics survey.

¹⁶A 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 various recommendations derived from the survey are included at Attachment G.

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 finds 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 System¹⁷ 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.

¹⁷See 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 45 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 finds 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), ACB (Mays Clinic), and CPB (Duncan Building). In FY15, 91,929 patients made 114,224 trips from the Main Building to Mays or Duncan for same-day appointments.²⁰

¹⁸General information about Comprehensive Cancer Centers is available at www.cancer.org/treatment/findingandpayingfortreatment/findingtreatmentcenters/nci-cancer-center-programs.

¹⁹See Attachment J.

²⁰Source: 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 under²¹ 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

²¹Source: IAI EIW Report.

²²Source: IAI EIW Report.

²³Source: IAI EIW Report.

²⁴See 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.

²⁵Source: Department of Pharmacy Medication Management and Analytics. Report available in the Institutional Compliance Office.

²⁶See 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 restricts handgun carriage in these areas.³¹ The Working Group infers 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 infers 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 feelings

²⁷Source: 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).

²⁸Source: Departments of Facilities Management and Parking and Transportation. Report available in the Institutional Compliance Office.

²⁹One Working Group member who also is a patient advised that he locked away his handgun during his chemotherapy regimen.

³⁰See notes 11 and 12, *supra*.

³¹See 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).

³²See *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).

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 finds that MD Anderson is a sensitive place for both reasons. As we explain 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, MD Anderson operates 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 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 finds 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,

³³See 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).

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

³⁵Including 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 Smithville and 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.

³⁸Information 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.).

⁴⁰Source: 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 makes 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 recommends 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 Zones⁴³ 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 Executive Director of Environmental Health and Safety and Chief Safety Officer via a comprehensive listing of floors in different buildings affected by Exclusion Zones.

⁴¹CHL 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, 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.

A draft ADM policy is included at Attachment K.

V. Exclusion Zones at MD Anderson

In accordance with its findings above, the Working Group recommends 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 analogy⁴⁵ 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.*
- 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)

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

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 exemption of handgun carriage in schools⁴⁶ 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 imaging (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 2010⁴⁸ 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 laboratories should be excluded. And MRIs generate magnetic fields that could attract handguns, with dangerous results.

⁴⁶See TEX. PENAL CODE § 46.03(a)(1).

⁴⁷See note 8, *supra*.

⁴⁸Information 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-oshareport.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.

- 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 placement⁵⁰ 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 space is excluded, the President should deem the entire building to be an Exclusion Zone.

⁴⁹The 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.

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 likely effect of adopting the Working Group's findings and implementing the Working Group's recommendations.

Submission page

The following Working Group members concur with the Findings and Recommendations, and urge adoption of the Plan.

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

The following Working Group members concur 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 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	Julie Penne
Lindsey Garner	Anthony Phillips, J.D.
Sherri Magnus, C.P.A.	Pamela Ryall
Thomas Lee Boozer II	

Attachment A

S.B. 11 (Enrolled Version)

AN ACT

relating to the carrying of handguns on the campuses of and certain other locations associated with institutions of higher education; providing a criminal penalty.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Subchapter H, Chapter 411, Government Code, is amended by adding Section 411.2031 to read as follows:

Sec. 411.2031. CARRYING OF HANDGUNS BY LICENSE HOLDERS ON CERTAIN CAMPUSES. (a) For purposes of this section:

(1) "Campus" means all land and buildings owned or leased by an institution of higher education or private or independent institution of higher education.

(2) "Institution of higher education" and "private or independent institution of higher education" have the meanings assigned by Section 61.003, Education Code.

(3) "Premises" has the meaning assigned by Section 46.035, Penal Code.

(b) A license holder may carry a concealed handgun on or about the license holder's person while the license holder is on the campus of an institution of higher education or private or independent institution of higher education in this state.

(c) Except as provided by Subsection (d), (d-1), or (e), an institution of higher education or private or independent institution of higher education in this state may not adopt any rule, regulation, or other provision prohibiting license holders from carrying handguns on the campus of the institution.

(d) An institution of higher education or private or independent institution of higher education in this state may establish rules, regulations, or other provisions concerning the storage of handguns in dormitories or other residential facilities that are owned or leased and operated by the institution and located on the campus of the institution.

(d-1) 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 in this state shall establish reasonable rules, regulations, or other provisions regarding the carrying of concealed handguns by license holders on the campus of the institution or on premises located on the campus of the institution. The president or officer may not establish provisions that generally prohibit or have the effect of generally prohibiting license holders from carrying concealed handguns on the campus of the institution. The president or officer may amend the provisions as necessary for campus safety. The provisions take effect as determined by the president or officer unless subsequently amended by the board of regents or other governing board under Subsection (d-2). The institution must give effective notice under Section 30.06, Penal Code, with respect to any portion of a premises on which license holders may not carry.

(d-2) Not later than the 90th day after the date that the rules, regulations, or other provisions are established as described by Subsection (d-1), the board of regents or other governing board of the institution of higher education shall review the provisions. The board of regents or other governing board may, by a vote of not less than two-thirds of the board, amend wholly or partly the provisions established under Subsection (d-1). If amended under this subsection, the provisions are considered to be those of the institution as established under Subsection (d-1).

(d-3) An institution of higher education shall widely distribute the rules, regulations, or other provisions described by Subsection (d-1) to the institution's students, staff, and faculty, including by prominently publishing the provisions on the institution's Internet website.

(d-4) Not later than September 1 of each even-numbered year, each institution of higher education in this state shall submit a report to the legislature and to the standing committees of the legislature with jurisdiction over the implementation and continuation of this section that:

(1) describes its rules, regulations, or other provisions regarding the carrying of concealed handguns on the campus of the institution; and

(2) explains the reasons the institution has established those provisions.

(e) A private or independent institution of higher education in this state, after consulting with students, staff, and faculty of the institution, may establish rules, regulations, or other provisions prohibiting license holders from carrying handguns on the campus of the institution, any grounds or building on which an activity sponsored by the institution is being conducted, or a passenger transportation vehicle owned by the institution.

SECTION 2. Section 411.208, Government Code, is amended by amending Subsections (a), (b), and (d) and adding Subsection (f) to read as follows:

(a) A court may not hold the state, an agency or subdivision of the state, an officer or employee of the state, an institution of higher education, an officer or employee of an institution of higher education, a private or independent institution of higher education that has not adopted rules under Section 411.2031(e), an officer or employee of a private or independent institution of higher education that has not adopted rules under Section 411.2031(e), a peace officer, or a qualified handgun instructor liable for damages caused by:

(1) an action authorized under this subchapter or a failure to perform a duty imposed by this subchapter; or

(2) the actions of an applicant or license holder that occur after the applicant has received a license or been denied a license under this subchapter.

(b) A cause of action in damages may not be brought against the state, an agency or subdivision of the state, an officer or employee of the state, an institution of higher education, an officer or employee of an institution of higher education, a private or independent institution of higher education that has not adopted rules under Section 411.2031(e), an officer or employee of a private or independent institution of higher education that has not adopted rules under Section 411.2031(e), a peace officer, or a

qualified handgun instructor for any damage caused by the actions of an applicant or license holder under this subchapter.

(d) The immunities granted under Subsections (a), (b), and (c) do not apply to:

(1) an act or a failure to act by the state, an agency or subdivision of the state, an officer of the state, an institution of higher education, an officer or employee of an institution of higher education, a private or independent institution of higher education that has not adopted rules under Section 411.2031(e), an officer or employee of a private or independent institution of higher education that has not adopted rules under Section 411.2031(e), or a peace officer if the act or failure to act was capricious or arbitrary; or

(2) any officer or employee of an institution of higher education or private or independent institution of higher education described by Subdivision (1) who possesses a handgun on the campus of that institution and whose conduct with regard to the handgun is made the basis of a claim for personal injury or property damage.

(f) For purposes of this section:

(1) "Campus" has the meaning assigned by Section 411.2031.

(2) "Institution of higher education" and "private or independent institution of higher education" have the meanings assigned by Section 61.003, Education Code.

SECTION 3. Sections 46.03(a) and (c), Penal Code, are amended to read as follows:

(a) A person commits an offense if the person intentionally, knowingly, or recklessly possesses or goes with a firearm, illegal knife, club, or prohibited weapon listed in Section 46.05(a):

(1) on the physical premises of a school or educational institution, any grounds or building on which an activity sponsored by a school or educational institution is being conducted, or a passenger transportation vehicle of a school or educational institution, whether the school or educational institution is public or private, unless:

(A) pursuant to written regulations or written authorization of the institution; or

(B) the person possesses or goes with a concealed handgun that the person is licensed to carry under Subchapter H, Chapter 411, Government Code, and no other weapon to which this section applies, on the premises of an institution of higher education or private or independent institution of higher education, on any grounds or building on which an activity sponsored by the institution is being conducted, or in a passenger transportation vehicle of the institution;

(2) on the premises of a polling place on the day of an election or while early voting is in progress;

(3) on the premises of any government court or offices utilized by the court, unless pursuant to written regulations or written authorization of the court;

(4) on the premises of a racetrack;

(5) in or into a secured area of an airport; or

(6) within 1,000 feet of premises the location of which is designated by the Texas Department of Criminal Justice as a place of execution under Article 43.19, Code of Criminal Procedure, on a day that a sentence of death is set to be imposed on the

designated premises and the person received notice that:

- (A) going within 1,000 feet of the premises with a weapon listed under this subsection was prohibited; or
- (B) possessing a weapon listed under this subsection within 1,000 feet of the premises was prohibited.

(c) In this section:

(1) "Institution of higher education" and "private or independent institution of higher education" have the meanings assigned by Section 61.003, Education Code.

(2) "Premises" has the meaning assigned by Section 46.035.

(3) [~~2~~] "Secured area" means an area of an airport terminal building to which access is controlled by the inspection of persons and property under federal law.

SECTION 4. Section 46.035, Penal Code, is amended by adding Subsections (a-1), (a-2), (a-3), and (l) and amending Subsections (g), (h), and (j) to read as follows:

(a-1) Notwithstanding Subsection (a), a license holder commits an offense if the license holder carries a partially or wholly visible handgun, regardless of whether the handgun is holstered, on or about the license holder's person under the authority of Subchapter H, Chapter 411, Government Code, and intentionally or knowingly displays the handgun in plain view of another person:

(1) on the premises of an institution of higher education or private or independent institution of higher education; or

(2) on any public or private driveway, street, sidewalk or walkway, parking lot, parking garage, or other parking area of an institution of higher education or private or independent institution of higher education.

(a-2) Notwithstanding Subsection (a) or Section 46.03(a), a license holder commits an offense if the license holder carries a handgun on the campus of a private or independent institution of higher education in this state that has established rules, regulations, or other provisions prohibiting license holders from carrying handguns pursuant to Section 411.2031(e), Government Code, or on the grounds or building on which an activity sponsored by such an institution is being conducted, or in a passenger transportation vehicle of such an institution, regardless of whether the handgun is concealed, provided the institution gives effective notice under Section 30.06.

(a-3) Notwithstanding Subsection (a) or Section 46.03(a), a license holder commits an offense if the license holder intentionally carries a concealed handgun on a portion of a premises located on the campus of an institution of higher education in this state on which the carrying of a concealed handgun is prohibited by rules, regulations, or other provisions established under Section 411.2031(d-1), Government Code, provided the institution gives effective notice under Section 30.06 with respect to that portion.

(g) An offense under Subsection (a), (a-1), (a-2), (a-3), (b), (c), (d), or (e) is a Class A misdemeanor, unless the offense is committed under Subsection (b)(1) or (b)(3), in which event the offense is a felony of the third degree.

(h) It is a defense to prosecution under Subsection (a),

(a-1), (a-2), or (a-3) that the actor, at the time of the commission of the offense, displayed the handgun under circumstances in which the actor would have been justified in the use of force or deadly

force under Chapter 9.

(j) Subsections (a), (a-1), (a-2), (a-3), and (b) (1) do not apply to a historical reenactment performed in compliance with the rules of the Texas Alcoholic Beverage Commission.

(1) Subsection (b) (2) does not apply on the premises where a collegiate sporting event is taking place if the actor was not given effective notice under Section 30.06.

SECTION 5. Section 46.035(f), Penal Code, is amended by adding Subdivision (1-a) to read as follows:

(1-a) "Institution of higher education" and "private or independent institution of higher education" have the meanings assigned by Section 61.003, Education Code.

SECTION 6. Section 411.208, Government Code, as amended by this Act, applies only to a cause of action that accrues on or after the effective date of this Act. A cause of action that accrues before the effective date of this Act is governed by the law in effect immediately before that date, and that law is continued in effect for that purpose.

SECTION 7. The change in law made by this Act applies only to an offense committed on or after the effective date of this Act. An offense committed before the effective date of this Act is governed by the law in effect on the date the offense was committed, and the former law is continued in effect for that purpose. For purposes of this section, an offense was committed before the effective date of this Act if any element of the offense occurred before that date.

SECTION 8. (a) Except as otherwise provided by this section, this Act takes effect August 1, 2016.

(b) Before August 1, 2016, the president or other chief executive officer of an institution of higher education, as defined by Section 61.003, Education Code, other than a public junior college as defined by that section, shall take any action necessary to adopt rules, regulations, or other provisions as required by Section 411.2031, Government Code, as added by this Act. Notwithstanding any other law, the president or other chief executive officer shall establish rules, regulations, or other provisions under Section 411.2031(d-1), Government Code, as added by this Act, that take effect August 1, 2016.

(c) Before August 1, 2016, a private or independent institution of higher education, as defined by Section 61.003, Education Code, may take any action necessary to adopt rules, regulations, or other provisions as authorized under Section 411.2031, Government Code, as added by this Act.

(d) This Act does not apply to a public junior college, as defined by Section 61.003, Education Code, before August 1, 2017. Not later than August 1, 2017, the president or other chief executive officer of a public junior college shall take any action necessary to adopt rules, regulations, or other provisions as required by Section 411.2031, Government Code, as added by this Act. Notwithstanding any other law, the president or other chief executive officer shall establish rules, regulations, or other provisions under Section 411.2031(d-1), Government Code, as added by this Act, that take effect August 1, 2017.

President of the Senate

Speaker of the House

I hereby certify that S.B. No. 11 passed the Senate on March 19, 2015, by the following vote: Yeas 20, Nays 11; May 28, 2015, Senate refused to concur in House amendments and requested appointment of Conference Committee; May 29, 2015, House granted request of the Senate; May 30, 2015, Senate adopted Conference Committee Report by the following vote: Yeas 20, Nays 11.

Secretary of the Senate

I hereby certify that S.B. No. 11 passed the House, with amendments, on May 27, 2015, by the following vote: Yeas 102, Nays 44, one present not voting; May 29, 2015, House granted request of the Senate for appointment of Conference Committee; May 31, 2015, House adopted Conference Committee Report by the following vote: Yeas 98, Nays 47, one present not voting.

Chief Clerk of the House

Approved:

Date

Governor

Attachment B

Chancellor McRaven's July 2015 Memorandum



The University of Texas System
Nine Universities. Six Health Institutions. Unlimited Possibilities.


Office of the Chancellor
601 Colorado Street, Austin, Texas 78701-2982
Phone: 512 499 4201 Fax: 512 499 4215

July 23, 2015

MEMORANDUM

TO: Presidents, The University of Texas System

Dr. Vistasp M. Karbhari	Daniel K. Podolsky, M.D.
Dr. Gregory L. Fenves	David L. Callender, M.D.
Dr. William Richard Fannin, <i>ad interim</i>	Giuseppe N. Colasurdo, M.D.
Dr. B. Hobson Wildenthal, <i>ad interim</i>	William L. Henrich, M.D.
Dr. Diana S. Natalicio	Ronald A. DePinho, M.D.
Dr. Havidán Rodriguez, <i>ad interim</i>	Kirk A. Calhoun, M.D.
Dr. W. David Watts	
Dr. Guy Bailey	
Dr. Ricardo Romo	
Dr. Rodney H. Mabry	

FROM: William H. McRaven 

The 84th Regular Session of the Texas Legislature passed S.B. 11, commonly referred to as “campus carry,” which authorizes the carrying of concealed handguns into campus buildings. The law takes effect on August 1, 2016. This memorandum outlines the process that our campuses and System Administration will follow to implement the requirements of the law.

As I have stated before, above all else, we will do everything in our power to maintain safe and secure campuses. As we implement this paramount principle into specific campus practices, we will be guided by consultative processes at each campus that engage students, faculty and staff. We will carry out this work in a coordinated manner, facilitated by U. T. System Administration, to share ideas and knowledge. The consultative process will result in campus-specific rules, policies and practices, which we anticipate will vary from campus to campus. However, we expect that some categories of buildings will be treated similarly at each campus, such as those areas common to each type of campus where there is consensus that concealed handguns should be excluded or times or events during the academic year when consideration should be given to limitations.

As we get started with this process, it is helpful to understand the essential elements of the law, which are:

- Effective August 1, 2016, the holder of a concealed handgun license may carry a concealed handgun on the campus of both academic and health related institutions. “Campus” includes all land and buildings owned or leased by the institution.
- An institution may adopt policies concerning the storage of handguns in residential facilities.

The University of Texas at Arlington
The University of Texas at Austin
The University of Texas at Brownsville
The University of Texas at Dallas
The University of Texas at El Paso
The University of Texas – Pan American
The University of Texas
of the Permian Basin
The University of Texas at San Antonio
The University of Texas at Tyler

The University of Texas
Southwestern Medical Center
The University of Texas
Medical Branch at Galveston
The University of Texas
Health Science Center at Houston
The University of Texas
Health Science Center at San Antonio
The University of Texas
M. D. Anderson Cancer Center
The University of Texas
Health Science Center at Tyler

www.utsystem.edu

- In addition, after consulting with students, staff and faculty regarding the nature of the student population, specific safety considerations and the uniqueness of the campus environment, the president of the institution may adopt policies regarding the carrying of concealed handguns by license holders.
- The policies adopted by the president may not generally prohibit license holders from carrying concealed handguns on the campus.
- Where campus policy prohibits concealed handguns from any portion of a building, the institution must post effective notice of that exclusion.
- Within 90 days after adopting policies for the campus, the president must submit those policies to the Board of Regents for review. The law permits the Board to amend the policies, but only by a two-thirds vote.
- The institution must widely distribute the policies, including prominent display on its website.
- Not later than September 1 of each even-numbered year, each institution must report to the Texas Legislature a description of the institutional policies and the reasons the institution has established those policies.
- The legislation requires that we consider the individual characteristics of each campus in adopting these policies, and that the consultation with students, faculty, and staff include these considerations.

I note that H.B. No. 910, separate legislation on "open carry," expressly prohibits a license holder from openly carrying a handgun on the campus of an institution of higher education.

Guidance regarding legislative intent may be gleaned from discussion of the legislation on the floor of both chambers and in conversations with members and staff. For example, all the following were mentioned as possible areas of exclusion: laboratories that contain chemical agents, student counseling and crisis centers, health clinics, on-campus day care centers and places where MRIs are operating. Another excluded area, one which I personally endorse, would be our hospitals. Non-university hospitals are excluded under other provisions of state law, and I see no reason why our hospitals should be treated differently. Identifying consensus categories of buildings to be designated "exclusion zones," as I will call them, on all our campuses will be a useful first step and will help frame the agendas for the conversations on the individual campuses.

It will be the responsibility of each president to convene a campus working group consisting of students, faculty and staff. I encourage each president to consider expanding the consultation to include parents, alumni and other stakeholders in campus life, such as representatives of businesses that conduct operations on the campus. I also encourage each

president to begin identifying both the individuals and the type of persons to be included in these consultations, so that they may begin quickly at the appropriate time.

I have asked Deputy Chancellor David E. Daniel to be the point person from the U. T. System Administration to facilitate and coordinate our planning efforts. I have asked Dr. Daniel to assemble a working group that includes a liaison from each campus to begin discussing implementation of the law and identification of consensus exclusion zones. I ask each president to provide Dr. Daniel with the name of your campus liaison by August 1. The campus liaison will be responsible for working closely with the president, communicating with all appropriate campus personnel such as police, academic officers and business officers, and bringing information and suggestions to the working group. The liaison should be a member of the campus working group (perhaps the chair of that group) to ensure good communication within and between the working groups.

Target deadlines for accomplishing our work are:

August 17, 2015	Presidents name liaisons to System-wide working group
September 10, 2015	System-wide working group organized and convened
September 15, 2015	Campus working groups fully engaged and operational
November 1, 2015	Consensus recommendations regarding any categories of space to be designated as exclusion zones at all campuses
December 4, 2015	Campus presidents submit preliminary campus plans to U. T. System Administration for review
December 11, 2015	U. T. System Administration provides feedback to presidents
December 18, 2015	Campus presidents submit final plans to U. T. System Administration for review by the Board of Regents
February 10, 2016	Board of Regents meets and reviews campus plans
February 15, 2016	Campuses begin implementing plans
July 1, 2016	All new physical facilities such as storage lockers are in place, and acquisition of required elements such as signage is complete
August 1, 2016	Law takes effect

I have directed Dr. Daniel to ensure that our campuses have the support that they need, including research into legal issues, law enforcement issues, best practices at other institutions, and sharing of information between working groups, to facilitate this effort.

Presidents, The University of Texas System

July 23, 2015

Page 4

I look forward to engaging personally in this process. By working in a coordinated manner, I am confident that we will take the best possible actions to maintain safe and secure campuses.

WHM:plc

cc: Dr. David E. Daniel
Raymond S. Greenberg, M.D., Ph.D.
Dr. Scott C. Kelley
Dr. Steven Leslie
Dr. Stephanie B. Huie
Dr. Patricia D. Hurn
Dr. Barry McBee
Dr. Randa S. Safady
Dr. Daniel H. Sharphorn
Dr. William H. Shute
Dr. Amy Shaw Thomas

Attachment C

**UT Systemwide
Working Group's
recommendations**



January 11, 2016

MEMORANDUM

To: Chancellor William H. McRaven
Presidents, The University of Texas System

Dr. Vistasp M. Karbhari

Dr. Gregory L. Fenves

Dr. B. Hobson Wildenthal, *ad interim*

Dr. Diana S. Natalicio

Dr. W. David Watts

Dr. Guy Bailey

Dr. Ricardo Romo

Dr. Rodney H. Mabry

Daniel K. Podolsky, M.D.

David L. Callender, M.D.

Giuseppe N. Colasurdo, M.D.

William L. Henrich, M.D.

Ronald A. DePinho, M.D.

Kirk A Calhoun, M.D.

From: Concealed Carry Working Group

Subject: Recommendations Regarding Concealed Carry on Campuses

Executive Summary

The Texas Legislature recently passed Senate Bill 11, which permits license holders to carry concealed handguns in public university buildings beginning August 1, 2016. License holders must be at least 21 years old (unless active duty military or a veteran) and meet certain requirements. The law allows institution presidents to “establish reasonable rules” and to evaluate “the nature of the student population, specific safety considerations, and the uniqueness of the campus environment.” However, a president “may not establish provisions that generally prohibit or have the effect of generally prohibiting license holders from carrying concealed handguns on the campus of the institution.” The provisions established by the president take effect unless amended by the institution’s Board of Regents by not less than a two-thirds vote. Presidents may over time amend an institution’s rules, although amendments are subject to the same potential action by the Board of Regents.

To assist in the implementation process, a working group was formed that consists of at least one representative from each institution and representatives of U. T. System administration. The charge was to discuss the law and its interpretation, share information and perspectives, and develop recommendations for facilities common to many campuses. The guiding principles used by the working group were:

1. Follow the law.
2. Focus on safety.
3. Strive for a campus environment in which students, staff, and faculty can focus on their studies, research, and work with minimal distraction.

Decisions about rules, regulations, and exclusion zones are the responsibility of an institution's president. This report is advisory to presidents. The working group's objective was to facilitate discussion and to assist campus consultative groups and presidents as they evaluate their campus requirements. Recommendations are not intended to constitute a complete list of exclusion zones or areas to be considered by an institution's president.

Existing state laws exclude certain areas from concealed carry including schools, collegiate sporting events, and premises on which school sponsored activities are taking place. No further action appears to be necessary to exclude these from U. T. System campuses. The working group recommends that presidents consider, as a starting point, the following exclusion zones:

1. Areas for which state or federal law, licensing requirements, or contracts require exclusion exclusively at the discretion of state or federal government, or in which handguns are prohibited by an accrediting authority, such as child-care facilities.
2. Patient care areas, including those where mental health care services are provided.
3. Premises in or on which a ticketed sporting event is taking place.
4. Areas in which discharge of a handgun might cause widespread harm, such as laboratories with extremely dangerous chemicals, biologic agents, or explosive agents, or areas with equipment that is incompatible with metallic objects such as magnetic resonance imagining machines.

5. Animal care areas and vivaria in which protocols increase the risk of discharge or contamination of a concealed handgun, or its unanticipated separation from the license holder.

The working group offers comments on other issues that were discussed:

- Mixed use buildings. Buildings may have some excludable space. The decision about whether to exclude the entire building rather than just certain areas should be made on a case-by-case basis considering the practicality of limiting only certain areas.
- Notification. Notification that concealed handguns are not permitted in a building or area must be provided in writing, orally, or with prominent signage. The working group believes that the law ordinarily requires signage at the entrances to areas excluded by an institution (buildings or areas within a building). The working group noted that signage all over the place could create a false impression that concealed carry is common on campus and run counter to the goal of continuing the work of the university with as little distraction as possible.
- Handgun storage. The law does not require institutions to have handgun storage facilities – the law simply requires that a license holder be permitted to carry their handgun on or about their person. Institutions should take note that handgun storage facilities are not required elsewhere in Texas.
- Residential facilities. The law provides that institutions may establish rules for storage of handguns in dormitories or other residential facilities. Some people believe that this language reinforces an opinion that the intent of the law is to permit concealed carry in residential facilities. Others believe that the law empowers presidents to exclude concealed carry without limitation, other than the requirement that the president “may not establish provisions that generally prohibit or have the effect of generally prohibiting license holders from carrying concealed handguns on the campus of the institution.”
- Classrooms. Some people believe that the intent of the law is to allow concealed carry in classrooms (consistent with making concealed carry generally available on a campus). Others believe that the law authorizes presidents to exclude handguns from classrooms based on consideration of “the nature of the student population ... and the uniqueness of the campus environment.” The working group had a range of opinion about these differing perspectives and did not reach consensus.

Chancellor William H. McRaven
Presidents, The University of Texas System
January 11, 2016

Introduction

In the 84th Regular Legislative Session, the Texas Legislature passed Senate Bill 11, which allows licensed individuals to carry concealed handguns on public university campuses, effective August 1, 2016. The law defines “campus” as all land and buildings owned or leased by an institution of higher education. By law, a license holder must be at least 21 years old (or be active military or a veteran), be a resident of Texas, meet other requirements such as no record of felony conviction, and be fully qualified under federal and state law to purchase a handgun. Per 18 USC § 922(g), aliens admitted to the U.S. under a nonimmigrant visa are prohibited from possessing, shipping, transporting, or receiving any firearm or ammunition. International students attending universities are typically in the U.S. with non-immigrant visas and therefore ineligible under federal law to possess any firearm or ammunition.

Senate Bill 11 permits institution presidents to exclude certain zones as follows:

“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 in this state shall establish reasonable rules, regulations, or other provisions regarding the carrying of concealed handguns by license holders on the campus of the institution or on premises located on the campus of the institution. The president or officer may not establish provisions that generally prohibit or have the effect of generally prohibiting license holders from carrying concealed handguns on the campus of the institution. The president or officer may amend the provisions as necessary for campus safety. The provisions take effect as determined by the president or officer unless subsequently amended by the board of regents or other governing board.”

To facilitate the establishment of rules by presidents of U. T. System institutions, a working group was formed consisting of at least one representative from each institution and representatives of U. T. System administration (Appendix A). The charge to the working group was to discuss the law and its interpretation, share information and perspectives, and develop recommendations for facilities common to many campuses.

Chancellor William H. McRaven
Presidents, The University of Texas System
January 11, 2016

Each institution has unique programs, facilities, and operations. The observations and recommendations presented herein are advisory and are not intended to constitute a complete list of exclusion zones or areas to be considered for exclusion by an institution's president. The working group's objective was to facilitate discussion and to assist presidents as they evaluate their campus requirements.

Decisions about establishment of rules and exclusion zones are the responsibility of institution presidents. Senate Bill 11 requires that an institution's Board of Regents review the provisions established by a president within 90 days of establishment. The institution's Board of Regents may by not less than a two-thirds vote to amend those provisions. Over time, a president may revise rules; such revisions are also subject to amendment by the Board of Regents by not less than a two-thirds vote.

Coordinated and consistent policies, where appropriate, facilitate consistency in enforcement, which benefits both the campuses and holders of licenses to carry a concealed handgun.

Guiding Principles

Three over-arching principles guided the working group:

1. Follow the law.
2. Focus on safety.
3. Strive for a campus environment in which students, staff, and faculty can focus on their studies, research, and work with minimal distraction.

Locations Excluded by Law or Rule

The Texas Penal Code does not permit firearms and other specific weapons at the following locations relevant to issues of carrying concealed handguns on campuses:

- “on the physical premises of a school ..., any grounds or building on which an activity sponsored by a school ... is being conducted” (46.03(a)(1). The law does not define “school” for these purposes but the working group believes that a reasonable interpretation is pre-K through 12 as the meaning of “school.”
- “on the premises of any government court or offices utilized by the court” (46.03(a)(3)).
- “on the premises where a high school, collegiate, or professional sporting event or interscholastic event is taking place” (46.035(b)(2)).
- “on the premises of a hospital licensed under Chapter 241, Health and Safety Code” (46.035(b)(4)).
- “at any meeting of a government entity” (46.035(c)) “if the meeting is an open meeting subject to Chapter 551, Government Code, and the entity provided notice as required by that chapter” (amendment per HB 910).

The working group believes that because law excludes concealed carry from schools, collegiate sporting events, and school-sponsored activities, no further action is needed to exclude concealed handguns from these already-excluded locations.

As a matter of information, the working group understands that U. T. System hospitals are not licensed under Chapter 241 of the Health and Safety Code. Thus, the exclusion provided by the Texas Penal Code for hospitals is not directly applicable to U. T. System institutions, although by analogy and extension, U. T. System institutions might exclude their hospitals and other patient treatment locations.

There may be certain areas on some campuses where handguns are prohibited by federal law or other licensing requirements. It seems reasonable to provide an exclusion where required by law, licensing rules, or an accrediting authority.

Recommended Exclusion Zones

The responsibility for establishing exclusion zones rests with an institution's president. The campus advisory groups, U. T. System Administration, and this report are advisory to presidents.

Certain areas are already excluded by law, e.g., schools and activities sponsored by schools, and, thus, apparently need not be specifically identified as exclusion zones by campus presidents. The working group did not attempt to develop a complete list of exclusion zones that institutions might want to consider. The working group recommends that presidents consider the following exclusion zones among others that might be unique to a particular campus:

1. **Areas for which state or federal law, licensing requirements, or contracts require exclusion exclusively at the discretion of the state or federal government, or in which handguns are prohibited by an accrediting authority.** The working group has not attempted to identify all such areas. Certain licensing agencies prohibit handguns, such as for nuclear research reactors. Certain contracts- required for hosting the administration of a college entrance examination- might require no handguns. Perhaps the main example of a type of facility in this category is:
 - **Child-Care Facilities.** Rules of the Texas Department of Family and Protective Services prohibit the possession of firearms on the premises of licensed facilities with before- or after-school care and for licensed child-care centers (40 TAC Secs. 744.2607 and 746.3707). However, because there is no enforcement mechanism in the Penal Code other than possibly suspension or revocation of the child-care center's license, the law may be viewed as not specifically prohibiting the carrying of concealed handguns in such locations. The working group believes that the exclusion of concealed carry on the premises of child-care facilities at U. T. System institutions is sensible and recommends that presidents consider excluding them.

2. Areas analogous to state law requirements that prohibit concealed handguns:

- **Patient care areas.** Section 46.035(b)(4) of the Penal Code excludes hospitals licensed under Chapter 241 – by analogy and extension, the working group recommends that patient care areas be excluded including hospitals, clinics, and mental health treatment areas. The working group suggests that “patient care area” could be restricted to patients for whom a formal record of treatment is maintained.
- **Premises in or on which a ticketed sporting event is taking place.** Section 46.035(b)(2) of the Penal Code prohibits concealed handguns at collegiate sporting events. The working group recommends that by analogy and extension, any ticketed sporting event be excluded on U. T. System campuses, whether an intercollegiate event or not.

3. Areas where discharge of a handgun might cause widespread harm, 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 machines. Training of concealed handgun license holders on safe use of handguns in such facilities is not practical. Accidental or purposeful discharge of a handgun in such areas could cause grave and catastrophic harm. Handguns are inappropriate in the vicinity of some types of equipment, e.g., magnetic resonance imaging equipment because of the very strong magnetic field present. Exclusion may be appropriate for these areas to ensure campus safety.

4. Animal care areas and vivaria in which protocols increase the risk of discharge or contamination of a concealed handgun, or its unanticipated separation from the licensed holder. Some animal care facilities have strict protocols for entering and exiting the facility, including requirements for protective clothing and sterile gloves. Animals may carry viruses and bacteria that can be pathogenic to humans, which may require careful control over objects that are brought into or leave a facility. In large animal care facilities, primates, if present, have the ability to grab and manipulate objects. The many safety risks associated with such facilities give cause to recommend that concealed handguns be excluded.

Discussion of Various Topics

Working group discussions touched on many topics of interest. Key elements from these discussions are summarized as follows.

Mixed-Use Buildings. Many buildings have mixed use in terms of potential exclusion zones. The question is: when is the proportion of excluded area sufficiently large to warrant exclusion of the whole building? The working group offers the following observations:

- If a small number of rooms or a small fraction of assignable space in a building is subject to exclusion, only the rooms or areas that qualify for exclusion could be excluded. Appropriate notice such as signage needs to be provided for those rooms or areas that are excluded.
- If a significant fraction of the building in terms of number of rooms or assignable space is subject to exclusion, or if the excludable space is not separable from other space, then as a matter of practicality, the whole building could be excluded. Appropriate notice such as through signage must be provided for the building.
- There is a “gray area” in which the excludable space within a building is neither minimal nor obviously dominant. The decision of whether to exclude the entire building should be made on a case-by-case basis, based on how practical it is to exclude only certain rooms or areas of the building.

Some spaces have mixed use in terms of when space is used for certain purposes. For example, some areas are excluded only when a ticketed sporting event is taking place. Thus, signage indicating exclusion may need to be temporary and removable in some cases.

Requirement for Holster. Senate Bill 11 authorizes presidents to establish reasonable rules. One concern expressed within the working group is the potential for a handgun to discharge accidentally when carried in a purse or backpack. One requirement that UT Austin is considering that the working group recommends for consideration by all presidents is a safety requirement that could something similar to the following:

- “A license holder who carries a handgun on campus must carry it in a holster that completely covers the trigger and the entire trigger guard area. The holster must have sufficient tension or grip on the handgun to retain it in the holster even when subjected to unexpected jostling.”

The working group believes that SB 11 provides authority for presidents to establish such a requirement, which would minimize the potential for accidental discharge if the handgun is jostled about or if the purse or backpack is dropped.

Notification and Signage. Section 30.06 of the Texas Penal Code describes general requirements for notification where concealed carry is not permitted. The law states that, “a person receives notice if the owner of the property or someone with apparent authority to act for the owner provides notice to the person by oral or written communication.” The written communication must state the following:

- "Pursuant to Section 30.06, Penal Code (trespass by holder of license to carry a concealed handgun), a person licensed under Subchapter H, Chapter 411, Government Code (concealed handgun law), may not enter this property with a concealed handgun".

Written communication may be conveyed in one of two ways:

- A card or other written document that contains the language above, or
- Signage in both Spanish and English displayed in a conspicuous manner clearly visible to the public, with contrasting colors and block letters at least one inch in height.

The best option for informing the public of exclusion at ticketed events such as sporting events might be the printing of exclusion information on the back of the ticket. In situations where an individual must review and sign a form (such as a consent form signed by parents for their children), written notification might be provided on the form.

Chancellor William H. McRaven
Presidents, The University of Texas System
January 11, 2016

No notification is required by statute for schools or school-sponsored activities. License holders are expected to know that these areas are excluded without specific notification.

Oral notification is a permitted means of notification under the law. Although oral notification may be impractical in regards to entry to many areas, there may be certain areas or situations in which oral notification is effective. Moreover, Section 30.06 also criminalizes remaining on property after being advised that concealed handguns are not permitted; that is an example of a situation when oral notice becomes practical.

The working group addressed the question of whether signage is needed on each excluded building or excluded area, or whether a few generic signs at strategic locations would suffice. The prevailing legal opinion is that signage must be on each building or area within a building, in large part because the law requires the signage to state, "... may not enter this property with a concealed handgun." If there were only a few generic signs on campus, "this property" would seem to imply the whole campus. Even if "this property" pointed to specific buildings or areas within a building, the requirements of the law for signage displayed in a "conspicuous manner" with large-block letters seems to require signage at the entrance to excluded buildings or areas within a building.

Residential Facilities. Senate Bill 11 provides that, "An institution of higher education ... may establish rules, regulations, or other provisions concerning the storage of handguns in dormitories or other residential facilities that are owned or leased and operated by the institution and located on the campus of the institution."

On-campus housing takes many forms across U. T. System institutions, including residences in which one or more people live in a single room, multi-room units that may have a common living room area and several bedrooms, and apartments. Students are the dominant occupants of residential facilities, but in some cases faculty and staff members live in university owned or leased residential facilities. Some U. T. System institutions host summer camps for children and house the children in residence halls.

The working group addressed the question of whether the law permits exclusion of concealed carry in residential facilities. Two opinions were expressed. One opinion is that most legislators who supported SB 11 intended for concealed handguns to be permitted in dormitories and residential facilities, and that the language of the statute allowing storage in residential settings reinforces this view. However, the law also says that presidents may take into account “the nature of the student population, specific safety considerations, and the uniqueness of the campus environment”; thus, if a campus has residential facilities for which exclusion is judged by a president to be appropriate, one might opine that the law permits exclusion.

Because residential facilities cover such a broad spectrum of circumstances across U. T. System institutions, no across-the-board recommendations are offered.

The working group discussed whether an individual could request a roommate who is not a license holder for residential facilities that permit concealed carry. Such a request is problematic because a license holder is not compelled to respond to an inquiry about status as a licensed carrier except when the query comes from a law enforcement officer. The working group suggests that campuses that wish to provide an opportunity for residents to self-select a non-license holder as a roommate be asked to indicate on the residential application form something along the lines of, “I voluntarily disclose that I am not licensed to carry a concealed handgun, and I request a roommate who has made this same voluntary disclosure.”

Handgun Storage Facilities. The law permits license holders to carry their concealed handgun on or about their person, but it does not compel institutions to provide or allow storage of handguns when the licensees do not have the handgun on or about their person. The working group could not identify any legal requirement to provide storage, nor could it identify any restriction on an institution’s authority to prohibit storage. Should an institution choose to permit storage of handguns within university buildings, the establishment of minimum storage requirements is reasonable. If a particular campus chooses to provide for handgun storage, the working group notes that issues of safety, security, accessibility, and privacy will likely need to be addressed.

Classrooms. The working group discussed the subject of excluding concealed handguns from classrooms. Different schools of thought were expressed. One opinion is that the law intends if not outright requires allowance of concealed carry in classrooms through the requirement that rules may not “have the effect of generally prohibiting license holders from carrying concealed handguns on the campus of the institution.” Meeting this requirement might be a challenge especially if the classroom exclusion is coupled with the exclusion of concealed handguns broadly or in numerous buildings. In addition, several legislators have said that the intent of the law is to allow concealed carry in classrooms.

Some members of the working group expressed the opinion that a president has the latitude and authority to establish rules that prohibit concealed handguns from classrooms. The law allows presidents to establish reasonable rules taking into consideration “the nature of the student population, specific safety considerations, and the uniqueness of the campus environment.” From this point of view, a decision to exclude concealed handguns from classrooms appears to be allowable under the law. Some legislators have expressed the opinion that institution presidents have ultimate authority over campus carry policy, including decisions about classrooms.

The working group members discussed the varying points of view, but did not reach consensus. Ultimately, the decision is up to each institution president, subject to potential amendment by the U. T. System Board of Regents.

The working group members agree that excluding concealed handguns from classrooms would introduce complicating questions such as:

- Is it feasible to exclude classrooms without excluding the entire building that contains classrooms?
- Would exclusion of classrooms have the effect of generally prohibiting license holders from carrying concealed handguns on the campus?
- If classrooms are excluded, must one consider handgun storage lockers for times when students are in class?
- Would the signage that might be required give people the false impression that concealed handguns are widespread on campus and run counter to the objective of striving for a campus environment in which students, staff, and faculty can focus on their studies, research, and work with minimal distraction?

Chancellor William H. McRaven
Presidents, The University of Texas System
January 11, 2016

Leased Space. Senate Bill 11 permits the carry of concealed handguns on the premises of campuses, and defines campus as “all land and buildings owned or leased by an institution of higher education.” The law does not expressly distinguish between property “leased” as a lessor (in which the higher education institution owns the property but leases it to a third party for other uses) or “leased” as a lessee (in which the higher education institution does not own the property but leases it for university use). The common meaning of “campus” would include only the geographic boundaries of the buildings and grounds used for university purposes, and there is no indication of a legislative intent to include property outside those boundaries that is owned by the university but leased to a third party for other uses.

For property within the boundaries of a campus, such as campus bookstore, a lessee may have property rights under the lease. However, in some cases a private entity may not have private property rights, such as might be the case for a food-service provider in a dining hall, because they are an agent of the university providing a service that the university could provide.

There is no indication that the legislature intended the campus carry legislation to override private property rights. In fact, the Senate author of the legislation made the point during debate that private institutions of higher education were given an opt-out because of respect for private property rights. Even for property within the geographic boundaries of a campus, it seems reasonable to conclude that private property rights are paramount. Section 30.06 of the Penal Code allows an entity (other than a governmental entity) to exclude concealed carry by giving notice, usually through signage. In addition, 411.203, Government Code, provides that the licensing statute does not limit the right of a private employer to prohibit concealed carry license holders from carrying on the premises of the business. AG Op. No. DM-363 determined that an employer could restrict the carrying of concealed handguns on property it controls by posting notice.

Chancellor William H. McRaven
Presidents, The University of Texas System
January 11, 2016

The power of the lessee on the campus to exclude concealed handguns is, of course, subject to the terms of the lease. Assuming that the lease is silent on the subject, the working group believes the lessee may have the power to exclude concealed handguns without regard to the exclusion zones adopted by the campus, provided adequate notice is given, for example, via signage. By this same token, if the university leases space from a private entity and that entity wishes concealed carry to be excluded, the president of an institution appears to be on solid ground in establishing the leased space as an exclusion zone on the basis of the preference of the private property owner.

Parking areas are expressly different. Section 46.035 of the Penal Code, by means of defining “premises,” has always permitted licensed concealed carry on public or private parking lots, garages, or other parking areas. Parking facilities are especially important to a licensee because the licensee’s handgun may be stored in a locked vehicle. It appears that SB 11 does not change that, so the private operator of a parking facility on space leased from a university likely lacks the authority to exclude concealed handguns under any circumstances. However, some parking garages have retail space, often leased to a private entity that has nothing to do with parking, such food service. In such situations, where there is no parked car in the leased space, it may be possible to consider exclusion.

Formal Hearing Areas. Section 46.03(a)(3) of the Penal Code excludes “any government court or offices utilized by the court.” By analogy and extension, an institution could exclude any facility used as a hearing room that operates similar to a court, i.e., where an individual or panel is designated under institutional policy to adjudicate the rights or privileges of a student or an employee of the institution. This does not cover a non-hearing environment such as processing of forms or claims. There are many nuances and complications regarding such interpretation, such as what constitutes a formal hearing. The working group recommends that this potential type of exclusion be handled at the institutional level, considering the unique circumstances at each campus. It may help to clarify in an institution’s rules which hearings are excluded for concealed carry.

Chancellor William H. McRaven
Presidents, The University of Texas System
January 11, 2016

Areas in which Sponsored Activities Are Conducted for Persons under 18 years of Age Who Are Not Enrolled at the Institution. Section 46.03(a)(1) of the Penal Code prohibits the carrying of handguns on “any grounds or building on which an activity sponsored by a school ... is being conducted.” All U. T. System institutions host events for school-age children. If the activity is sponsored by a school, the carrying of handguns is automatically excluded per 46.03(a)(1) of the Penal Code. Nothing further is required from an institution to exclude concealed carry for activities sponsored by a school. No specific notification is required under the law, although an institution might consider signage stating something to the effect of, “School-Sponsored Activity in Progress.”

Numerous events occur on campuses that are not sponsored by a school but, rather, are sponsored by the higher education institution or by others. By analogy and extension, events for children sponsored by or conducted in coordination with the institution could be considered for exclusion of concealed handguns. However, institutional discretion will likely be needed to determine which sponsored events rise to a level appropriate for exclusion. Institutions may choose to exclude concealed carry for parents, employees, or volunteers working with the children on a sponsored event while on campus. Exclusion may not be practical for everyone on campus during the transit of children from one location on campus to another, or for informal gatherings such as lunch in a cafeteria.

Sponsored events cover such a broad array of potential activities that no blanket recommendations are appropriate, except as required by law for school sponsored events. The working group recommends that each institution consider possible exclusion for times and locations when non-school-sponsored events are taking place for persons under the age of 18 who are not enrolled on campus.

Temporal Exclusions. Senate Bill 11 allows presidents to establish rules, and these could be for certain times. For example, an area might be excluded only when there is a ticketed sporting event. The working group did not discuss broader temporal exclusions, such as during final exam week and would note the significance of notification requirements.

The group briefly discussed the special case of a situation in which a student is not allowed to bring anything into the classroom besides a pencil (no purses, backpacks, hats, etc.) when a test is given. The question raised is: may the institution exclude concealed handguns? No definitive answer was provided, but the issue raised reinforces the unique circumstances of college campuses.

Reporting Requirements. Senate Bill 11 requires a report to the legislature each even-numbered year that “describes [the institution’s] rules, regulations, or other provisions regarding the carrying of concealed handguns on the campus of the institution; and ... explains the reasons the institution has established those provisions.” The reporting requirements to the legislature appear not to require a building-by-building accounting but, rather, a more general description.

For institutional reports to the Board of Regents regarding exclusion zones, campuses are expected to explain which areas have been excluded and why, and are not expected to provide a building-by-building explanation. Further consideration will be given to guidelines for institutions in reporting to the Board of Regents.

Violations. The working group discussed how to handle violations of concealed carry provisions. If a person is believed to have improperly displayed a handgun or carried a handgun into a location where concealed carry is not permitted, the campus police should be contacted. The question of what further penalties might be permissible was discussed and the following guidance developed:

- The licensing statute, Chapter 411, Government Code, effectively requires that the handgun be “concealed,” meaning that the gun’s presence is “not openly discernable to the ordinary observation of a reasonable person.” Similarly, Section 46.035, Penal Code, on unlawful carry by a licensed holder, prohibits intentional display of the handgun in plain view of another person in a public place as well as possession, whether or not concealed, in specific areas.
- Sections 46.03 and 46.035 address which violations are criminal. Both sections include “state of mind” requirements, and these state of mind requirements vary. Under section 46.03, it is a crime to “intentionally, knowingly, or recklessly” carry a handgun into in a place designated by that section as an exclusion zone (e.g., a pre-K through 12 school). Under section 46.035, however, it is a crime for a license holder to “intentionally” carry a concealed handgun into an area excluded under the rules and regulations established by a university, provided proper notice is given. With regard to the open display of a handgun on campus, section 46.035 makes it a crime for a license holder to “intentionally or knowingly” display the handgun in plain view of another person on a university campus. Texas Penal Code § 6.03 assigns particular meaning to the terms “intentionally,” “knowingly,” and “recklessly.” Under section 46.035, however, license holders do not commit a crime if they mistakenly bring a concealed handgun into an exclusion zone –

(e.g., if the holder forgot they had the gun with them). As explained below, however, individual institutions may provide that any violation of their concealed carry rules and regulations constitutes a sanctionable offense under their institutional rules.

- Section 411.2031, Government Code, as added by SB 11, expressly authorizes an institution “to establish reasonable rules ... regarding the carrying of concealed handguns by license holders on the campus,” with specific regard to “safety considerations” and “campus safety.” Violations of campus rules about how to carry or store handguns may be acts subject to disciplinary action by an institution.
- Under Section 46.02, Penal Code, which prohibits the carrying of certain weapons “on or about” a person, Texas courts have held that “on or about” includes “the area nearby, close at hand, convenient of access, and within such distance of the party so that, without materially changing his position, the party could get his hand on it” and to include a portfolio or purse [Contreras v. State, 853 S.W. 2d 694 (Tex. App. Houston (1st Dist.), 1993}] The working group was not able to identify any cases under Sec. 46.035, Penal Code, that have specifically considered the meaning of “on or about” in the context of that Penal Code provision governing unlawful carry by a concealed handgun holder.
- The following language is offered to campuses for consideration as they establish rules:
 - "License holders bear the responsibility for safeguarding their handguns at all times, and must take all necessary precautions to ensure their handguns are secured in a manner that is most likely to prevent theft, loss, damage or misuse. License holders affiliated with [institution] who fail to use reasonable care in securing their handguns or acts negligently are subject to disciplinary action, up to and including termination or non-renewal of appointment, or dismissal from [institution]."

Chancellor William H. McRaven
Presidents, The University of Texas System
January 11, 2016

- “A license holder fails to use reasonable care when he/she does not exercise the care which a reasonable or prudent person would exercise in similar circumstances, or takes action which a reasonable or prudent person would not take. Failing to secure or control a backpack or purse with a handgun at all times on the [institution’s] campus would be considered a failure to use reasonable care.”

Institutional Rules. Institutions may wish to modify certain institutional rules and procedures in an effort to minimize any ambiguity regarding concealed carry. For example, an institution might exclude concealed carry from a room in which a formal hearing under a specific provision in the code of student discipline and conduct. Such specific provisions might remove any possible ambiguity about whether a certain type of hearing is meant to constitute a formal proceeding for which concealed carry is not allowed.

Communications and Training. Once campus rules are established, there may be an important role for the U. T. System and the campuses to play in sharing information related to communicating to campus communities and training of individuals.

Concluding Remarks

The members of the concealed carry working group benefited from the sharing of information, discussion of the law and its interpretation, and sharing of best practices taking place at each campus. In developing these recommendations, the working group recognized that the law empowers each institution president to make appropriate provisions. The working group hopes that these observations and recommendations will assist campus presidents.

The working group stands ready to assist the System and institution presidents as needed or desired, and will be happy to answer questions or address additional issues.

DED/jlb

cc: Raymond S. Greenberg, M.D., Ph.D.
Dr. Steven W. Leslie

APPENDIX A

Members of the Concealed Carry Working Group

Institutions

- U. T. Arlington: John Hall, Vice President for Administration
- U. T. Austin: Steven Goode, JD, Professor, Law
- U. T. Dallas: Alex Piquero, Professor, Criminology
- U. T. El Paso: Gary Edens, Vice President for Student Affairs
- U. T. Permian Basin: Teresa Sewell, Senior Associate Vice President for Student Affairs
- U. T. Rio Grande Valley: Ben Reyna, Associate Vice President for Security and Campus Affairs
- U. T. San Antonio: Kathy Funk-Baxter, Vice President for Business Affairs, and also Steve Barrera, Chief of Police
- U. T. Tyler: Tammy Cowart, JD, Associate Professor, Business Law
- U. T. Health – Houston: George Stancel, Executive Vice President for Academic and Research Affairs
- U. T. Medical Branch – Galveston: Michael Ainsworth, MD, Vice Dean for Academic Affairs, School of Medicine
- U. T. M. D. Anderson – Max Weber, JD, Associate Vice President and Deputy Chief Compliance Officer
- U. T. San Antonio HSC – Michael Parks, Chief of Police, and Dr. Jacqueline Lee Mok, Vice President for Academic, Faculty, and Student Affairs
- U. T. Southwestern – Charles Ginsburg, MD, Senior Associate Dean
- U. T. Tyler HSC – Robert Cromley, Chief of Police

U. T. System Administration

- Committee Chair: David E. Daniel, Deputy Chancellor
- Office of the Chancellor: Jana Pankratz, Executive Director
- Director of Police: Michael Heidingsfield
- Government Relations: Barry McBee, JD, Vice Chancellor and Chief Governmental Relations Officer, and Steve Collins, JD, Associate Vice Chancellor for Government and Special Counsel for Governmental Relations and Special Counsel to the Office of General Counsel
- Board of Regents: Kristy Orr, JD, Associate General Counsel
- Office of General Counsel: Tamra English, JD, Assistant General Counsel
- Office of Academic Affairs: Wanda Mercer, Associate Vice Chancellor
- Office of Health Affairs: Patrick Francis, Associate Vice Chancellor
- Risk Management: Patrick Durbin, Assistant Director, Risk Control
- External Relations: John Morton, Senior Communications Writer

Attachment D

DPS 2013 crime and enrollment statistics for CHL holders

TEXAS DEPARTMENT OF PUBLIC SAFETY
REGULATORY SERVICES DIVISION
CONCEALED HANDGUN LICENSING
Box 4087 MSC 0245 - Austin, Texas 78773-0245
(512) 424-7293
www.dps.texas.gov



STEVEN C. McCRAW
DIRECTOR
DAVID G. BAKER
ROBERT J. BODISCH SR.
DEPUTY DIRECTORS

COMMISSION
A. CYNTHIA LEON, CHAIR
MANNY FLORES
FAITH JOHNSON
STEVEN P. MACH
RANDY WATSON

Conviction Rates for Concealed Handgun License Holders
Reporting Period : 01/01/2013 - 12/31/2013

<u>Offense</u>	<u>Total Convictions in Texas</u>	<u>Convictions of CHL Holders</u>	<u>CHL Holder Percentage of Total Convictions</u>
ABANDON ENDANGER CHILD CRIMINAL NEGLIGENCE	506	0	0.0000%
ABANDON ENDANGER CHILD IMMINENT DANGER BODI	65	0	0.0000%
ABANDON ENDANGER CHILD W/INTENT TO RETURN	118	0	0.0000%
ABANDON ENDANGER CHILD W/O INTENT TO RETURN	9	0	0.0000%
AGG ASSAULT AGAINST PUBLIC SERVANT	148	0	0.0000%
AGG ASSAULT AGAINST SECURITY OFFICER	4	0	0.0000%
AGG ASSAULT BY PUBLIC SERVANT	8	0	0.0000%
AGG ASSAULT CAUSES SERIOUS BODILY INJ	568	0	0.0000%
AGG ASSAULT DATE/FAMILY/HOUSE W/WEAPON	159	0	0.0000%
AGG ASSAULT IN RETALIATION	3	0	0.0000%
AGG ASSAULT W/DEADLY WEAPON	2,292	10	0.4363%
AGG KIDNAPPING	91	0	0.0000%
AGG KIDNAPPING BI/SEXUAL ABUSE	5	0	0.0000%
AGG KIDNAPPING BI/SEXUAL ABUSE SAFE RELEASE	0	0	0.0000%
AGG KIDNAPPING FACILITATE	0	0	0.0000%
AGG KIDNAPPING FACILITATE SAFE RELEASE	0	0	0.0000%
AGG KIDNAPPING FOR RANSOM/REWARD	0	0	0.0000%
AGG KIDNAPPING FOR RANSOM/REWARD SAFE RELEA	1	0	0.0000%
AGG KIDNAPPING INTERFERE PERFORMANCE	0	0	0.0000%
AGG KIDNAPPING INTERFERE PERFORMANCE SAFE R	0	0	0.0000%
AGG KIDNAPPING RELEASE VICTIM SAFEPLACE	0	0	0.0000%
AGG KIDNAPPING TERRORIZE	3	0	0.0000%
AGG KIDNAPPING TERRORIZE SAFE RELEASE	1	0	0.0000%
AGG KIDNAPPING USE AS SHIELD/HOSTAGE	2	0	0.0000%
AGG KIDNAPPING USE AS SHIELD/HOSTAGE SAFE REL	0	0	0.0000%
AGG ROBBERY	1,696	1	0.0590%
AGG SEXUAL ASSAULT	117	1	0.8547%
AGG SEXUAL ASSAULT CHILD	1,016	15	1.4764%
AGG SEXUAL ASSAULT OF ELDERLY/DISABLED PERSO	26	0	0.0000%
AIDING SUICIDE/SBI	0	0	0.0000%
ASSAULT AGAINST ELDERLY OR DISABLED INDIVIDUA	32	0	0.0000%
ASSAULT AGAINST GOVERNMENT CONTRACTOR/EMP	1	0	0.0000%
ASSAULT AGAINST SPORTS PARTICIPANT	3	0	0.0000%
ASSAULT CAUSES BI CONVICTED ANOTHER STATE	0	0	0.0000%
ASSAULT CAUSES BI RETALIATION W/GOVERN	2	0	0.0000%
ASSAULT CAUSES BODILY INJ	6,494	13	0.2002%
ASSAULT CAUSES BODILY INJ DATE/FAMILY/HOUSE	291	0	0.0000%
ASSAULT CAUSES BODILY INJURY FAMILY VIOLENCE	14,633	19	0.1298%
ASSAULT ON SECURITY OFFICER	18	0	0.0000%
ASSAULT PUBLIC SERVANT	756	1	0.1323%

More ...

TEXAS DEPARTMENT OF PUBLIC SAFETY
REGULATORY SERVICES DIVISION
CONCEALED HANDGUN LICENSING
Box 4087 MSC 0245 - Austin, Texas 78773-0245
(512) 424-7293
www.dps.texas.gov



STEVEN C. McCRAW
DIRECTOR
DAVID G. BAKER
ROBERT J. BODISCH SR.
DEPUTY DIRECTORS

COMMISSION
A. CYNTHIA LEON, CHAIR
MANNY FLORES
FAITH JOHNSON
STEVEN P. MACH
RANDY WATSON

Conviction Rates for Concealed Handgun License Holders
Reporting Period : 01/01/2013 - 12/31/2013

<u>Offense</u>	<u>Total Convictions in Texas</u>	<u>Convictions of CHL Holders</u>	<u>CHL Holder Percentage of Total Convictions</u>
BURGLARY HABITATION INTEND OTHER FELONY	243	0	0.0000%
BURGLARY HABITATION INTEND SEX OFFENSE	15	0	0.0000%
BURGLARY OF BUILDING	3,067	0	0.0000%
BURGLARY OF HABITATION	4,405	1	0.0227%
CAPITAL MURDER ANOTHER PERSON IN PRISON	0	0	0.0000%
CAPITAL MURDER BY TERROR THREAT/OTHER FELON	47	1	2.1277%
CAPITAL MURDER FOR RETALIATION JUDGE/JUSTICE	0	0	0.0000%
CAPITAL MURDER OF A PEACE OFFICER OR FIREMAN	14	0	0.0000%
CAPITAL MURDER OF MULTIPLE PERSONS	22	0	0.0000%
CAPITAL MURDER PERSON UNDER SIX YEARS OF AGE	5	0	0.0000%
CAPITAL MURDER PERSON WHILE ESCAPING/ATTEMP	0	0	0.0000%
CAPITAL MURDER WHILE REMUNERATION	3	0	0.0000%
COERCE SOLICIT INDUCE GANG MEMBERSHIP	9	0	0.0000%
COERCE SOLICIT INDUCE GANG MEMBERSHIP BI	0	0	0.0000%
CRIMINAL NEGLIGENT HOMICIDE	37	0	0.0000%
DEADLY CONDUCT	887	16	1.8038%
DEADLY CONDUCT DISCHARGE FIREARM	204	1	0.4902%
DEADLY WEAPON IN PENAL INSTITUTION	28	0	0.0000%
DISPLAY HANDGUN LICENSE REFUSAL 2ND	0	0	0.0000%
HARASSMENT BY PERSON IN CORRECTIONAL/DETENT	50	0	0.0000%
HARRASSMENT OF PUBLIC SERVANT	263	0	0.0000%
HOAX BOMB WEAPONS FREE ZONE	0	0	0.0000%
HOAX BOMBS	2	0	0.0000%
IMPROPER PHOTO/VISUAL RECORDING AROUSE/GRA	9	0	0.0000%
IMPROPER PHOTO/VISUAL RECORDING W/OUT CONSE	10	0	0.0000%
IMPROPER RELATIONSHIP BETWEEN EDUCATOR/STU	32	0	0.0000%
INDECENCY W/A CHILD EXPOSES	208	2	0.9615%
INDECENCY W/CHILD SEXUAL CONTACT	938	17	1.8124%
INDECENT EXPOSURE	467	0	0.0000%
INJURY CHILD/ELDERLY/DISABLE RECKLESS SBI/MENT	63	0	0.0000%
INJURY CHILD/ELDERLY/DISABLE W/INT BODILY INJ	527	0	0.0000%
INJURY CHILD/ELDERLY/DISABLE W/INT SBI/MENTAL	79	0	0.0000%
INJURY CHILD/ELDERLY/DISABLED CRIMINAL NEGLIGE	44	0	0.0000%
INJURY CHILD/ELDERLY/DISABLED RECKLESS BODILY	76	0	0.0000%
KIDNAPPING	49	0	0.0000%
MANSLAUGHTER	91	0	0.0000%
MURDER	364	3	0.8242%
MURDER UNDER INFLUENCE OF SUDDEN PASSION	2	0	0.0000%
OWNER/OPER/EMP GROUP/NURSE W/INT DISABLE/EX	0	0	0.0000%
OWNER/OPERATOR/EMP GROUP/NURSE W/INT VIOL	0	0	0.0000%

More ...

TEXAS DEPARTMENT OF PUBLIC SAFETY
REGULATORY SERVICES DIVISION
CONCEALED HANDGUN LICENSING
 Box 4087 MSC 0245 - Austin, Texas 78773-0245
 (512) 424-7293
www.dps.texas.gov



STEVEN C. McCRAW
DIRECTOR
 DAVID G. BAKER
ROBERT J. BODISCH SR.
DEPUTY DIRECTORS

COMMISSION
 A. CYNTHIA LEON, CHAIR
 MANNY FLORES
 FAITH JOHNSON
 STEVEN P. MACH
 RANDY WATSON

Conviction Rates for Concealed Handgun License Holders
Reporting Period : 01/01/2013 - 12/31/2013

<u>Offense</u>	<u>Total Convictions in Texas</u>	<u>Convictions of CHL Holders</u>	<u>CHL Holder Percentage of Total Convictions</u>
OWNER/OPR/EMP GRP/NURSE NEGL.PC 22.04(a)(1)	0	0	0.0000%
OWNER/OPR/EMP GRP/NURSE NEGL.PC22.04(g)	0	0	0.0000%
OWNER/OPR/EMP GRP/NURSE RECKLESS PC 22.04(e)	0	0	0.0000%
OWNER/OPR/EMP GRP/NURSE RECKLESS PC 22.04(f)	0	0	0.0000%
PLACE WEAPONS PROHIBITED	78	0	0.0000%
PROH WEAPON	113	0	0.0000%
PROH WEAPON SWITCHBLADE/KNUCKLE WEAPONS F	1	0	0.0000%
PROH WEAPON SWITCHBLADE/KNUCKLES	794	2	0.2519%
PROH WEAPON/WEAPONS FREE ZONE	1	0	0.0000%
PUBLIC LEWDNESS	190	1	0.5263%
ROBBERY	1,495	0	0.0000%
SEXUAL ASSAULT	210	3	1.4286%
SEXUAL ASSAULT CHILD	693	20	2.8860%
SEXUAL ASSLT BIGAMY	26	0	0.0000%
SEXUAL ASSLT PROH/PURPORT SPOUSE	2	0	0.0000%
SEXUAL ASSLT PROH/PURPORT SPOUSE UNDER 14YO	5	4	80.0000%
TAMPER W/CONSUMER PRODUCT	0	0	0.0000%
TAMPER W/CONSUMER PRODUCT SBI	0	0	0.0000%
TAMPER W/CONSUMER PRODUCT THREAT	0	0	0.0000%
TERRORISTIC THREAT	1,078	0	0.0000%
TERRORISTIC THREAT AGAINST PUBLIC SERVANT	121	1	0.8264%
TERRORISTIC THREAT CAUSES PECUNIARY LOSS OF	3	0	0.0000%
TERRORISTIC THREAT IMPAIR PUBLIC/GOV SERVICE	12	0	0.0000%
TERRORISTIC THREAT INTERRUPT PUBLIC PLACE	176	1	0.5682%
TERRORISTIC THREAT OF FAMILY/HOUSEHOLD	628	1	0.1592%
TRAFFICKING A PERSON CAUSING DEATH	0	0	0.0000%
TRAFFICKING OF PERSON	3	0	0.0000%
TRAFFICKING OF PERSON YOUNGER THAN 14 YO	0	0	0.0000%
UNL CARRY HANDGUN LIC HOLDER	18	7	38.8889%
UNL CARRY HANDGUN LIC HOLDER ALCH PREM/CORR	2	0	0.0000%
UNL CARRY WEAPON/WEAPONS FREE ZONE	4	0	0.0000%
UNL CARRYING WEAPON	1,947	16	0.8218%
UNL CARRYING WEAPON ON ALCOHOL PREMISES	42	0	0.0000%
UNL POSS FIREARM BY FELON	1,469	0	0.0000%
UNL POSS FIREARM BY FELON WEAPONS FREE ZONE	3	0	0.0000%
UNL POSS FIREARM INVOLVING FAMILY/HOUSEHOLD	19	0	0.0000%
UNL POSS METAL OR BODY ARMOR BY FELON	33	0	0.0000%
UNL RESTRAINT	308	1	0.3247%
UNL RESTRAINT EXPOSE TO SBI	36	0	0.0000%
UNL RESTRAINT LESS THAN 17 YRS OF AGE	16	0	0.0000%

More ...

TEXAS DEPARTMENT OF PUBLIC SAFETY
REGULATORY SERVICES DIVISION
CONCEALED HANDGUN LICENSING
Box 4087 MSC 0245 - Austin, Texas 78773-0245
(512) 424-7293
www.dps.texas.gov



STEVEN C. McCRAW
DIRECTOR
DAVID G. BAKER
ROBERT J. BODISCH SR.
DEPUTY DIRECTORS

COMMISSION
A. CYNTHIA LEON, CHAIR
MANNY FLORES
FAITH JOHNSON
STEVEN P. MACH
RANDY WATSON

Conviction Rates for Concealed Handgun License Holders
Reporting Period : 01/01/2013 - 12/31/2013

<u>Offense</u>	<u>Total Convictions in Texas</u>	<u>Convictions of CHL Holders</u>	<u>CHL Holder Percentage of Total Convictions</u>
UNL RESTRAINT OF PUBLIC SERVANT	3	0	0.0000%
UNL TRANSF CERTAIN WEAPONS U/18 WEAPONS FRE	0	0	0.0000%
UNL TRANSF CERTAIN WEAPONS/WEAPONS FREE ZO	0	0	0.0000%
UNL TRANSF HANDGUN UNDER 18YOA	0	0	0.0000%
UNL TRANSF OF CERTAIN WEAPONS	12	0	0.0000%
UNL TRANSP OF PERSON FOR PECUNIARY BENEFIT	0	0	0.0000%
Total Offenses	50,869	158	0.3106%

End of Report

TEXAS DEPARTMENT OF PUBLIC SAFETY
REGULATORY SERVICES DIVISION
CONCEALED HANDGUN LICENSING
 Box 4087 MSC 0245 - Austin, Texas 78773-0245
 (512) 424-7293
www.dps.texas.gov



STEVEN C. McCRAW
DIRECTOR
DAVID G. BAKER
CHERYL MacBRIDE
DEPUTY DIRECTORS

COMMISSION
A. CYNTHIA LEON, CHAIR
CARIN MARCY BARTH
MANNY FLORES
STEVEN P. MACH
RANDY WATSON

Demographic Information by Residence County
 Period: 01/01/2013 - 12/31/2013
 License Applications: Issued

<u>County</u>	<u>Number of Applicants</u>	<u>Percent</u>	<u>County</u>	<u>Number of Applicants</u>	<u>Percent</u>
ANDERSON	618	0.25%	COKE	54	0.02%
ANDREWS	213	0.09%	COLEMAN	142	0.06%
ANGELINA	1,139	0.47%	COLLIN	9,171	3.78%
ARANSAS	352	0.15%	COLLINGSWORTH	32	0.01%
ARCHER	196	0.08%	COLORADO	325	0.13%
ARMSTRONG	61	0.03%	COMAL	2,166	0.89%
ATASCOSA	525	0.22%	COMANCHE	170	0.07%
AUSTIN	419	0.17%	CONCHO	55	0.02%
BAILEY	83	0.03%	COOKE	543	0.22%
BANDERA	458	0.19%	CORYELL	1,073	0.44%
BASTROP	733	0.30%	COTTLE	25	0.01%
BAYLOR	60	0.02%	CRANE	57	0.02%
BEE	196	0.08%	CROCKETT	38	0.02%
BELL	4,460	1.84%	CROSBY	78	0.03%
BEXAR	13,056	5.38%	CULBERSON	22	0.01%
BLANCO	205	0.08%	DALLAM	85	0.04%
BORDEN	33	0.01%	DALLAS	13,783	5.68%
BOSQUE	319	0.13%	DAWSON	131	0.05%
BOWIE	1,247	0.51%	DEAF SMITH	204	0.08%
BRAZORIA	4,120	1.70%	DELTA	70	0.03%
BRAZOS	1,818	0.75%	DENTON	7,990	3.29%
BREWSTER	126	0.05%	DEWITT	205	0.08%
BRISCOE	47	0.02%	DICKENS	48	0.02%
BROOKS	65	0.03%	DIMMIT	56	0.02%
BROWN	608	0.25%	DONLEY	53	0.02%
BURLESON	244	0.10%	DUVAL	39	0.02%
BURNET	621	0.26%	EASTLAND	200	0.08%
CALDWELL	281	0.12%	ECTOR	1,535	0.63%
CALHOUN	214	0.09%	EDWARDS	41	0.02%
CALLAHAN	258	0.11%	ELLIS	2,348	0.97%
CAMERON	1,451	0.60%	EL PASO	2,795	1.15%
CAMP	143	0.06%	ERATH	540	0.22%
CARSON	146	0.06%	FALLS	189	0.08%
CASS	424	0.17%	FANNIN	466	0.19%
CASTRO	62	0.03%	FAYETTE	353	0.15%
CHAMBERS	846	0.35%	FISHER	31	0.01%
CHEROKEE	552	0.23%	FLOYD	97	0.04%
CHILDRESS	147	0.06%	FOARD	16	0.01%
CLAY	228	0.09%	FORT BEND	5,975	2.46%
COCHRAN	17	0.01%	FRANKLIN	160	0.07%

More ...

TEXAS DEPARTMENT OF PUBLIC SAFETY

REGULATORY SERVICES DIVISION

CONCEALED HANDGUN LICENSING

Box 4087 MSC 0245 - Austin, Texas 78773-0245
(512) 424-7293
www.dps.texas.gov



STEVEN C. McCRAW
DIRECTOR
DAVID G. BAKER
CHERYL MacBRIDE
DEPUTY DIRECTORS

COMMISSION
A. CYNTHIA LEON, CHAIR
CARIN MARCY BARTH
MANNY FLORES
STEVEN P. MACH
RANDY WATSON

Demographic Information by Residence County

Period: 01/01/2013 - 12/31/2013
License Applications: Issued

<u>County</u>	<u>Number of Applicants</u>	<u>Percent</u>	<u>County</u>	<u>Number of Applicants</u>	<u>Percent</u>
FREESTONE	326	0.13%	JASPER	506	0.21%
FRIO	98	0.04%	JEFF DAVIS	38	0.02%
GAINES	256	0.11%	JEFFERSON	2,812	1.16%
GALVESTON	3,645	1.50%	JIM HOGG	23	0.01%
GARZA	78	0.03%	JIM WELLS	308	0.13%
GILLESPIE	448	0.18%	JOHNSON	2,262	0.93%
GLASSCOCK	28	0.01%	JONES	192	0.08%
GOLIAD	112	0.05%	KARNES	106	0.04%
GONZALES	175	0.07%	KAUFMAN	1,569	0.65%
GRAY	323	0.13%	KENDALL	753	0.31%
GRAYSON	1,694	0.70%	KENEDY	1	0.00%
GREGG	1,520	0.63%	KENT	42	0.02%
GRIMES	282	0.12%	KERR	896	0.37%
GUADALUPE	1,706	0.70%	KIMBLE	68	0.03%
HALE	322	0.13%	KING	14	0.01%
HALL	35	0.01%	KINNEY	55	0.02%
HAMILTON	146	0.06%	KLEBERG	231	0.10%
HANSFORD	72	0.03%	KNOX	45	0.02%
HARDEMAN	88	0.04%	LAMAR	615	0.25%
HARDIN	982	0.40%	LAMB	169	0.07%
HARRIS	31,470	12.97%	LAMPASAS	491	0.20%
HARRISON	937	0.39%	LA SALLE	29	0.01%
HARTLEY	97	0.04%	LAVACA	182	0.08%
HASKELL	58	0.02%	LEE	162	0.07%
HAYS	1,619	0.67%	LEON	285	0.12%
HEMPHILL	107	0.04%	LIBERTY	1,069	0.44%
HENDERSON	1,005	0.41%	LIMESTONE	232	0.10%
HIDALGO	2,276	0.94%	LIPSCOMB	76	0.03%
HILL	458	0.19%	LIVE OAK	167	0.07%
HOCKLEY	271	0.11%	LLANO	311	0.13%
HOOD	841	0.35%	LOVING	2	0.00%
HOPKINS	451	0.19%	LUBBOCK	3,692	1.52%
HOUSTON	343	0.14%	LYNN	131	0.05%
HOWARD	438	0.18%	MC CULLOCH	148	0.06%
HUDSPETH	14	0.01%	MC LENNAN	2,973	1.23%
HUNT	1,190	0.49%	MC MULLEN	31	0.01%
HUTCHINSON	389	0.16%	MADISON	138	0.06%
IRION	41	0.02%	MARION	99	0.04%
JACK	157	0.06%	MARTIN	119	0.05%
JACKSON	210	0.09%	MASON	52	0.02%

More ...

TEXAS DEPARTMENT OF PUBLIC SAFETY
REGULATORY SERVICES DIVISION
CONCEALED HANDGUN LICENSING
Box 4087 MSC 0245 - Austin, Texas 78773-0245
(512) 424-7293
www.dps.texas.gov



STEVEN C. McCRAW
DIRECTOR
DAVID G. BAKER
CHERYL MacBRIDE
DEPUTY DIRECTORS

COMMISSION
A. CYNTHIA LEON, CHAIR
CARIN MARCY BARTH
MANNY FLORES
STEVEN P. MACH
RANDY WATSON

Demographic Information by Residence County
Period: 01/01/2013 - 12/31/2013
License Applications: Issued

<u>County</u>	<u>Number of Applicants</u>	<u>Percent</u>	<u>County</u>	<u>Number of Applicants</u>	<u>Percent</u>
MATAGORDA	444	0.18%	RUSK	575	0.24%
MAVERICK	122	0.05%	SABINE	172	0.07%
MEDINA	545	0.22%	SAN AUGUSTINE	115	0.05%
MENARD	20	0.01%	SAN JACINTO	386	0.16%
MIDLAND	2,228	0.92%	SAN PATRICIO	673	0.28%
MILAM	244	0.10%	SAN SABA	88	0.04%
MILLS	126	0.05%	SCHLEICHER	43	0.02%
MITCHELL	90	0.04%	SCURRY	242	0.10%
MONTAGUE	393	0.16%	SHACKELFORD	72	0.03%
MONTGOMERY	7,068	2.91%	SHELBY	238	0.10%
MOORE	291	0.12%	SHERMAN	49	0.02%
MORRIS	150	0.06%	SMITH	2,666	1.10%
MOTLEY	49	0.02%	SOMERVELL	155	0.06%
NACOGDOCHES	820	0.34%	STARR	116	0.05%
NAVARRO	512	0.21%	STEPHENS	113	0.05%
NEWTON	165	0.07%	STERLING	17	0.01%
NOLAN	171	0.07%	STONEWALL	15	0.01%
NUECES	3,000	1.24%	SUTTON	80	0.03%
OCHILTREE	97	0.04%	SWISHER	84	0.03%
OLDHAM	48	0.02%	TARRANT	17,876	7.37%
ORANGE	1,248	0.51%	TAYLOR	1,715	0.71%
PALO PINTO	387	0.16%	TERRELL	22	0.01%
PANOLA	337	0.14%	TERRY	110	0.05%
PARKER	2,340	0.96%	THROCKMORTON	19	0.01%
PARMER	81	0.03%	TITUS	300	0.12%
PECOS	170	0.07%	TOM GREEN	1,258	0.52%
POLK	752	0.31%	TRAVIS	6,754	2.78%
POTTER	1,122	0.46%	TRINITY	157	0.06%
PRESIDIO	18	0.01%	TYLER	256	0.11%
RAINS	163	0.07%	UPSHUR	646	0.27%
RANDALL	2,409	0.99%	UPTON	42	0.02%
REAGAN	29	0.01%	UVALDE	197	0.08%
REAL	77	0.03%	VAL VERDE	225	0.09%
RED RIVER	171	0.07%	VAN ZANDT	809	0.33%
REEVES	45	0.02%	VICTORIA	779	0.32%
REFUGIO	79	0.03%	WALKER	718	0.30%
ROBERTS	29	0.01%	WALLER	569	0.23%
ROBERTSON	176	0.07%	WARD	148	0.06%
ROCKWALL	1,315	0.54%	WASHINGTON	402	0.17%
RUNNELS	134	0.06%	WEBB	715	0.29%

More ...

TEXAS DEPARTMENT OF PUBLIC SAFETY REGULATORY SERVICES DIVISION



CONCEALED HANDGUN LICENSING
Box 4087 MSC 0245 - Austin, Texas 78773-0245
(512) 424-7293
www.dps.texas.gov



STEVEN C. McCRAW
DIRECTOR
DAVID G. BAKER
CHERYL MacBRIDE
DEPUTY DIRECTORS

COMMISSION
A. CYNTHIA LEON, CHAIR
CARIN MARCY BARTH
MANNY FLORES
STEVEN P. MACH
RANDY WATSON

Demographic Information by Residence County Period: 01/01/2013 - 12/31/2013 License Applications: Issued

<u>County</u>	<u>Number of Applicants</u>	<u>Percent</u>
WHARTON	410	0.17%
WHEELER	113	0.05%
WICHITA	1,632	0.67%
WILBARGER	180	0.07%
WILLACY	56	0.02%
WILLIAMSON	4,628	1.91%
WILSON	672	0.28%
WINKLER	30	0.01%
WISE	1,093	0.45%
WOOD	677	0.28%
YOAKUM	78	0.03%
YOUNG	321	0.13%
ZAPATA	40	0.02%
ZAVALA	42	0.02%
[Out of State County]	1,434	0.59%
Total	242,641	100.00%

End of Report

Attachment E

**MD Anderson's Campus
Carry Working Group
members**

MD Anderson Campus Carry Working Group

Faculty representation

- Michelle Barton, Ph.D., Dean Graduate School Biomedical Sciences
- David Johnson, Ph.D., Professor, Epigenet and Mol Carcinogenesis
- Ann Killary, Ph.D., Professor, Translational Molecular Pathology
- Peter Norman, M.D., Professor, Anesthesiology and Perioperative Medicine
- Shirley Richmond, Ed.D., Dean School of Health Profession
- Richard Wendt, III, Ph.D., Professor, Imaging Physics

Patient representation

- Gary Bentz
- Gregory Montelaro
- Ronnie Pace

Student representation

- Aundrietta Duncan, Graduate School of Biomedical Sciences at Houston
- Kaleena Ramirez, School of Health Professions
- Eduardo Chacon Zavala, School of Health Professions

Staff representation

- William Adcox, Chief of Police, UT Police
- Matt Berkheiser, Dr.PH, Executive Director, Environmental Health and Safety
- Lee Boozer, Manager, Institutional Compliance
- Kelly Brassil, Director, Nursing Programs
- Yolán Campbell, Executive Director, HR Strategic Partners
- Raymond Gerwitz, Jr., Director, Police Administration and Support Services, UT Police
- Steve Haydon, Associate Vice President and Deputy Chief Legal Officer
- Chris Hernandez, Executive Director, Patient Advocacy
- Brandon Hernandez, Associate Director, Academic and Student Affairs, School of Health Professions
- Patty Johnston, DNP, Executive Director, Clinical Nursing Practice
- Sherri Magnus, Vice President and Chief Audit Officer
- Matt Masek, Vice President and Chief Legal Officer
- Spencer Moore, Vice President and Chief Facilities Officer
- Chris McKee, Vice President, Business Operations
- Julie Penne, Associate Director, External Communications
- Tony Phillips, Senior Legal Officer, Institutional Compliance
- Tadd Pullin, Senior Vice President, Institutional Advancement
- Michael Redmond, Lieutenant, UT Police
- Pam Ryall, Program Manager, Institutional Compliance
- Susan Stafford, Executive Director, Nursing Professional Practice
- Max Weber, Associate Vice President and Deputy Chief Compliance Officer, Institutional Compliance

Attachment F

Campus Carry at MD Anderson Comprehensive Feedback Report

Campus Carry at MD Anderson

Exclusion Zones Feedback Report

The following report reflects feedback from the MD Anderson community on potential Campus Carry exclusion zones. Feedback was gathered via an online Qualtrics survey, the Campus Carry email box, Inside Line, in-person at townhall meetings and in-person at institutional meetings. [See the appendix for more details.](#)

Patient care and clinical areas

Overall sentiment:

Although we try our best, some patients will have poor outcomes. I cannot begin to imagine the horrific scenarios that may play out when frustration, anger, and other emotions of patients and families are mixed with a health care setting and the people who are trying to care for those patients.

As a provider I would feel unsafe and hindered in my ability to speak openly and frankly with patients around hard issues such as positive test findings and end of life issues, if I knew that guns may readily be available. In addition, patients can have disease-related confusion due to treatments.

Areas to be excluded:

- Waiting rooms
- Lobbies
- Patient Advocacy
- Diagnostic Labs
- Pharmacies
- Skybridges
- Emergency Center
- Main Building
- Pediatrics/Children's Cancer Hospital
- All inpatient and outpatient areas
- ICU
- Outpatient testing locations (lab, GI, GU, GYN, etc)
- Any area where patient care activities take place
- Inpatient areas
- Clinics
- Ambulatory centers
- Infusion areas
- Radiology
- Operating rooms (fire hazard)
- Pain Clinic
- Proton Therapy Building
- Diagnostic Imaging
- Radiation oncology
- MRI areas

- Psychiatric area (Brain and Spine)
- Cyclotron areas for patients' treatment or radioactive sources for laboratory use
- Exam rooms
- Surgical suites
- Faculty Center (seen as an extension of clinical space)
- Anywhere there are billable services, e.g. Radiologists read scans on floors 14 through 16 in Pickens Tower. (Example of rationale for identifying patient care areas)
- Areas that have oxygen tanks (fire hazard).

Conflict resolution areas

Overall sentiment:

Guns shouldn't be allowed in areas where emotions run high.

Areas to be excluded:

- Human Resources
- Employee Assistance Program
- Compliance

Research and laboratory areas

Overall sentiment:

Risk that an errant bullet could cause an explosion or unleash a dangerous chemical/material, or negatively impact research activities.

Areas to be excluded:

- Animal facilities/veterinary medicine
- Laboratories
- Laboratories with flammable materials
- Animal research areas
- Areas that contain radiological materials
- Areas that have compressed gas
- MSF Facility (MSF1.1103) Liquid Nitrogen Freezer Room, MSF1.1202-MSF 1.1208
- ISO7 classified laboratory areas
- High voltage magnets
- Research labs that contain biohazardous, biologically active, radioactive substances, cells, viruses, bacteria, human-derived samples
- Animal vivarium
- Any lab or building that has CB2 or high reagents
- SCRB 3 AND 4
- Any lab or building that contains labs that use BSL2 organisms, such as lentivirus.
- All laboratories (wouldn't be known in advance what's kept in each)
- Hallways/areas adjacent to places with flammable/explosive materials
- Floors 5, 7, 9, 11, 13, 15 of the Basic Science Research Building. These are floors on which there are laboratories that can have highly flammable and explosive materials.

- All laboratory space in GSBS, and zones (yellow, tan, blue, and pink). These zones contain many rooms with highly flammable cabinets (storing flammable reagents). Similarly, rooms vested for tissue culture often contain gas under high pressure which could also provide an explosive target. Similarly, rooms that store liquid nitrogen should also be off limits.
- I would include areas with compressed gas cylinders, radioactive materials (especially cesium or cobalt sources), and toxic or biohazardous materials, battery rooms, etc.

General suggestions

The following suggestions don't fall into one similar category.

Areas to be excluded:

- Rotary House - worry about guns being allowed there due to patients' psychological states.
- Pickens Academic Tower
- Research Medical Library
- Chaplaincy/chapel
- Pharmacy deposit where stock drugs are kept
- Medical supply areas
- Child visitation rooms
- MD Anderson accredited K-12 private school
- Shuttles
- President and EVP offices
- Any faculty administrative areas, including faculty office areas, hallways, conference rooms, work rooms, etc., as well as crosswalks that communicate these areas.
- Volunteer Services
- Auditoriums
- Cafeterias/dining areas
- The Park
- Office areas
- Conference rooms
- Any of the school areas associated with the School of Health Professions. This includes classrooms, faculty and staff offices, the student lounge, and laboratories. The SHP faculty offices in YB (yellow basement) are especially at risk. There are very limited exits from this area, and the faculty offices are cut off from the rest of the institution which would delay the arrival of help and limit the exit possibilities for endangered faculty and staff.
- Areas of campus whose primary function is the same as areas which are already excluded by law, such as churches and hospitals.
- Events or functions, as well as areas. For example, a holiday party at which alcohol is being served. Concealed carry should be excluded for events like that, even though the area it is held in (e.g. a conference room) may ordinarily not be excluded.

Appendix:

Feedback in this report came from the following vehicles and meetings.

Campus Carry Survey

The Campus Carry Survey launched Sept. 29 and is still open. The survey includes two questions: the first asked responders to identify what workforce population they represent and the second asks responders to suggest potential exclusion zones, along with reasoning to support.

Survey responders included:

- Faculty: 223
- Staff: 345
- Students: 5
- Volunteers: 4
- Contract workers: 2

Total responses: 579

Townhall meetings

The first Campus Carry Townhall was held on Oct. 19 at 2 a.m. (Main Building, Floor 10, Elevator F, Conference Room G10.3315). This townhall targeted feedback from our nightshift employees. 25 people attended. Each represented different units/groups and were tasked with taking information back to their areas.

The second Campus Carry Townhall was held on Oct. 21 at 3 p.m. (Main Building, Floor 2, Elevator D, AT&T Auditorium (B2.4750). This townhall targeted feedback from employees working traditional business hours. It was streamed live on MD Anderson Live for people to watch from their computers if they couldn't attend in person. 98 people attended and 134 watched online.

Institutional meetings

Presentations on Campus Carry have been made to the following groups:

- Faculty Senate
- Division Heads
- Institutional Research Executive Committee
- Institutional Safety Committee
- Research Administrators
- Diversity Council
- Clinical Department Chairs
- Institutional Patient Safety Committee
- Faculty Senate
- IREC
- Clinical Department Chairs
- Division Heads
- GSBS faculty
- Institutional Safety Committee
- Division Administrators Weekly Group Meeting

- Research Department Administrators Meeting
- Diversity Council
- Education Council
- Graduate Medical Education Committee
- Institutional Patient Safety Committee
- Anesthesiology Grand Rounds
- Division of Cancer Medicine leadership/chairs

Campus Carry email box

Approximately 45 emails have been received in the campuscarry@mdanderson.org mailbox.

Inside Line

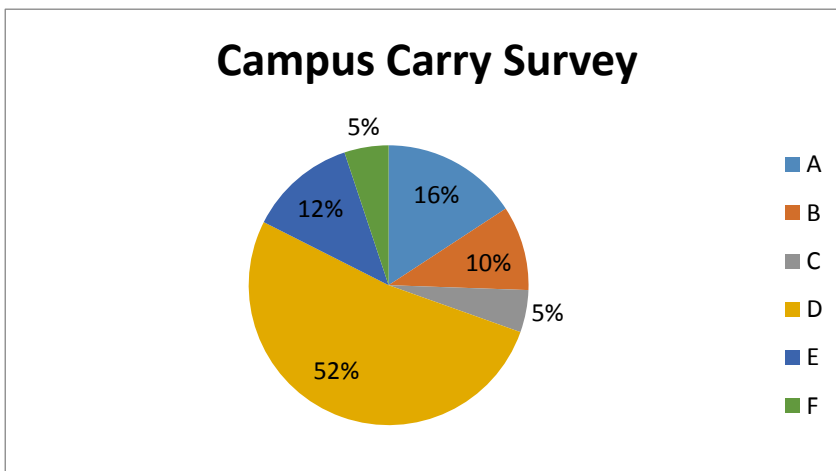
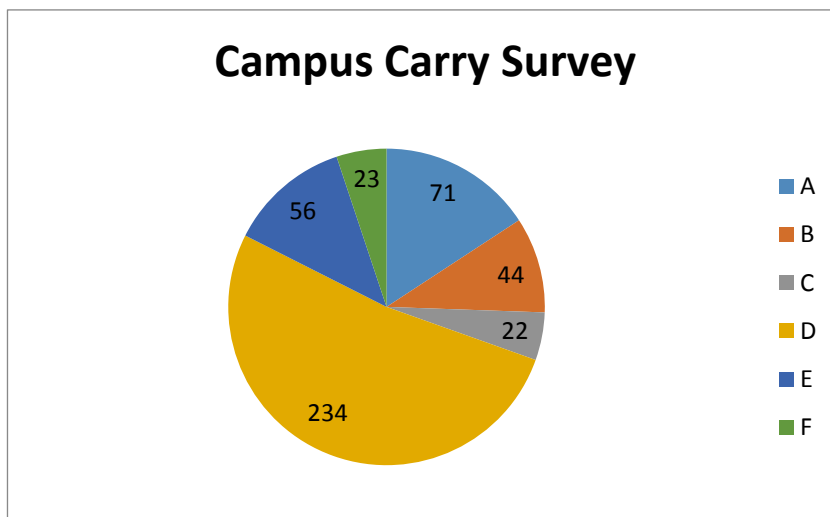
Five questions/statements were submitted via [Inside Line](#).

Attachment G

**MD Anderson
Campus Carry Qualtrics
survey results**

The following survey results are from Sept. 29 through Nov. 10 and are categorized into the following types of responses (see corresponding tabs to read all responses):

Tab	Overall theme of response	Number	Percentage
A	No mention of Campus Carry. Disagree with the law. Want a campus ban on handguns or suggest exclusion zones that would take the effect of a campus-wide ban.	71	16%
B	Understand Campus Carry is law, but still want a campus ban on handguns or to establish so many exclusion zones that they would take the effect of a campus-wide ban.	44	10%
C	Uncomfortable with Campus Carry, but understand its law and recommend specific exclusion zones.	22	5%
D	Offer no opinion on the law, only specific exclusion zones.	234	52%
E	Agree with Campus Carry and want minimal or no exclusion zones.	56	12%
F	General statements or questions.	23	5%
Total responses:		450	



A: No mention of Campus Carry. Disagree with the law. Want a campus ban on handguns or suggest exclusion zones that would take the effect of a campus-wide ban.

Gun are inherently unsafe. Should be excluded from everywhere that patients are.
Except on UT Police, I don't want guns anywhere on our campus at MD Anderson. Not anywhere!!!! I absolutely do not want to work at an institution where people can carry concealed handguns.
I searched this page out because the other day I saw a banner go by on the Inside MDA page and didn't have time to read it. I am glad you have this survey up because I absolutely want to be heard on this issue and do
Absolutely opposed to this rule in any form. No guns in hospital for sure, no guns in HR, no guns in auditoriums.
Absolutely no concealed handguns on campus. There is no reason to allow them. If patients or families want to enter MD Anderson, they should leave their handguns at home or in their vehicle, but there should be no reason for them in a hospital.
NO handguns anywhere on campus, in the hospital, in the skyways, Pickens, Mays, basically ANYWHERE... please!
All areas of the institution. An upset and angry worker with a handgun is a legitimate concern for employees with management responsibilities.
In my opinion it is an absurd to carry gun in he campus. That is why we have UT police. It makes no sense.
MD Anderson cancer center at all campuses, should be a potential exclusion zone.
The American Medical Association has identified gun use and gun violence as a major medical problem in the US. Therefore, it is incumbent upon us as a health care institution to reflect the medical priorities and the values of those of us who have taken oaths to care for the health of others. We should not permit firearms of any sort in any buidling engaged in health care delivery to patients, or in which the presence of firearms would be inhibitory to the science and free exchange of academic ideas related to patient health care provision. ANY building related to the health care enterprise should be an exclusion zone. If we don't permit smoking, we should not permit lethal weapons.
I am not comfortable with concealed handguns anywhere on the MD Anderson Campus. It contradicts our mission and the research in this area does not support the notion that a greater level of safety will be accomplished with the addition of guns to our campus.
All indoor locations at MDACC where patients and health care providers are located should be exclusion zones.
entire facility
I hope our campus is gun free. Too many tragedies of campus shooting, can MD Anderson put it to STOP on our
The entire campus.
/ I would like to go on record saying that I believe the entire MDACC hospital and facility should be GUN FREE. /
I am 100% opposed to anyone carrying a weapon that has the sole intent on hurting another human-being. / MDACC is a caring facility in which we are trying to save lives against a deadly disease. We do not need another potential killer in our waiting rooms. / This institution went SMOKE-FREE (another deadly weapon) years ago... why on earth would we allow handguns? / In NO SANE WORLD is it appropriate to bring a weapon into this medical facility and endanger the lives of patients, family and caregivers. / / I will be asking my patients to not carry weapons anywhere around my clinical activities. / And, if they refuse, I will politely refer them to another
I think all zones should be excluded. Thank you

I am very concerned about having concealed or any other kind of weapon at a cancer hospital. We make difficult decisions about patients' lives all the time. / I think the question also needs to be asked how would a patient or their family feel if they knew that their doctor was carrying? / I think guns should not be allowed anywhere on Whole hospital should be exclusion zone.

No guns anywhere on campus.

There should be no guns on the campus at all. This is outrageous that we cannot prevent this.

Would exclude the entire campus. The people who passed this law are misinformed, though they meant well. Several references seem to show that our chances of being shot will now INCREASE! It is less likely that the gun I would prefer if all the MDACC clinical areas, classrooms, meeting rooms and cafeterias are made exclusion zones. I would feel safer if guns are not allowed in most areas within MDACC. I see no reason why guns should

To begin with, I find it very troubling that those who should be carrying weapons, UT Police, actually do not do so. / So now, we are going to let anybody bring in weapons to an Institution that has radioactive materials and could be a potential terrorist target when we don't even have armed guards! / If this Policy is carried out, I guess we will be forced to bring our own bullet proof vests and wear them on rounds just in case we suffer a Code Black scenario.... / I just don't know what we are thinking any more.

in general smoking is banned on the campus because it kills, guns should be banned because they kill even more efficiently than smoking! / to be excluded: all areas of the campus except surroundings and parking lots (even if I would not feel safe in a parking lot in which concealed guns are allowed)

Exclude all areas except those that cannot be monitored with metal detectors. / / Guns must be checked in and deposited with a guard before entering the exclusion zones.

I am completely opposed to allowing handguns on campus. I feel strongly that UT MD Anderson is responsible for providing a safe workplace for all employees, including me. I feel strongly that by allowing concealed weapons MD Anderson campus should remain a gun free zone.

All buildings all zones, no where should guns be allowed other than in your car

The whole hospital.

no guns everywhere on the campus please

the entire MDACC should be exempt as a site for patient care and research

The whole campus has to be an exclusion zone.

Any area within the MD Anderson campus. There is no need to carry a weapon here, concealed or otherwise. It should be excluded from all the patient care areas. Recent incidents in many hospitals and colleges urge us to

Handguns should not be allowed on any areas of the MDA Hospital, offices, laboratories, restaurants, gym, and

The Whole Campus!! What were those idiot legislators thinking of!

I am totally against concealed carry on campus. I do not think it appropriate anywhere. Please exclude all administrative offices, meeting rooms, hallways, and the fitness center.

Guns, concealed or otherwise, should not be allowed. What does a patient with CHL do with their gun when he/she gets undressed for the exam? Do they hang it on the door or under their clothes on the chair? What do they do with the gun when they go for an MRI? What if the gun is exposed when they have to get blood tests? It would be very hard for guns to stay concealed in our working environment. We do not need to be policing our patients in order to adhere to the law, in addition to our other responsibilities, and it would create a potentially chaotic, unsafe work environment. Please do not allow guns in patient care areas, which is anywhere in the

Guns have NO business on MD Anderson campus.

I would not allow handguns on campus at all. Even though policies and procedures are set for people who have concealed gun license, doesn't mean that all will follow the rules. Some will and some will not and, some will

I can not limit my suggestions to anything other than: The entire campus of an organization expected to be respected by modern society, where people are expected to focus on work in a modern organization with the expectation that concealed weapons are not being carried by others around them. / Should this law truly be implemented, it will motivate me to take the knowledge and skills that I've developed at MD Anderson Cancer

I believe the entire campus should be excluded as are other hospital campuses.
/ I do not see any reason for anyone to have guns anywhere in this campus at all, considering large number of employees and all cancer patients and their family which are already naturally unhappy can be trigger mishaps. / this is a hospital not combat zone and we have the UT police to take care of our safety. / / please NO GUNS here
All areas should be excluded. I don't feel safe knowing my coworkers could be carrying firearms.
Exclude as many areas as possible. Please, and thank you.
All indoor areas and areas within 200 feet from any entrance to any building should be exclusion zones. Parking lots and garages can be exceptions, so people can leave their firearms in their cars.
The more exclusion zones, the better. / It is almost impossible to conceive of a situation that will be improved by having anyone with a concealed handgun. / Please do everything possible to minimize the number of concealed
I think the entire MD Anderson hospital facility should be a gun-free zone.
I'd suggest excluding any department/location where more than 5 employees work. I would not feel safe or at ease where employees or patients/visitors are allowed to carry firearms, open or not. There are too many disgruntled or psychologically or emotionally at-risk employees, as well as patients or family members unhappy with treatment outcomes for this (open carry) to be a good idea. / / Public health data shows that access to gun is positively correlated with more deaths by gun. To the argument that having armed people would prevent tragedies, I'd invite them to explain the high fatalities at Ft. Hood. I also do not want to be caught in the crossfire
Inside any MDACC building. Any office.
All of MDACC needs to be an exclusion zone - it is going to be too easy for an upset employee, patient, or family member to act in the "heat of the moment" if a concealed handgun is readily available.
The entire center! The examples listed above are dangerous in the event a gun goes off, which is an incredibly fatalistic standpoint to take. I should be able to feel safe coming to work, and an area with highly flammable material is not the only place I should be able to go without worrying about getting accidentally shot. The first time I see a weapon being openly carried on campus will be the first time I call the police to report a potential
Being intimately associated with research laboratories, I believe that detonating a firearm in that environment will make the severity of what would already be a serious situation exponentially worse. You have flammables, oxidizers, toxics, compressed gases, biohazard materials, all of which would be made vulnerable to this activity. As far as patient care areas, our patients should be prioritized over anything else. I believe that the potential for confrontations with multiple firearms going off at once (e.g. a hostile intruder is met with equal force by more than one carrier) is not how cancer patients envision spending what could potentially be their final days. We have people come here from all over the world and that is NOT what they come here for. If institutions are allowed exclusions, MD Anderson should place its mission above single-minded fanaticism and consider our whole
Patient care areas, parking garages, stairwells in non patient care areas, and elevators - these are already high risk areas. Combining the highly volatile circumstances that occur on a daily basis with the allowance for guns is a dangerous environment for patients, who are an inherently vulnerable population (many are not able to fight off attackers or flee from them) and staff, who give terrible, emotionally charged news on a daily basis to people who may want to retaliate and can now approach them with the intent to harm. I strongly believe that it is
NO GUNS SHOULD BE ALLOWED EXCEPT FOR LAW ENFORCEMENT OFFICERS ANYWHERE ASSOCIATED WITH
ALL zones that are not directly related to higher education should be excluded from this law. Not sure where these higher educational zones are and whether or not they intertwine with administrative and patient zones, but if intermixing exists, then get someone to donate funds to build a new building just for academics that is
The entire campus should be an exclusion zone. I do not feel comfortable in any workspace where someone has a concealed firearm. I feel that concealed firearms create a hostile work environment. We are not police officers
Permitting guns ,concealed or not, is a terrible idea anywhere in MDA.
All zones should be exclusion zones.
THERE SHOULD BE NO GUNS ALLOWED ANYWHERE EXCEPT FOR THE LAW ENFORCEMENT PEOPLE WHOSE JOB

I have been with the institution for a short time period, transferring from an institution in New England where I was witness to two instances where patients shot their doctors within the hospital setting. Shot them dead. / / Patients, staff, faculty, volunteers, workers, etc come to the institution to get treated for a disease that makes them feel unsafe. The one thing they can count on is their safety at MDACC. Why in the world would we compromise this feeling!? This level of trust!?! / / Guns should NOT BE ALLOWED anywhere in the institution.

I honestly think that the whole institution should not allow handguns. It would be hard for me to feel completely safe knowing that there are patients and caregivers bringing their guns to our campus. If not possible to include the whole campus, I would only allow these in the public areas, such as the park. I do not feel that they should be allowed in patient rooms, outpatient clinics, radiation treatment rooms, surgical rooms, chemotherapy or waiting rooms. Any appointment with a medical staff - including supportive staff, should be an exclusion zone. I know that our patients can be upset, stressed, and having a gun on them at times when they

Do not allow campus carry to CHL anywhere in MDACC campus. Just ban it.

Only allow guns in classrooms and area with the specific purpose of education.

In my opinion all inside areas where patients and employees are present should be excluded. The only places I feel would be partially OK are the parking areas. Inside should be approved for staff with law enforcement

All locations where MD Anderson staff, contract workers, and patients are located should be considered

Not a single place exists that is safer with guns present.

I believe that a hand gun should not be on the premises of the building or parking lot. I feel unsafe knowing that someone is carrying a hand gun around the campus and parking lot.

Exclusion zones should be all areas - we do not need handguns in our work place.

Exclusion zones- twenty feet around all entry and egress points of buildings. This is why:

<http://www.click2houston.com/news/deputies-2-dead-2-injured-in-shooting-at-northwest-harris-county->

All of the campus should be gun free. There are too many areas where the guns cannot be permitted due to medical procedures. If allowed to bring the guns in the buildings, there would need to lockers or a staff member responsible for the repository of guns. A locker system will attract those looking to steal a gun. The later option, is not fair to staff to ask them to responsible in any way for someone's weapon. Overall, this is a place that is too

B: Understand Campus Carry is law, but still want a campus ban on handguns or to establish so many exclusion zones that they would take the effect of a campus-wide ban.

First, I feel compelled to comment that SB 11 is insanity; there is no justification for encouraging the carrying of murder weapons on college campuses. Our state government has clearly learned nothing from what are now virtually everyday events, from Columbine to Sandy Hook and now Umpqua Community College. Is the University of Texas ready for another sniper?

It is likewise a travesty to require our campus to define exclusion zones, as if this is going to stop people from carrying murder weapons from an "allowable" zone into an exclusion zone. But as this is what we're asked to do, my suggestions mirror those mentioned in the Chancellor's letter. The following must be exclusion zones:

1. The hospital, all outpatient clinics, and all waiting areas. In short, any area where patients will be.
2. This, of course, would include all diagnostic imaging and radiation oncology areas, because MRI scanners and other devices with powerful magnetic fields are now in use in both departments.
3. All laboratories, because it will not always be known in advance whether "explosive chemicals" are being kept there, many non-explosive chemicals can be just as hazardous if dispersed by a barrage of machine-gun bullets, and laboratory use changes from time to time.
4. Faculty offices. Our state legislators are proud of their "right to life" stance. Don't I have a right to life, and a right to work without fear of an unstable student or staff member?

Finally, I think the University should fight this. If mine is a minority opinion, then I'll go work somewhere else. But I sincerely doubt that I'm alone. There is no need for the state's flagship university, and the world's leading cancer center, to knuckle under to this misguided, unnecessary legislation.

about myself, my staff, or my patients. In fact, this makes me feel worse for my safety, staff safety, and patient safety. This sets a dangerous tone to society that having guns on campus is ok and it will take a split second decision for a person to pull out their weapon in times of stress or anger to kill other people. I am embarrassed for our institution and our state for allowing such a ridiculous and dangerous policy.

Patient care areas, laboratories - flammable and dangerous environments, and all associated hallways. Any where except where there are regular presence of armed UT police.

Please restrict the the carry zones as much as possible. Although we try our best, some patients will have poor outcomes. I cannot begin to imagine the horrific scenarios that may play out when frustration, anger, and other emotions of patients and families are mixed with a health care setting and the people who are trying to care for

Please exclude as many zones as you can get it pass the law. I feel very UNSAFE when perople are allowed to carry handguns, concealed or not. Because we are humans, and humans make mistakes, which include using the guns where and when they should not have been used, intentionally or non-intentionally, by the carrier or children or someone totally unrelated. I don't trust the rules imposing on the gun carriers. Rules will not be obeyed, and the guns will be mis-used. Allowing it on campus only makes the opportunity for mistakes more

This survey and policy is deeply, deeply concerning. I realize the "entire" institution can not be protected, however I believe leaving 1 inch of concealed carry space in an off campus parking lot is appropriate. I am appalled this is even a discussion point and deeply saddened this is even up for discussion. I am strongly considering leaving the institution and state of Texas when this is instituted. This is a safety issue for faculty and

Entire hospital, including all research labs/campuses, should be considered as exclusion zones. If the policy limits the entire campus being "gun-free", we may designate a symbolic area and place signs and advertise that area beign known as "gun-friendly". There should be no further sacrifice, in my opinion.

There is no place that is suitable to have a concealed handgun. It makes the entire workplace feel unsafe. An academic institution and hospital is an extremely high-stress environment that can predispose to irrational actions; it is not a suitable environment to allow concealed handguns (even if the person has a license to have a concealed carry status). The faculty and staff at MDA should protest this ridiculous and unsafe law.

I am very concerned about guns where family members of patients may have access to faculty members. Twice in my career I have had credible threats against me where I felt threatened in the work place. / / Exclusion areas should include any area where patients, families and MDACC physicians and allied professionals mix. Areas where concealed weapons are allowed should be limited designated parking areas and the lobbies of our major entrances where armed UT security personal are regularly posted. / / / Charles Levenback MD

i do not think it is a good idea at all, we rarely have concerning safety issues, for the majority of us who do not own a gun and will never own one this is a threatening move and it will only benefit the minority who will carry a gun. / i strongly feel against this policy and i hope it will not be carried. as is MDACC is a safe environment /

I agree with excluding laboratories with ANY flammable or dangerous chemicals. I think that should include strong and caustic bases and acids. Also any place where radiation sources are present or radioactive chemicals are used. / Also animal areas should be excluded. In places there have been illegal and destructive actions by so call animal rights extremists. Those are also no place for guns. / I was appalled with the Campus Carry Law in the first place, so I would want to maximize the exclusion zones, consistent with the law. I would hope that guns can

I am against this Campus Carry Policy. / So now anybody who walks in the campus can be a possible threat to working staff. / I am a Research Faculty and people here work at all odd times..we walk in at early morning hours and I personally have worked till late nights..i dont think i would be comfortable knowing that someone around me is carrying one possibly..what if they thought i was a threat and shoot at me though i might have just walked in to a core facility to use an instrument?? and they mistake that i was lurking around them trying to harm them. / I am against this policy. I would like the research zones to be excluded from this policy please. It poses a

I am very concerned, and feel unsafe, with this new legislation. I believe, to maximize safety of patients, that concealed handguns not be allowed in any patient areas. There are too many people who would be victims in a

I am opposed to the concept of allowing any handguns on campus, but recognize that is a legislative issue and outside the scope of this survey. / / I would like the following areas considered for exclusion: / 1. Patient care areas to include the hospital, all clinics, all treatment areas, all radiology areas, all blood draw areas, and all physical/occupational therapy areas. / 2. Laboratories with research chemicals /

This is all very concerning for the security of all care givers and health care staff and I really hope no incidents will occur in the future after this. I would like to say they shouldn't be allowed anywhere, but as stated in the email this is not possible. To limit as much as possible the presence of guns in our institution I recommend the following: / Exclusion zones should maybe include all areas were active patient care is being rendered. By this I mean medical floors, ICUs, ORs, PACUs, clinic areas, laboratory tests, imaging tests, cardiology, PFTs, bronchoscopy and endoscopy suites, and areas of IR and radiation therapy. Also centers at which chemotherapy

while i understand that this is a passed bill and cant be change for now, I would favor to do as many areas as possible no carry zone. That should include also areas of high traffic like sky bridge.

I feel strongly that there is no place for guns on the campus of the Univ. of Texas M.D. Anderson Cancer Center. The presence of guns and people carrying concealed weapons is the very antithesis of both health care and academic activities. This is an ill-considered political initiative that gives no consideration of citizens' rights to work, train and function in a gun-free environment. I feel that all efforts should be expended to prevent any such threatening intrusion within MDACC, and indeed in the Texas Medical Center.

I think it is horrible passed bill that patients, family members, and staff can bring concealed weapons into our hospital. How many of these patients are on opioids or other strong Schedule II medications? How many caregivers are stressed out about finances and how to care for their loved ones and could explode at any time? How many patients will think it's our fault we weren't allowed to "make their cancer history" as our advertisements suggest and perhaps take it out on the people who work here? How many of our staff have committed suicide or tried to kill someone with poison? / / I think it is a horrible idea ANYWHERE on campus, and that is why we have paid, real, CAMPUS POLICE to protect us if a situation goes down! We don't need

I can't understand the rationale of why the legislature would encourage and legalize a law allowing individuals that we have no knowledge of their emotional state and personal problems to bring weapons into my workplace. UT Police provides the security on this campus. It is without question they have been trained to do so and should be the only ones carrying weapons. Hopefully the Committee will consider the FHB Building a gun

My only suggestion is to have any many exclusion zones as possible. I do owe a handgun and believe in my right to do so; however, I am not in support of this bill. Our schools have been looking like a turkey shoot at times. Now they will look like the shot out at the OK corral. Is this really better?

I am very concerned that our patients and their families that are routinely experiencing very emotional and complex situations will be able to have a handgun available at moments of their most extreme mental distress. We all know that people do not act rationally under such circumstances and the thought that we as health care providers may now be exposed to gun violence is very disturbing. How many providers will need to be shot and killed by an irate patient or their family before the state legislature realizes that guns have no place in hospital campuses. It makes no sense whatsoever. I am so very disappointed that the health and welfare of those who dedicate their lives in the service and healing of others is so callously disregarded. Why are my rights to a safe work environment less than the right for people to carry firearms. I guess I should start carrying a gun so that

Operating and patient areas with oxygen being used - also explosive. Also prefer guns not be in the work areas of employees - very scary stuff. What if they loose it and pull the gun on the rest of us. Guns at home for protection of your home is one thing, but bringing them into the work place is totally different. Now you are infringing on my rights to not have to have guns right next to me when I'm trying to eradicate cancer. This is detrimental to my ability to concentrate and feel safe. There has to be some compromise here. If that is the case, then I want more armed officers walking in the work areas and having their presence close by. None of us really know our co-workers well enough for me to say I'd trust them with a gun in our work space. I always have appreciated the fact that weapons were NOT allowed on campus. This is really a drastic change and Austin

I worry about ALL areas of campus, frankly. I'm very concerned about the safety in clinics where stressed, anxious, and sometimes very angry patients confront clinical staff and faculty. Those situations are highly charged. No guns anywhere in clinic areas or hospital zones. / Labs are also at risk. Faculty losing funding and facing losing their careers, labs being closed or downsized make for enormous stress and fear. I'm thinking more about the human dimension of this law rather than things like where flammable materials might be housed. Where are inflamed people are likely to show up? It could be anywhere including garages where it would be

I think this is a f\$#king terrible idea. Notwithstanding the fact that I don't want to have to worry about people carrying around firearms at my workplace for my own safety, there are flammable chemicals, pressurized gas tanks, radioactive materials, etc. that are unique to a laboratory and hospital setting. / / What's more, is that concealed carry is still prohibited in churches, snyagogues, and "other places of worship?" How is that fair? Some of us don't worship and stupid deity, but come pretty close to worshipping the scientific method. So this is my place of worship, as far as that goes. / / Instead of wasting money passing these idiotic laws and making committees about exclusion zones, why don't we hire a couple more UTPD officers who are trained and certified and accountable for their firearm use? / / Thanks for giving me another reason to hate this sweaty crotch of a

I think you should create as many exclusion zones as possible because this whole law is a bad idea.

My apologies in advance for the soapbox. While I consider myself an independent who is balanced on various platforms I am not sure why anyone would need to exercise their right to bare arms in a workplace setting. Gov. Abbott, who is wheelchair bound from a gunshot wound, apparently caved to the pressures of the NRA and actively seeking another term in Texas. Second, I believe in the right to bare arms to protect oneself and property. That said, are we working in a "dangerous" environment that would necessitate someone needing to exercise this right lawfully? I think this is a terrible idea. We can say not vigilantes and no policing by non-officers but really? We have a hard time navigating our patients around this large organization and now we are going to be a TSA. This haphazardly invites unnecessary liabilities and dangers into an academic healthcare setting. While it is true that someone who wants to commit a crime will do so without regard for the law, this does not address, circumvent or cure a broken system that is riddled by process inefficiencies and problematic vetting processes to carry a weapon. We should consider that it is also true that criminal behavior will dismiss and bypass the tightest system of security systems MD Anderson implements. Are we now saying that the right

I do not agree with the Texas Legislature allowing Campus Carry. There have been too many instances of gun violence from individuals who obtained their weapons legally and carried out dispicable acts of violence upon innocent people. On the whole, I support gun ownership and gun rights but only up to the point that it does not impinge upon others rights. This is a bad idea to have a gun at any MD Anderson campus especially given that it

This is just crazy, we should have laws with more gun prevention. Allowing employees who carry a gun on campus, licensed or not is just proving our loss of control as people. As an employee, I could not tell who is licensed or not. Half the people in our society are already taking antidepressants, and can go off at any moment. I see this being a major domino effect, and a bad example for patients/family members to think they can do the

Honestly, with this law going into effect, I will never feel safe at work again. And I can't imagine how our patients and visitors will feel safe. MD Anderson is a place dedicated to healing and caring, surviving and nurturing. It is hard to reconcile our core value of caring with the presence on campus of weapons that are only designed for one thing--to kill. Gun violence kills more Americans than do some cancers. It's absurd that we can (rightly, of course) ban tobacco but not guns on our campus. / / Since the Texas Legislature has taken away our rights to make our own decisions about the policies that best suit our work environments and we can no longer have a blanket prohibition on guns on campus, I suggest excluding everyplace but parking lots and outdoor areas. I say let the guns stay outside buildings. Outside is bad enough. Inside our buildings, it's only a matter of time until there's a situation in which someone gets hurt, whether accidentally or intentionally. I shudder to think of a carelessly handled gun misfiring in a patient care area, a cafe, an office space, or a laboratory. I shudder to think of a young visitor getting his or her hands on an inappropriately secured gun. Since the Texas Legislature doesn't

Exclude patient clinic buildings. Exclude areas in which radioactive materials are used and or stored. in fact, now that I am thinking about this topic I REALLY want you to exclude EVERY MD Anderson buildings and facilities. Nothing good is going to come of this rule.

I know it's the law, but please exclude as many places as you can on our campuses. This is an emotional place to work and live. We face enough road rage driving into the Texas Medical Center and we do not need to see that carry over onto campus. I do not believe allowing individual/non peace officers carrying weapons will make anything more safe, and I ask that you also please consider limiting allowance for weapons in administrative buildings. I appreciate your asking faculty and staff to weigh in. Thank you very much.

Guns have no place in an academic facility. The entire campus should be excluded by repeal of this terrible law

The entire campus should be smoke- and gun-free. If guns have to be allowed in "campus" areas, I would limit them to classrooms or the smallest areas possible. Certainly I don't think guns should be allowed in the hospital,

I think this Bill is an egregious afront on MY right to NOT be assaulted by a firearm. I'm tempted to follow UT Austin's suit & carry a dildo openly to work just to make a statement, no doubt I'd catch more wind in so doing than if I had a GUN on me. Ridiculous state, ridiculous priorities. Sometimes I'm just ashamed to be attached to

Personally, I believe the entire campus should be excluded but unfortunately the law does not allow that option. / / Hospital, labs, classrooms, meeting rooms, study spaces should certainly be excluded. Seems to me that the problem of where one might be able to store a weapon other than locked in the trunk of their vehicle and not bringing it into the building is going to be a problem. What would be an acceptable secure storage locker space

All areas with patient access; all labs with sensitive equipment, not just flammable but also equipment that is delicately calibrated; parking structures because cars are explosive. / / Please make as many exclusion zones as possible within the scope of the bill. I hate this bill and think it will discourage future faculty and staff from choosing MD Anderson as a place of employment. It also has the potential to cause current faculty and staff to take positions elsewhere to avoid the requirements of this bill. / / While you can't control what the state senate decided, I appreciate your effort to receive input from those effected by it. Question: How will the exclusion zones be enforced? It's called "concealed" carry for a reason. Are we assuming the honor system? Will there be

ALL areas of MD Anderson should be excluded! This is an irresponsible law that will endanger the lives of fellow employees and patients. With over 17, 000 employees (if I recall correctly) the chances of someone who is not in the proper state of mind being allowed to carry a deadly weapon on campus will eventually lead to a potential tragic event. I have two sets of loved ones who are active patients at MD Anderson and I will not sit quietly

I am a clinical provider. Twice during my work here, I have examined a patient carrying a concealed weapon. / I was unnerved on both occasions. I left the room as we were instructed to do in our inservice by UTPD, and reported this event to UTPD. The patient stated he was a retired police officer, but how can you be sure. This patient became very angry with me, after he was contacted by the UTPD. / / I tell this story to demonstrate a point. How do you know if the weapon carrier is licensed to carry? How do you know if they are telling you the truth? And when you are in a room, by yourself, with a patient, and a gun, it is scary. / / Therefore, I advocate, for as many exclusion zones as possible at MD Anderson. Certainly, all patient care areas should be an exclusion zone. I know this is law, now, but I feel, that as an employee, I have rights as well. There is no reason to carry a

First I am alarmed that the Texas Legislature passed the Senate Bill 11. This makes me feel extremely unsafe. I imagine that at least every day there is either a patient or volunteer annoyed, pissed off or angry with their diagnoses or their job. What if that patient or employee is pushed to their brink and happens to be carry a concealed handgun? This bill puts our patients and staffs' safety at risk. I understand that we have to abide by this new law. I just wish there was something we could do to not allow guns in our hospital and workplace.

Everywhere. I do not see how adding guns to our environment is going to make anyone feel safer. Is UT or MDA working to repeal this action? / / Exclusion zones: Main Campus, 1MC, Mays Clinic, etc...

I think all of the hospital should be excluded from this new regulation. I don't see any need for anyone other than UPD to come to this campus armed with a concealed handgun. This is inviting criminals and others that should not carry weapons into a hospital setting.

I support the exclusion / exception of our entire campus. Although we are an institute of higher education, we primarily are an oncologic care and research facility. This is an emotionally charged, high-stress environment in which firearms have no place. I sincerely hope we lobby for an exception to the campus carry law because we are an academic campus only in the most minimal sense. For the Texas legislature to categorize all campuses under one umbrella is short-sighted in the extreme. Perhaps it may consider a weighted score in which each campus is assessed independently; those that provide more patient care than academic activities would be

/ I strongly disagree with this initiative. I disagree with the notion of giving alcohol infuzed teenagers encouragement to carry guns, I don't think they Institutions of healing should be forced to allow guns as well. We are an institution of healing, not killing, and I don't think it is appropriate for gun-loving militants force their opinions on the masses who would rather not have to be worried that more crazies out there get to have more easy-to-obtain guns. / / I encourage our institutional leadership communicate back to the legislature that this

I am opposed to weapons in high stress areas, laboratory space areas where hazardous material are present, and areas where animal research areas. / High stress areas include patient care areas or areas where workload is by nature (human resources areas where disciplinary actions or employment separation are carried out) or by volume is so high as to induce high stress (call centers, radiology and pathology interpretation areas). / Additionally, weapons present a distraction for caregivers and investigators and we must maintain focus at all times. Anything that detracts from that that we can help alleviate, we have the responsibility to do so. / From an

C: Uncomfortable with Campus Carry, but understand its law and recommend specific exclusion zones.

Suggestions following recommended as above

Any lab or building that has CB2 or high reagents including any building that stores such reagents.

Any lab or building that can or does store radioactive material (prevent people from coming after dirty bombs).

Any lab or building that can or does contain labs that utilize BSL2 organisms such as lentivirus.

Actual recommendation that we are except from this idiotic legislation because the vast majority of the people on the campus DO NOT WANT IT!!

I'm sorry, but allowing people to carry handguns onto the MD Anderson campus is ridiculous! I would say that the exclusion zones should be any medical area and any laboratory area. People receiving bad news (whether about their health or about their grades in class, or about their status as a faculty or trainee) have been known to respond badly. We don't need a massacre here like has happened at other institutions.

The chancellor refers to laboratories that use "explosive chemicals", and argues that these should be exclusion zones. Of course, they should. What about laboratories that use caustic, carcinogenic, or other hazardous chemicals? These can be just as harmful to employees and patients as an explosion. Many laboratories, diagnostic centers, and treatment facilities use radioactive materials. The discharge of a murder weapon in these areas would be the equivalent of a "dirty bomb"; even if the even caused no injuries, the ensuing panic could be the larger disaster.

Exclusions should include any patient care areas, laboratories with highly flammable and explosive materials, and where there is limited security such as Pickens tower.

I oppose this law and am very concerned for my safety. Any precautions that can be implemented to place boundaries on carrying concealed weapons would be appreciated. Ideally, if anyone has a licences to carry a concealed handgun, they should be required to be identified for the safety of everyone. Also, I would encourage the leadership to measure any adverse events that occur before and after the law goes into effect to ensure that

clinical areas - clinics, clinic buildings, waiting areas for clinics, hospital itself

Academic offices - since these areas are open to the public pts walk through these areas from rotary house to get the clinics, or located just above the clinical areas over near mays and cpb) we need to make sure our faculty are protected from on campus weapons

the most recent offense of note which comes to mind is the pt's son at the Brigham Women's hospital who shot his mother's cardiothoracic surgeon, blaming him for her death one year later.

we all are in the unfortunate position at a cancer hospital of breaking bad news, in a world where anyone can be armed, the range of responses and risk to the messenger is very high. Sanctioned weapon carrying increases this risk.

Sadly, I think we will not only need to address this policy, but also ensure that we are prepared in all of our areas for response to an active shooter, building a proper response and regular training for all staff - clinical, research and admin. This practiced and prepared response is a critical next step in our expansion of the gun policy.

I hope MD Anderson will work to ensure a safe working environment for its staff and faculty.

I'd like to distinguish between a crazy person who comes to kill people, and everyday people who carry a gun for self-defense. I don't think any campus carry laws will impact the former, but we can prevent people from being in a volatile emotional situations and have the opportunity to reach for a gun.

I think that with all the emotional tension surrounding diagnosis and end-of-life for patients and families with cancer, this is not a good environment for people to be armed. Anger is a natural stage in dealing with the emotional trauma of being diagnosed with and losing a loved one to cancer. We have had several parents over the last 10 years threaten harm/death to the medical team. This in an opportunity for us to de-escalate the situation with caring and compassionate. But if handguns are allowed into our hospital, our patients and families will have the potential to make an unfortunate choice in the heat of the moment to draw a gun on a medical team member, or on another family member. Should staff then arm themselves in protection? Should we have armed guards on every floor? To me these are obviously only going to escalate the situation, with potentially deadly consequences. How can we protect the safety of our employees and guests if we allow guns in this environment.

Although my preference is to restrict weapons in any part of the hospital, I believe the argument above should at least restrict weapons in all inpatient areas. But if you allow guns in outpatient clinic, it will be difficult to enforce no guns in the inpatient units. Let be pragmatic, the best opportunity for a gun owner to put their weapon into

I am deeply disturbed by this new law and particularly concerned about the disastrous consequences that it could have in a highly emotionally strung environment such as the one we work in here at MD Anderson. I am especially referring to the clinical settings, where we often have to deliver bad news and outcomes are often adverse despite our best efforts because of the nature of the diseases we treat. We are all acquainted with the case of the fatal shooting of a cardiothoracic surgeon at one of the Harvard hospitals by the enraged son of a patient. In that particular case, the physician had taken out time from his clinic schedule to meet with the son to explain things to him, something many of us would do out of feeling for our patients and their families, even if it

1. In general, weapons should not be allowed into our hospital, any more than cigarettes are allowed. However, we are stuck with the stupidity of our elected officials, and have to comply. / 2. I think that any patient treatment area (clinical areas) should be off-limits. These are "non-public" areas. This would mean anywhere a nurse works behind closed doors. In this way, a person could carry a weapon in the public area (in the waiting area) but not into the clinical work area, where the patient and family enter behind normally locked doors. This

It is beyond shameful that the Texas legislature would pander to gun lobbies by passing a law explicitly allowing guns into institutions of higher learning, which in our particular case includes a hospital taking care of patients with cancer. This is why people throughout the country and the world have such a dim view of this state. / / In any event, the law doesn't allow an institution to ban guns from the entire institution, but I would argue that in addition to locations with explosive materials, MD Anderson should take a stand and ban guns at least from all clinical care areas, including the main building and the Mays clinic. There are few areas where emotions run

Clearly any patient care areas should be exclusion zones - patients here are under a tremendous amount of psychosocial stress and there is no need to place vulnerable people at increased risk for impulsive harm to self or others. As so many zones are interconnected, I do not see a feasible way to exclude patient care areas while allowing concealed carry in areas that are technically not patient care but are connected (e.g., skybridges, Faculty Center, Pickens, dining areas). I understand that there is some legal technicality that makes MD Anderson something more than a hospital, but I think our patients feel they come to a hospital for their care; they (and we) should be able to focus on their care rather than how taking a step from one hallway into the next

If they must be allowed to carry, I feel that they should only be allowed in outdoors setting on campus, I don't see why anyone needs to carry within the walls of m.d. Anderson when we have UTPD and security all over the

Personally I'm against the entire law. But if I have to choose, there should be exclusion zone for all patients areas, such as clinics, in patients hospital areas, consider the stress that our patients have already have to deal with their illness, the last thing they have to deal with is thinking of someone may carry a gun next to them(in the patient waiting area or next to patient rooms). or worry that some lunatics may use the gun to harm our

Wish we could exclude the entire campus because this is a little scary. I don't want co-workers carrying concealed guns around. Obviously areas with highly flammable and explosive materials and high voltage magnets should be excluded. The Children's hospital area should not have people with concealed guns. I also would recommend the Ombuds Office, EAP and FAP areas not to allow concealed guns since emotions can run

Frankly, I'm very uncomfortable with this new law. You never know peoples mentality, people kill people. Therefore, while MD Anderson doesn't have security to monitor who comes and go, I'd like for the Purple Zone

I would prefer that guns not be permitted anywhere on mdacc campuses. However, I understand that making a blanket statement is not permissible under this law. Thus, I would recommend that guns not be permitted in any active patient care areas (ie clinic, ATC, diagnostic imaging, outpatient surgery inpatient floors.)

I do not want handguns or any other guns anywhere on campus. I believe that anywhere where patients or study participants may be at should be exclusion zones, as well as the HR area. Any area that is more likely to have

Personnally, I am not a fan of this Bill. / / I definitely think the laboratories and other area that has or stores flammable/explosive materials should be exclusion zones. Also, I think patient care areas should be exclusionary

Patient and research areas should be excluded. I would really like the entire campus to be excluded but recognize that is not realistic. Being a nurse, I have found knives in patients rooms and been threatened by patients. It is very concerning to me to think that this is being made easier with concealed handguns allowed on

I know we are not allowed to prohibit the concealed handguns on campus but I think there should be as many exclusion areas as possible. They should certainly not be allowed in clinical areas, in labs, or in staff areas that

While I respect everyone's rights, I'm concerned about having guns on campus. I can recall a time I came upon a disgruntled caregiver in a hallway in the Main Building. In his anger he kicked a hole in the wall while swearing. He was frustrated and needed an outlet. I can't imagine if he had a gun. With the emotional rollercoaster a

Aside from excluding guns altogether, / / They should be removed from pa

I am against concealed handguns being on campus in any area. / / * Office/research areas deal with sensitive issues on a daily basis, such as budget/spending, employment/termination, facility/space reduction, etc. These issues are highly sensitive and often involve escalated negative emotions from multiple parties. / / * Hospital/patient areas deal with sensitive issues on a daily basis, such as delivering terminal illness/treatment news to families, which can produce unstable emotions. / / * Laboratory areas contain flammable and explosive materials and it would be unsafe to have handguns in those areas. / / * Garage areas are locations that have been known to have crime occur in them from individuals that have no official business on campus. If employees or patients are permitted to carry concealed handguns in those areas, there is the chance that increased harm may come to innocent bystanders, as folks who typically park in those areas are aware of the

D: Offer no opinion on the law, only specific exclusion zones.

laboratories with flammable material
animal research areas
high-emotion experiences: employee performance evaluations, graduate candidacy exam (oral exam), thesis defense meetings.

Pediatric clinical care areas should not allow firearms under any circumstances. We cannot take any risk that a firearm will end up in the hands of a child.

Parents may sleep over in a room, leave it in a purse etc. where a child may access the firearm. This could result in an unacceptable risk to our pediatric patients.

At the Pain Clinic we deal with some patients that abuse or divert drugs; so we often have to confront and dismiss them from the clinic. It is a minority of patients, but I strongly believe that it should be a gun free zone! I have been threatened twice.

In my current position I do not encounter areas which would qualify as an exclusion zone. Cubicles, shared break rooms and public spaces should not be zoned as an exclusion zone.

All patient care areas should be part of the exclusion zone.

well what if a person or worker loses his or her gun around the hospital .. and a kid finds it and goes around playing with it.. what if someone mistaken it for a gun and it be something else more dangerous. yeah I agree with carrying gun is ok but what if some one having a horrible day and go left.. it just not yet safe for CHLaround the hospital

All patient care areas. Office areas. Research labs with flammable, toxic chemicals, corrosives and with compressed gas cylinders (puncture of a compressed gas cylinder could be extremely dangerous) / liquid nitrogen tanks.

1. All patient care areas
2. All common areas- Including lobbies, gift shops, cafeterias
3. Laboratory areas

All laboratories and adjacent office space should be considered an exclusion zone.

laboratories, physician offices, patient care areas, pretty much should not be carried on campus.

Exclude
hospital and clinics, and adjacent office space (Faculty Center) which is an extension of the clinical space.
laboratories (many have hazardous chemicals that need to be away from weapons)

All laboratory spaces
All animal spaces
All clinical spaces

Areas with highly flammable and explosive materials

officer with a gun.

I take no issue with the current proposal as stated. Agree with limitations as designated by institutions and locations as mentioned. Laboratories with flammable and explosive material, operating rooms, imaging centers

Floors 5, 7, 9, 11, 13, 15 of the Basic Science Research Building

These are floors on which there are laboratories that can have highly flammable and explosive materials
All laboratory space within MDAnderson should be an exclusion zone.

Exclude licensed concealed carry holders from regions ONLY where safety is an obvious issue. Such as near powerful magnets (MR scanners), etc. Be as stingy with this as possible - the fewer restricted zones the better.

Handguns should be excluded from any of the school areas associated with the School of Health Professions. This includes classrooms, faculty and staff offices, the student lounge, and laboratories. Allowing handguns in these areas puts the students, faculty, and staff at increased risk for college-campus associated violence.

The SHP faculty offices in YB (yellow basement) are especially at risk. There are very limited exits from this area, and the faculty offices are cut off from the rest of the institution which would delay the arrival of help and limit

I suggest the animal facilities and research areas be included as exclusion zones. Inadvertent gunfire could result in significant explosive or otherwise catastrophic events due to chemicals, gases, imaging equipment etc. Additionally, when personnel change into PPE to enter the animal facility, they will inevitably expose their concealed weapons, negating the definition of concealment.

I do not recommend carrying guns in work places, offices and laboratories.

Exclusion Zone Recommendations

1. Patient care areas
2. Staff conference and meeting room facilities
3. Laboratories with flammable and explosive materials

All laboratory space in GSBS, and zones (yellow, tan, blue, and pink). These zones contain many rooms with highly flammable cabinets (storing flammable reagents). Similarly, rooms vested for tissue culture often contain gas under high pressure which could also provide an explosive target. Similarly, rooms that store liquid nitrogen

All wet bench laboratories including those with highly flammable and explosive materials

Instructional areas, i.e., classrooms, offices, seminar rooms

Patient-care areas

Areas for patient and staff (including faculty and students) visitors

Dining areas

Loading-zone areas, could contain highly flammable and explosive materials

Animal housing areas

Location of irradiation equipment

I work in a research lab where flammable chemicals, gas lines, solvents are prevalent. Even an accidental discharge of a handgun in this environment poses additional hazards. I recommend that guns not be allowed in

NO GUNS WHAT SO EVER ESPECIALLY IN THE FOLLOWING AREAS:

PAIN CLINIC

PATIENT'S FLOORS/WARDS

LABORATORIES

FACULTY OFFICE AREAS

CAFETERIAS

All laboratories, but especially those with flammables or explosive materials. With all of our efforts to promote safety and responsibility in the labs, this is an obvious unnecessary risk to our staff, students and property.

All hospital areas, including patient areas (in-patient and out-patient clinics), nursing areas, visitation areas, waiting areas, the cafeteria and park.

No handguns in research lab...

<p>Any patient care area</p> <p>Any laboratory with flammable or explosive materials or select agents</p> <p>Any animal housing area</p> <p>Any site where alcohol is served on a regular basis (e.g. Oaks restaurant)</p>
<p>All patient care areas should be excluded. (inpatient units, clinics, phlebotomy areas, radiology, surgery etc).</p>
<p>Please consider exclusion zones in patient care areas including imaging, clinics, and operating rooms. Please also consider zones that include flammable and explosive materials such as laboratories.</p>
<p>Exclusion zones should include the clinics, research laboratories, auditoriums, administrative offices, vivariums,</p>
<p>I would like exclusions zones in all laboratories and conference rooms. I think almost all wet labs will have flammable and potentially explosive materials and therefore should be exclusion zones. As conference rooms</p>
<p>Laboratories with highly flammable, explosive and radioactive materials.</p> <p>Classrooms and student labs where there is the potential for misunderstandings and innocent by-standers.</p> <p>Patient areas where there is potentially considerable tension between family members as well as between families and physicians.</p>
<p>I don't think that concealed handguns should be allowed in any patient care or administrative area.</p>
<p>Fire arms should not be allowed in our hospital because the hospital is a very special place. We rely on the police officers to protect us, not by carrying a concealed handgun. We have checkpoints at every entrance. A carrying</p>
<p>Would recommend that exclusion zones include all patient care areas (clinics, inpatient areas, laboratory areas, imaging, etc).</p> <p>This would be for the safety and comfort of both patients and employees.</p>
<p>I strongly believe all clinical areas - i.e. where patients interact with providers and staff for tests, consults, and procedures - should be exclusion zones. Patients have have highly charged emotions in these areas - due to pain, fear, grief over bad news, frustration, conflict, etc. It is not uncommon for patients (and occasionally even family members) to report suicidal feelings in clinic. Having concealed guns in these environment will only add to the heightened emotions in these areas. As a provider I would feel unsafe and hindered in my ability to speak</p>
<p>No guns are necessary for laboratories.</p>
<p>the most important information with the bill is that it applies to employee with concealed handguns.</p> <p>It is not reasonable to have in ICU or operating rooms.</p> <p>Everywhere else should be safe.</p> <p>It is important to understand that the CHL is obtained by people whom are trained in gun safety, Not everyone will have a gun, also, that violent crimes are least likely to be committed by people with CHL.....</p>
<p>Intensive care unit, palliative care unit, emergency centers - areas where there are extremely high acute levels of</p>
<p>The goal should be to maintain an environment that is safe from the threat of danger from concealed weapons. Patient care areas should never allow concealed weapons. Faculty towers/offices should also not allow</p>
<p>No where in clinic, faculty center, or anywhere in the hospital. Patients are emotional due to their diagnosis or their loved ones diagnosis. This is not the place for guns.</p>
<p>No handguns should be allowed in any patient care area: inpatient nursing units and rooms (oxygen flow, emotionally distraught patients and family members) or any of the office suites.</p>
<p>patient areas such as in clinic, OR and on the floor</p>

obviously can't carry into the MR scanners -- will it be safe for patients to lock the arms in the patient lockers? is any extra security needed in that case? Is it better to make the MRI scan areas an exclusion zone?

please exclude all laboratories and patient areas

faculty research:

laboratories with highly flammable and explosive materials.

Classrooms

Intensive care units

Pediatric inpatient and out patient units

Research Laboratories, hospital buildings and units with patients need O2 supplies, and faculty centers should be

Hello,

As a Faculty Member, I am highly concerned that relatives of patients could be permitted to bring firearms into the hospital. There are emotionally charged situations in cancer care, where patients' families and doctors do not always agree and regrettably, sometimes, there are poor outcomes in which the families could blame doctors. The tragic shooting murder of a cardiothoracic surgeon in Boston was a perfect example of this. While no law can ever 100% prevent such tragedies (in that particular case, it was planned and pre-meditated), I believe that "heat of the moment" use of firearms WOULD effectively be prevented by such laws.

Would recommend exclusion in main hospital and in clinics

Faculty Office and meeting rooms. Currently MD Anderson is a safe institution. Things will change if patients

Please exclude research building such as SCRB4 and 3. These are areas where people are under prolong stress from their research. It will be most unfortunate to have gun bringing into the building and create unfortunate

Exclusion zones where fireguns should not be allowed.

- 1) any laboratory, not only the ones that have highly flammables or explosive materials. There are other potential dangerous reagents in all laboratories, such as corrosive materilal, biohazard materials, etc.
- 2) Pharmacy deposit where stock drugs are kept.
- 3) Hospital areas where hospitalized patients are.
- 4) Ciclotron areas for patients treatment or radioactive sources for laboratory use.

laboratories

animal vivariums where people change clothes frequently thus exposing firearms

cafeterias

shuttles

All laboratory spaces and clinical spaces

I think that any building where patients are cared for or receive treatments should be an exclusion zone.

All patient care areas including clinic and in patient floors, laboratory areas should be excluded without any flexibility. That will in effect exclude all places except perhaps 1MC

The hospital and clinics are areas of high emotion. Patients and families are often not in their usual state of mind when discussing their loved ones cancer diagnosis. There is not need to someone to have a gun nearby in this

exclusion - in the clinics and operating room waiting areas

Clinical patient care should be strictly off limits for concealed weapons. Patient care encounters can be emotionally charged, especially with the patient population we deal with at MDACC. Allowing concealed guns can lead to dangerous situation for the medical team. / / The following areas should be off limit / - All inpatient

hospital grounds, labs with flammable or explosive materials, storage facilities with flammable or explosive

All patient care areas (including clinics, the EC and hospital inpatient areas). / All entrance areas to the hospital. / All auditoriums and lecture halls. / All dining facilities.

The ICU is a highly emotionally charged environment where extremely sick patients and very worried and often exhausted family members are present. A patient's clinical condition can change dramatically in the ICU including cardiac arrests, which can be very traumatic for patient's families. In addition, very frequently there are difficult conversations about life and death, in which different family members may not agree. In such settings, anger,

As a physician in the intensive care unit, I believe all patient care areas should be excluded. In the ICU, we frequently have distraught families when their loved ones become critically ill, particularly when they subsequently die. These people often manifest their grief by erratic behavior which at times becomes violent. I suspect similar reactions occur in other patient care areas in the hospital as well. If guns are placed into the mix, I'm certain it will only be a matter of time before there is an incident of gun violence against one of our patients, a member of their family, or a member of our staff. / I think metal detectors/screening at the entrances to our patient care areas would likely be effective in helping to keep our patients and staff safe. Indeed, some of our

For the protection of patients and staff, handguns should not be allowed in any patient care areas or in any laboratory / any lecture or seminar room

Patient areas (they are vulnerable) and surgery waiting areas for patient families / Surgery areas (anesthesia equipment, robotic equipment, etc) / Laboratory areas (for reasons you have mentioned) / Machinery areas such as radiology / I would only allow it in the public lobbies and parking lots (which are also high risk zones)

I believe there shouldn't be a concealed handgun carried in areas of patient care. As a physician, I would like to think that my place of work was a safe place. So I hope we can ensure the safety of patients and staff despite the ability to carry concealed weapons on campus. With all the recent shootings on several institutions around the

Exclusion Zones should include; / 1. Surgical and MEDical ICU / 2. Operating room and PACU / 3. Pediatric ICU / 4. President/EVP offices / 5. Meeting rooms during meetings

Guns should not be in patient care areas - our patients and their families can become very emotional when discussing bad news. It is not a good idea to have guns in these volatile situations. / / Of note - this is one of the reasons I am leaving MD Anderson to take a position in another state. I do not want to be in a workplace where

Patient care areas such as the Mays clinic, Altek tower, inpatient hospital bed areas

I recommend that guns be excluded from all patient care areas, including but not limited to outpatient clinics, inpatient wards, outpatient radiology and outpatient testing locations (lab, GI, GU, GYN, etc). They should also

Any location where patient care occurs should be excluded. At times, our patients are receiving stressful/bad news from their physicians. This is an emotional experience and they should not be allowed to be armed at such times. / / Furthermore, at times physicians interact poorly with each other whether it's arguing over a patient's care or a personal romance (as MDACC knows from personal experience). The more limit out access to

In my opinion, according to the law, concealed handguns should be permitted in areas of didactic instruction (e.g. lecture halls) and common areas (e.g. cafeteria, courtyards) but should not be allowed in any clinical areas

All patient areas, including clinics, preoperative areas, recovery room, imaging facilities, etc. I would expand that to include cafeterias and other public areas where patients may gather or visit - for example, The Park. / / All laboratories with flammable materials such as solvents. I would expand that to include non-flammable materials that might become dangerous in case of accidental discharge of gun - for example liquid nitrogen. / / If possible, I'd encourage UT Police to screen visitors for concealed weapons, and make sure that anyone entering with a

All faculty offices (faculty center etc) should be excluded. / / /

All clinic care delivery areas / Mendelshon and Pickens faculty towers

All patient care areas and areas generally open to the public (lobbies, sky bridges, etc.) should remain handgun-

Guns should not be allowed in any of the following areas: / 1. Any area where patient care activities take place (including inpatient areas, clinics, ambulatory centers, infusion areas, laboratory, radiology, etc). / 2. Any faculty administrative areas, including faculty office areas, hallways, conference rooms, work rooms, etc. / 3. Crosswalks

Patient care areas / Laboratories with highly flammable and explosive materials / child care areas / Areas where a large number of people congregate (i.e. eating establishments, waiting rooms) / Physician offices / Areas of

1.) Hospital and all patient care areas (there was a recent incident in TX where a dropped gun discharged and hurt an innocent bystander in a hospital) / / 2.) All clinical and research facilities with large powerful magnets (i.e., human/animal/sample MRI/NMR, etc) / / 3.) Areas where an accidental discharge has a relatively larger probability of resulting in damage or injuries (i.e., near flammable equipment, crowded clinical areas). / / 4.) Anywhere where someone will be reasonably expected to surrender their weapon, there needs to be

No patient areas where there might be patients who are terminal. I worry about distraught family members who might not be able to handle themselves well when there is nothing more to be done about the impending death

All patient care areas, and all laboratories.

Research laboratories with flammable chemicals (alcohols, ethers) or other toxic chemicals that could be broken and spilled (strong acids, bases, fixatives) should definitely be exclusion zones. Laboratories containing equipment that could malfunction in dangerous ways if damaged by a bullet (centrifuges, freezers, liquid nitrogen tanks, pressurized equipment) should also be within exclusion zones. / / Not to be flippant but so should any laboratories containing working human beings. Because humans are more important than chemicals

Faculty Center and Pickens Tower

Clinics and radiation oncology treatment machines. There are a lot of people in these facilities. An irate patient or family member that decides to use the gun, could kill and/or harm many people.

Patient Care Areas of the Main Building, Mays Clinic (not the cafeteria), Radiology Outpatient Center, Duncan Family Building (Cancer Prevention Building - only that portion: remainder is offices and cafeteria), NOT the skybridges, NOT the Pressler Garage, NOT the Pickens Tower, NOT the Mendelsohn Faculty Tower, NOT the Emergency room / ICU / Surgery waiting areas / Inpatient floors / outpatient clinics

I would recommend exclusion of handguns in any area with clinical care, including inpatient floors, outpatient

1. The entirety of the inpatient portion of the hospital. / 2. OR/procedure areas (like IR, cardiology suites) / 3. Clinical work areas (exam rooms, radiology exam rooms, phlebotomy work areas) / / Basically, restrictions should be placed so that providers and staff do not need to feel concerned that a patient who may be upset or highly emotional has access to them or to other patients with a deadly weapon. I personally would feel very unsafe if I knew a patient had a weapon on their person when I was alone in a closed room with that patient.

Hospital and clinic areas.

All in-patient and out-patient care areas are zones where augmented levels of stress and emotional volatility exist, and therefore should be exclusion zones for firearms. / / Do not hesitate to call on me if I can help or

It would be remarkably bad for firearms to be discharged where supplemental oxygen is available, either as cannisters or built in to the wall. Therefore, I think all patient care areas should be exclusion zones.

I would exclude any patient care area or research/laboratory area. I would allow carrying in parking garages and main lobbies and dining areas and skybridges only.

Patient care area (Clinics, Hospital beds section, and treatment area) should be excluded as well as classrooms

1. Laboratories with flammable and explosive chemicals. / 2. Offices, elevators, stairs and corridors that can become hazard zones for trampling and other accidents, when people have to rush out. / 3. Restrooms where

No patient care areas at all--not in clinic, hospital, radiology, and not in any lab spaces / ok for gun to be in

All Patient care areas, all faculty offices, all labs should be exclusion zones.

Exclusion should encompass all patient care areas, e.g. hospital, clinic, radiology sites.

Exclusion zones should be all areas in which patient care occurs, as well as all laboratory space which always contains potentially flammable and explosive reagents. Also, I would not feel safe if guns were allowed in any patient areas / laboratories with flammable materials / laboratories with radioactive materials / laboratories

While there are obvious areas that should be exclusion zones (labs with flammable and explosive material), we have a history of Faculty members being shot and killed in their offices. Faculty offices should be exclusion zones.

Since the vast majority of the institution has clinical/hospital activities, and, since entrances and passageways contain people involved in clinical/hospital activities, the entire institution that is connected by the sky bridge

Any areas where patients are present. / / I think this is a very dangerous bill that will put patients, visitors, physicians, and staff at risk. I will no longer be working at this institution starting next month and this is part of

operating room areas- patient care areas- hospital bed regions

large crowded areas should be excluded-cafeteria, the park, the walkways. / / All MD offices should be excluded. There should be no reason to have a concealed weapon with you while talking to your MD. / / All laboratory spaces should be excluded. / / All OR and pre-op sites should be excluded. / / Any room including

Exclusion zones should be: / 1. All patient care areas (main hospital and clinics) / 2. Faculty office areas / 3. Critical infrastructure areas (electrical, HVAC, plumbing, data centers, etc.) / 4. Any areas tha could potentially contain hazardous materials (biologic, chemical, volatile, radioactive) / 5. Research labs (both clinical and pre-

All patient areas / All meeting areas / All clinical and research laboratories /

No handguns in MRI. Should be OK anywhere else. The exclusions for labs with flammable and explosive materials is really not founded for any safety reasons. If these are dangerous areas then we should set up screening for illegal guns such as a metal detector, not the legal ones we should worry about. Also are we screening for cigarette lighters? If safety is our true concern in these areas, why are we simply using "the honor

Given the history of disgruntled family members shooting medical staff in boston and baltimore, I think weapons in patient care areas are a terrible idea. Laboratories, with hazardous chemicals and open floor plans as well as

There should be exclusion only for patient care areas

should not be allowed in clinical or administrative/office areas / i am in lab areas but would suggest that

Prohibit carrying in any laboratory areas, operating waiting rooms or PACU and patient rooms.

/ I think high stress areas should be prohibited from carry... / Hospital; ER areas. / / /

Please exclude patient care areas.

Labs and any portion of the institution with patient contact.

Pickens Academic Tower and specifically the Research Medical Library.

Handguns should not be allowed in any patient care areas, in-patient or outpatient.

anywhere there are hazardous and flammable materials/gases. Around children.

Pedi Floor

The hypocratic oath, the basis for every hospital, states "I will, according to my ability and judgment, prescribe a regimen for the health of the sick; but I will utterly reject harm and mischief". Granting the ability to carry a firearm to anybody who wants to one violates the "rejecting harm" portion of the hospital's credo. / /

Therefore, any treatment area (patients' rooms, operating centers, even waiting rooms for patients [especially pediatrics]) should be off limits. Administrative areas and parking garages should, in good concience, be the only

Potential exclusion zones: direct patient care areas; laboratories or areas with caustic, explosive and/or flammable materials, chaplain service areas (worship/reflection area). However, at the same time I am not too sure if any area, other than those as listed under law, should necessarily be identified as an exclusion areas.

Potential exclusion zones: / - Laboratories with highly flammable and explosive / - Operating/surgery room /

All inpatient areas and outpatient clinic areas where direct patient care takes place.

Patient's rooms due to oxygen set up/ / prohibit from hospital setting in general

Laboratories / Areas where patients are involved

I agree that any area where explosive materials are located should be an exclusion zone. I myself have a concealed carry license and feel no conceivable reason to carry anywhere in the institution except from my parking garage to my locker and back. We have enough security located in the institution to meet other security needs but with as much crime/armed robberies as have been occurring in the medical center area it would be a

1. Patient safety: all patient areas including rooms, clinics, walkways, and visiting or waiting areas, should be gun-free zones / 2. Everyone's safety: all areas susceptible to fire or explosion should be gun-free zones / 3. Provide refresher training for an updated "Hostile Intruder" class / 4. Should we install metal detectors in some areas

laboratories with highly flammable and explosive materials. / Caution signs where patients with oxygen may
All patient care areas. All research laboratories.
MSF Facility- MSF 1.1103 Liquid Nitrogen Freezer Room, MSF 1.1202-MSF 1.1208- ISO 7 classified laboratory areas. / / I do not feel that concealed handguns make us safer. To the contrary, I feel less safe knowing that
Highly emotional Hospital areas and laboratories with highly flammable and explosive materials should be exempt. HR should be able to exempt public meetings spaces during meetings with volatile topics or reviews with proper signage under 30.06 and 30.07 while 1MC should be Campus Carry. Law abiding CHL holders should be allowed to carry concealed on buses, in parking structures and on all bridges. I do not agree that data centers
Hospital main building and emergency center.
/ Research labs in general should be exclusion zones because they contain biohazardous, biologically active, radioactive substances, cells, viruses, bacteria, human-derived (potentially dangerous) samples etc. They should be declared guns-free zones for safety reasons / / MDACC is a hospital first of all, and our patients should be
Exclusion zones should include: / treatment areas in facilities / UTP-H (Police Dept). / Proton Therapy Building / Pharmacies and medical supply areas / / Patients receiving treatment should not be allowed to carry
Exclusion Zones: Child Visitation Rooms, MD Anderson Accredited K-12 Hospital Private School, Lab areas, MRI areas, Psychiatric area (Brain and Spine), Radiology areas, Pharmacy areas, Pediatrics, Clinics (Exam Rooms and Consultation Rooms), etc. / / Allowed in Commons areas: 1st Floor Areas, Cafeterias, Lobbies, Crosswalk, Alkek
I personally would not like to allow carrying a concealed firearm in laboratories, employee lounges, and patient
I would recommend all biohazard lab areas, in and out patient areas and associated administrative and patient waiting areas be excluded. Additionally, human resources, employee health areas be excluded due to potential
Areas with much patient density and/or activity such as patient waiting areas and children's play facilities should be excluded zones, at least until employees learn how to effectively conceal their weapon. Obviously, areas with combustible materials should be excluded. / / Areas adjacent to parking areas or garages SHOULD NOT be excluded. If they are classified excluded (no carry) then a weapon check-in and lockup should be made available
I believe that the only areas that firearms should not be allowed in are the ones in which there is a specific hazard, such as in areas where there are flammable or explosive materials. I think that their possession in all
No gun should be allowed in patient care area
my suggestion for a exclusion zone would include Hospital Areas all of Green Zone, Purple Zone and inside the Clinic Areas in Rose zone, ACB, and CPB 2 floor prevention clinic.
1MC should be excluded. It is a staff area. No courses for credit towards a degree are earned in this building.
Working in Payroll there are times when employees do not like the answers they receive. Pay is very personal to employees and there are times when employees may get upset and unreasonable. Especially when the perception is that we can fix their problems by pulling out a check book. By allowing concealed guns when dealing with emotional situations for employees adds an additional level of risk to the payroll staff that are trying
Inpatient areas and in the clinics. Guns have absolutely no place in an area with sick people and where people are getting all sorts of good or bad news. I don't think guns should be allowed on campus in the first place. In
I work at the Bastrop campus and since we have campus police and security, I would prefer that they be the only ones allowed to carry on our campus. We are small enough, even though spread out somewhat, that help would be able to get somewhere quickly if the need arose. It would make it easier if they responded to a threat to know who the hostile person was immediately and not have to guess. Also, most of our buildings are badge
all patient care areas should be excluded-patients from other areas of the country without such liberal gun policies and patients from other countries might not want to be exposed to gun issues.
Inpatient night shift nursing: Exclude inpatient patient rooms and units. Please do not allow people to bring their guns into units in the middle of the night. Patients get sundowners, hospital psychosis, disease related confusion and guns close by is a recipe for disaster. Nursing is already stressful enough without worrying if some gun nut is on the unit. People like to say they have their guns secure, but how am I to trust that. Why is their word to be trusted. All patient rooms have flammable O2 in the walls. We carry and administer chemotherapy. There is no

Any area with direct patient care.
I would agree with areas that contain explosive and combustible materials. Possibly sensitive data areas or server rooms. Other than that most of the campus should be free for carrying.
Anywhere that patients may be exposed to danger by other patients or caregivers reacting irrationally. / / By the nature of MDAnderson's work, people frequently receive psychologically challenging news and it would be naive not to expect a reasonable percentage of them to react irrationally. Irrational reactions can be managed.
Laboratories with highly flammable or explosive materials / The insides of an MRI facility -
All patient care areas should be excluded - that is anywhere a patient is cared for both ambulatory and inpatient service areas. I think labs should be included since patients go there, unless it is a research lab. / A bigger concern is how will these individuals be identified on campus, what should an individual do if they encounter
The exclusion zones ought to include any and all areas in which patients are present. Using census data from 2010, the Centers for Disease Control and Prevention, approximately 33,636 people die per year by way of firearm discharge [see: http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_02.pdf]. 11,208 of these people are victims of firearm-involved homicides. The other 2/3 of firearm deaths (21,1750) are the result of successful suicide attempts. There are 318.9 million people in the United States which means that the chances of one dying as a victim of homicide by way of firearm is 0.0035%. Assuming that our patient population is well-matched to the U.S. population, out of the 105,000 patients MD Anderson sees per year, the number of deaths caused by firearm homicide is 4. In an average year, only 4 of our patients will die from a gunshot wound. This number is doubled for those who commit suicide using a firearm. The likelihood of our patients dying from a gunshot is very small, in part, because they are exposed to fewer opportunities to be shot as firearms are currently not permitted in patient areas. Allowing guns into patient areas will increase patient exposure to gunshots and thus patient areas ought to be continued to remain a space in which firearms are not permitted. / / The exclusion
Any patient treatment area should be excluded
Hospital & clinic areas / Executive offices / All laboratory areas / Any area with child access /
Please exclude inpatient areas where flammable gases like O2 are in the walls and emotions run high. Please keep staff safe: guns should be in UTPDs hands not staff, patients and visitors.
I would like to exclude the volunteer services department, the chapel and the patient rooms. I don't see a need to have a concealed weapon to any of these areas. Thank you!
In buildings that house all outpatient and inpatient care areas.
I would suggest that at minimum all hospital grounds/clinic buildings and patient care areas and those with a likelihood of vulnerable population present (ie parking garages valet area, Rotary House, sky bridges, restaurants, waiting area) be included in the exclusion zone. / / Over and above the risk to faculty and staff who deal with patients in inherently volatile situations, we have a duty to provide a safe environment to our other patients and their caregivers. These patients are often weak and debilitated, or accompanied by children and multiple family members. They may not be able to seek safety in the event of an armed conflict. / / Patients,
Patient floors: EC
areas where cash is handled should be excluded
Should not be allowed in areas where highly emotional situations are bound to happen such as the inpatient units and specifically the ICU. Patient's families on multiple occasions have been found screaming, using foul language, or threatening nurses/ staff in these areas. Allowing guns in these areas could cause a patient or their family member to threaten a member of the staff inappropriately, and could also be used as a threat to staff for patients to receive controlled substances. Panic buttons are not easily reachable and are not conspicuous, and
Handguns should be excluded from patient procedure areas; for example: outpatient clinics, chemotherapy suites, infusion therapy, and interventional radiology. / /

I think excluding patient care areas would make sense, since as I understand it concealed carry is not allowed by law in ordinary (non-University) hospitals. It is trickier if you consider areas like the main entrance to the main building -- I'm not sure if you could exclude entire buildings where patient care happens. Probably it would make sense to exclude areas of our campus whose primary function is the same as areas which are already excluded by law, such as churches (I think). / / Thinking about areas with flammable and explosive materials, that makes sense, and I would include areas with compressed gas cylinders, radioactive materials (especially cesium or cobalt sources), and toxic or biohazardous materials, battery rooms, etc. Again, it may be safer but not feasible to exclude entire buildings where these things are present. / / It may be worth also considering excluding

Laboratories not only because of flammable and explosive chemicals, but also because of expensive equipment / Patient rooms, especially rooms with oxygen and any other medical equipment /

Any and all direct patient care areas. This law is INSANE!!! am seriously considering retiring before it is enacted. I do not want to work in such a dangerous environment.

Patient care areas (to include waiting rooms), mental health (psychiatry, EAP, etc.), laboratories (all) - no way for people to consistently know which ones have flammable or explosive materials at all times, changes so often. pediatrics, laboratories with highly flammable or explosive materials.

I believe exclusion zones should include the clinics (at least the exam and treatment rooms), MRI and other testing areas, labs as mentioned before, and during meetings that the medical team determines could be

I think only patient care areas and laboratories with flammable or explosive materials should be off limits. Campus Carry should be allowed in all other areas, including areas that allow patient access (eg, the sky bridges, I recommend that 1MC be designated an exclusion zone because potentially volatile HR interactions take place

Any floor that patients are receiving chemo on. All floors that patients are having a surgery on.

Exclusion: / - Clinical Research Building / - Duncan Building / - Main Building / - Mays Clinic / - Mitchel Building / - Moh's & DermaSurgery Clinic / - Proton Therapy / - Radiology Outpatient Center / - Smith Research / - SCRB 1,2,3 / / Non-exclusion (concealed handguns ALLOWED): / - Skybridge / - Mendelsohn Faculty Center / - Mid

areas where patients are receiving treatment by a provider, either inpatient or outpatient.

I feel strongly that the clinic and administrative areas of the departments should be an exclusion zone. As a manager and someone who has to discipline and terminate employees, it is frightening to me that concealed handguns will be allowed on the MD Anderson campus. I will not feel safe if concealed handguns are allowed in these areas. When this goes into effect, I will be requesting the UT police to be near my office when disciplinary meetings and terminations are taking place. / Frankly, I don't see why any of our campus should allow concealed

I think that patient care, pharmacy, and laboratory areas should be excluded from campus carry zones, but all common areas and office space should be fair game.

Patient care areas, areas with hazardous materials, central offices

Patient care areas and laboratories and dock areas with highly flammable and explosive materials and gas cylinders, as well as offices directly adjacent to these areas, should be part of the exclusion zones. Projectiles

All clinical areas including patient rooms. / / Lab areas with flammable, explosive, and radioactive materials.

Patient Care Areas both inpatient and outpatient

Any sterile environment, clean room, etc.

exclude from: / 1) potentially hazardous places (labs with chemicals, other areas with gas, i.e., O2; places where imaging equipment is used/stored; the Proton Therapy building; radiation therapy areas; areas where radioactive materials/waste is stored/used) / 2) places where any laboratory animals are located / 3) surgery and

In the Emergency Center. In the EC. staff and also patients, and patients family all already tense, because they are scared in family or the family is stress out. People who are stress sometimes do harmful things to others.

Definitely laboratories with highly flammable and explosive materials. /

all patient care areas should be considered a no-carry zone. / /

I would like to see direct patient care areas in DI exclusion zones, Particularly Mays clinic. The last thing we need to worry about when changing a patient into a gown is them having a loaded firearm that has to be locked up in

Patient areas should be excluded, especially areas of the hospital with oxygen equipment. Labs with flammable Animal areas, Research Areas, Patient Care Areas

Patient areas, OR, or where ever Oxygen supplies are located throughout the various buildings.

Exclusion zones for fire arms should be treated no differently than exclusion zones for any other dangerous tools (which is exactly what a fire arm is). Flame producing devices should not be allowed where there is the potential for igniting flammable gasses. Tools capable of launching projectiles should never be allowed where combustible gasses or chemicals are stored, or anywhere a projectile could cause the hazardous release of gasses, vapors, fumes or radiation. / / I could go on but I think the above paragraph gets the point across. Since this law has passed attempting to create exclusion zones by determining areas by human use of a given area could be easily

All laboratories and hospital

Labs / Areas with dangerous, flammable chemicals. /

I feel that firearms should not be allowed in highly sensitive areas such as patient care, or laboratories with

All patient care areas (inpatient units and clinics). The possibility of a concealed handgun may add an additional stressor when having difficult conversations with patients and caregivers.

Exclusion zones should include patient pods and clinics and labs only (Purple, Green and certain areas of Rose zone). Not large portions of hospital as many of the areas are business administration. My recommendation is to use the space survey and determine sections of main building to identify exclusion zones. None of my office mates feel "safe" based on the location of our office. The few times we've called security, it has taken them a while to find us (yellow zone). There have been several instances where we assist UTPD officers in finding their way back / out. Unfortunately, there are those that commit crimes that study the facility / areas of attack. If an

I would like to see exclusion zones for all areas where our vulnerable patient populations could be put at risk. This would include all inpatient areas, all outpatient clinics and waiting areas, and common corridors that patients use to get from one clinical area to another, and all cafeteria facilities that are used by patients.

Exclusion zones should include patient care and treatment areas including waiting rooms--our patients' safety and comfort should be a priority. I agree with the example of areas with flammable and explosive materials

I have a CHL. / It is too complicated to allow weapons anywhere on MD Campus other than the bare minimum required by law - meaning, let legal department decide. / Absolutely no carry in research laboratory areas and

Should not be allowed in patient care areas. As a nurse, there are enough risks to deal with when a patient is critically ill, I would not like more risks with concealed hand guns!

I work in the veterinary medicine and surgery dept. - I think our area should be excluded b/c many people are very sensitive to animal research and have very strong and emotional feelings about this subject. We have recently been moved and are now in an open area where more people have access to us, whereas before we

1MC... because this is the house of the Human Resource Department and a lot of emotions tend to gravitate to or from this area. An alternative would be to make UT Police visible daily during regular business hours at this location. The security is great, however UT Police are more trained and the visibility may defer any possible

All laboratories and Inpatient areas should be excluded from campus carry.

There should also be exclusion events- for example, a family conference with the doctor where feelings could be

The following areas are what I think should be considered potential exclusion zones: / Patient clinics / Inpatient areas / Any labs that contain oxygen or combustible products / Patient billing/Financial offices

Guns should be banned from all healthcare facilities! All areas of the hospital would fall under some form of

patient areas including the Rotary House, walkways and garages should be excluded; all labs should be excluded and metal detectors should be at the entrances along with day visitor badge issuance devices.

Exclusions should include labs of all types, surgical areas, patient treatment areas, critical care units and anywhere explosive chemicals or radiation sources are stored or used. Walkways between buildings, which can be dangerous and empty during late hours and weekends should be carry zones; along with offices, public

Only in/near patient rooms and laboratories.

Operating and procedure rooms due to it being a fire hazard. Otherwise, concealed carry permit holders should be able to carry everywhere else according to the state law.
-MRI areas because of the tremendous magnetism of the machine; If guns or their ammunition are magnetic, the interaction could be potentially life threatening. / / -High occupancy concentration areas (such as auditoriums
All of main building, CPB and ACB.
What scares me most is the thought of weapons being present in the clinic/hospital setting- especially with how emotional situations can be, and the ever present danger of violence in health care settings due to the emotions. As we are both a hospital and a university, excluding guns from the hospital setting seems prudent, while allowing them in the more academic-only settings in compliance with the new law. / / Designated office buildings such as Faculty Center, Pickens, 1MC, and FHB seem more logical, and these are the areas where many of our students (residents, fellows, etc) are officially housed, as well as our faculty are officed. Buildings like the Main Building or ACB that house both clinical/hospital space and offices should be treated solely as clinical/hospital space and not have weapons present. It is the practice of most of our physicians to essentially commute between their office space and clinics/in patient zones. / / Whole buildings should not be divided into one exclusion should be the hospital. It is too many patients and someone who is trying to be god or be famous
The main hospital with patients should be excluded. Every floor of the outpatient clinic should be excluded.
Any areas where patients spend time on a regular basis should be excluded. There is too much risk with heightened emotions, and with patients who may be distracted, tired, and overwhelmed. Patients, caregivers, and the staff who assist them should not have to worry about the possible presence of a gun if a situation gets
Exclusion zones: Any place where care is given - Inside the clinics, diagnostic/treatment areas and hospital rooms / / If it has to be allowed, then only in public general areas like waiting areas, the Park, cafeteria, etc.
Definitely any area of where Pediatrics is located. Guns should NOT be near sick and recuperating children. / Any area where there is flammable liquid or gases. / Not in any area where patients are receiving physical therapy.
Patient care areas
Any area where patients are present should be excluded. Perhaps excluding parking lots.
Exclusion Zones I would consider would be the walk-way; from the Main Hospital to Mays, patient lobbies,
Exclusion zone recommendations: Skybridge, Rotary House bridge, 2nd floor and 3rd floor access pathways.
Clinics should be excluded as patients sometime receive bad news or have long waits. At times patients and their family can get very angry in the clinic. A weapon does not belong in such areas.
Laboratories with highly flammable and explosive materials. Hospital inpatient rooms and stations. Laboratory animal housing. Buildings near or containing MRI machines.
All laboratories, especially those with flammable materials.
I work in a basic sciences laboratory where we have a lot of chemicals and gases that are highly flammable and with explosive potential. This should definitely be an exclusion zone. / / On the other hand, I believe that areas
I would feel much safer knowing that in the Pickens tower offices, someone can make the playing field more level to intruders who come in these small offices shooting at us. We are like sitting ducks. One door to come in and out. I would also like these people to maybe take an online course (refresher) on how to deal with an intruder who is armed in the workplace to help them feel more confident if such should occur. I however do not want to be identified as a CHL holder to everyone. I would know my role at the time an intruder would start
All areas involved in patient care (Main, Clark, Alkek, Rad. Onc. Center, Mays which also houses Rad. Onc. as well as diagnostic, treatment, and patient/physician team new, consult and following patient meetings.
All of the Mays Clinic should be considered an exclusion zone.
Patient care areas where people have a lot on there minds.
Emergency Rooms, Designated Prayer Rooms, Chapel
a) I'm not "Staff" - I am an employee / b) We should exclude areas that would impact the safety of Patients and Families. All of the care, treatment and diagnostic areas for example. / c) We should exclude public areas that are "in route" to protected areas - patient transportation areas, 1MC for HR, south campus research buildings.

Clinical areas, patient rooms, hallways, waiting rooms, cafeterias, loading dock.

E: Agree with Campus Carry and want minimal or no exclusion zones.

I believe exclusion zones would be considered a purposeful hindrance used to restrict employees that don't stay in a specific area. My job in particular might have me in a patient area one minute, then a lab, then office space, then back to any of the other areas. With the exclusion zone I wouldn't be able to go into one of those areas without first removing the weapon, and legally I wouldn't be able to remove the weapon to secure it anywhere other than my vehicle because in the off chance someone were to see it, it could be considered "brandishing" the weapon. The safety aspect of a firearm in a lab with flammable and explosive materials is minimal; guns don't just "go off" in addition to the fact that to cause an explosion or even a fire there would have to be a very specific percentage of vapor already in the air, if that percentage were met it would be dangerous to be in the area anyways, with or without a firearm. The truth of the matter is, the only defense from a bad guy with a gun is a good guy with a gun. Putting up a 30.06 sign or a non-enforceable "No guns allowed" sign doesn't stop the person entering the premises that has an intention to cause harm. The class B misdemeanor is significantly less serious than the crime that person intends to commit.

In addition I would like to bring to the compliance office's attention, I have seen no valid 30.06 signs at any entrance to institutional property. The requirements specifically state the wording must be in English AND Spanish (currently most are only in English), and all lettering must be greater than 1 inch in height (currently any that have English and Spanish do not meet this requirement). The hospital areas are also not covered by this, as the law specifically states that a 30.06 sign must be placed outside of a hospital wishing to enforce a no firearms policy.

Law abiding citizens with guns shouldn't evoke fear in others. They're more likely to protect than to have a psychotic meltdown and start killing. I feel there should be no exclusion zones.

I do not think that we should have any exclusion zones per se, because if we do establish exclusion zones within our campus, then logically we should also make provisions for those carrying firearms to safely store their weapons prior to entering those areas.

the example of exclusion zone recommendations such as laboratories with highly flammable and explosive materials seems reasonable to me. Otherwise don't feel there should be many exclusion zones. I personally don't have a CHL but do know these are law abiding people with an incredibly low crime rate. If anything we will be safer with CHL allowed.

Having said that in some zones such as the OR, it would be impossible because of the dress code to carry. Regardless of how many gun free zones we will have I want to insist on one thing, If we allow by law people with a CHL to enter the hospital it would be important for these people to do to be proficient at using the firearms. The simple week end course spent getting a CHL is not enough to be proficient. I would recommend a yearly exam and proof of proficiency in a shooting range such as the one we have in the campus for those who want to bring a gun on the campus.

I have no problem with concealed carry. I think that when we set out to define "an exclusion zone" rather than ask ourselves if an exclusion zone is even needed, we are accepting a bias and not necessarily giving the intent of

There should be no exclusion zones. A gun free zone is a victim disarmament zone. We are sitting ducks there just like in all the other campus shootings. You need not be concerned with CCL holders. We dont commit the no exclusion zones

I think the whole point of the law is to prevent a situation in which someone starts shooting and no one is able to defend. If that is to be possible, then I see no reason to have exclusion zones. The example you give, a laboratory with flammable and explosive materials, would be a problematic place to fire a gun, but if someone started shooting illegally, that someone is unlikely to take the flammable materials into consideration, so I would

The exclusion zones should be only the absolute minimum necessary, to include only direct patient care areas only. All other areas should be allowed, including lab spaces. There is no preclusion to concealed carry in gas stations. The act of concealed carry does not equate to the actual discharge of a weapon in such areas.

I will be very specific, there should be no exclusion zones. The concealed carry of a hand gun is for the purposes of self protection. I am no more safe from violence in a lab with flammable materials than I am in the parking deck. In the exclusion zones I would like to know what additional protections I can expect from the institution since I will be disarmed and rendered defenseless. I would also like for the institution to assume full liability for my safety when I am in these exclusion zones and are legally unable to protect myself. I think a statement from UT Police saying that they will assume liability for the failure to protect the employees and patients in these area

Persons who have taken the courses for concealed carry should be allowed to carry ANYWHERE. Posting 30.06 signs and limiting lawful concealed carry just invites violent offenders to our location. A criminal sees that no law abiding citizen is allowed to carry in a particular area and knows that he is unlikely to be stopped or confronted if they incite violence. By allowing people who have been through the training and background checks to receive their CHL to carry on campus, you make it a safer place for all of us. I'm proud of the Texas legislature for passing this law. Now I hope MD Anderson will remove the 30.06 signs from the majority of the except for a few exceptions such as laboratories concealed should be allowed anywhere.

I fully support the state's law with regard to full implementation. I do not believe there should be any exclusion zones for CHL, only perhaps in areas where it would cause a fire hazard, ex: OR's or procedure areas. This law was passed to protect individual citizens and as a citizen it is my right to carry a handgun for my protection anywhere else on campus / / Thank you following state law and respecting citizen's right and lawful gun owners none, because criminals don't care about exclusion zones. That's why they prey on children and students for random acts of violence. The ability to carry firearms by qualified people everywhere provide a deterrent to all

As a retired Police Officer, and CHL holder, I look forward to being able to carry on campus. I've had many years to think about this topic, not so much were they should not be carried, but where they should not be discharged. As the only reason to discharge a weapon on campus would be to save the life or lives of others, to do so in an area exposed to highly flammable and or explosive materials would be foolish. But to not be allowed to carry because at sometime during your course of duty you may travel through an area like that isn't right. I'd prefer to have those area's well marked. I'd know then, in case of an active shooter scenario to remove myself from that area and move to an area that would be safe to defend against someone looking to harm me, my co-workers or patients. I've worked here about 20 years, and worked in most areas of our wonderful campus. I can't think of an area where the risk doesn't exist where I don't think I should be armed. I can of course think of areas I pray that no one ever tries to harm another. We've got so many traumatic experiences taking place, the last think anyone needs is some crazy with a weapon of any kind trying to harm another patient or staff. But if that ever happens, I'd not want to be faced with the aftermath of knowing I've been trained and licensed and wasn't

I would encourage MD Anderson to make the exclusion zones as small as possible. The anything in mid-campus & south campus areas are located in very unsafe areas. When I work on weekends or very late security is lax, I can often can travel to may car without seeing another person at all.

I don't think personal preferences and imaginary threats are appropriate input for establishing exclusion zones. It seems as if all efforts are being geared toward thwarting the law. We should keep in mind the CHL holders are a small percentage of the law abiding public and have demonstrated knowledge of handgun laws and proficiency

This correspondence is to ask that the Regional Care Centers have NO exclusion areas due to lack of on-site security and a much slower response time than is possible at our Main campus.

None

Are criminals that are intent on carrying their own unlawfully acquired firearm(s) operate under the same "exclusion zones"? I should think not. Any criminal ,or individual who cannot legally possess a firearm ,can and will, bring a firearm into the "exclusion zone(s)" if they have the intent .And,if they are intent on perpetrating a crime with that said firearm, can do so against employees ,patients or whomever they randomly choose .End result,the law abiding employees, patients or whomever might be in the way,have NO DEFENSE. The firearm is just a tool folks,just like any other tool that can be udes to cause physical harm to another,and is inert UNTIL someone implements the intent to use that tool. Do you make "exclusion zones " for sharp knives, surgical instruments,forks in the cafeteria for that matter? No, because the tool ,no matter what form,is an inanimate object until it is put into action :and, the tool (firearm) can only be put into play by a person with INTENT.How do

My thoughts are more related to INCLUSION, rather than exclusion. I would like to see most (if not all) of the corporate buildings (1MC, FHB, etc.) embrace the new law and allow for concealed carry. These particular buildings -- like most in the med center -- are attached to large, dark garages where crime episodes often take

I would argue that the entire article describing this new law and the proposed "working group" and the planned townhall and this very survey are all incredibly biased towards blatant opposition to what is currently State law. It seems that none of the institution's efforts are aimed at implementing the law of our land, but rather finding as many ways possible to ignore, subvert or inhibit the Constitutional and now legislatively-clarified rights of law-abiding gun owners. So to answer your question: I don't propose any "exclusion zones"... unless I'm allowed to

Exclusion zones should be few and far between. / / Also if you want to be fair you need to include people from the entire institution in your work group. As of now there is no one lower than upper management included. It seems this group is very biased. How many in the group actually have their CHL?

I would prefer limited exclusion zones for the safety of our staff and patrons.

Armed society is a polite society. Individuals that take the time to apply for and maintain concealed carry licenses are not criminals and should not be treated like criminals because of world wide events that occur with weapons. I feel all outlying buildings from the main hospital building should have no restrictions what so ever. The main hospital should remain a 30.06 exclusion zone. In the case of laboratories with highly flammable and explosive materials then it should be the responsibility of the conceal carry holder to do the right thing and leave

None that I can think of , but do suggest training, training, training and USCCA membership.

I believe there should be no exclusion zones. that would defeat the purpose of protecting myself in an event of danger. If you have exclusion zones will you have places for someone to lock there gun up while they are in these zones. Police officers carry guns in all of our areas why wouldn't a person with a conceal carry license be

I would like a mechanism where I can obtain "proper authorization" to concealed carry across the MD Anderson campus (where I travel as part of my daily work assignments). Or put another way, as a CHL holder, I feel there should be NO exclusion zones for me. For public/non-MDACC badge holders, exclude the ORs.

There should not be any exclusion zones.

Limit the excursion zones to a bare minimum. Only where a security guard or UT Police are stationed 24/7.

I am not really in favor of exclusion zones unless somehow deemed unsafe. I'm not sure how carrying a gun around highly flammable or explosive materials...like at a gas station...would be any more dangerous. If carrying a gun into a lab is deemed more dangerous for some reason, I believe that lockers should be provided so those employees can travel to and from their work space and be able to be responsible for their own security. / / I would also hate to see so many exclusion zones, it would essentially still ban guns from campus. People have carried guns for hundreds of years and the only thing that has been proven over and over is that gun free zones

The law is already passed to "open carry." We are fortunate that we have not had a incident in the hospital yet. Although, neighboring facilities have had some. Declaring this institution as a "Gune Free" zone is an open invitation for someone who wants to bring in a weapon. Lets keep in mind, carrying a gun is not illegal, it is the illegal individuals without proper documentation (CHL) that is illegal. / / I do question those individuals that feel declaring this a gun fee hospital will really deter illegal guns? I also would ask those individuals that are against illegal guns on campus, why are you allowing me to be a potential target WITHOUT allowing me to

After attending the townhall meeting on 10/21/15 at ATT auditorium , reviewing the proposed exclusion zone maps, the way you have phrased this question, and the membership of the board I believe that the board had already made up their collective minds prior to the 10/21/15 meeting and it is doubtful that there is even one person serving on the board that has been issued a concealed handgun license to provide any input. I have little doubt that MD Anderson will seek and attempt to prevent anybody from exercising lawful concealed carry on 100% of any area with the UTMD Anderson name on it. Citizens that obtain their chl go through an extensive back ground check prior to being issued their license. The institution also screens potential employees prior to hire. Any employee with a professional license or certification more than likely also had a background check performed by their licensing/certifying board prior to that board issuing their license/certification. The employees have been thoroughly vetted and are for the most part well educated and intelligent. The point is that the board has a chance to approach chl and policy making with an open mind and to make a workable policy that would be acceptable to both sides of the issue. Perhaps both views would not be 100% satisfied with the policies but neither side would feel ignored and bulldozed over by the opposite viewpoint. Additionally if any event were to occur at MD Anderson in an area that was designated a prohibited area the institution and the persons approving the policies would probably be financially liable for failing to provide adequate safe guards and security to protect the persons affected. My preferences would maybe include having the board review other states' laws that allow or do not prohibit licensed weapon holders from carrying in hospital/education facilities or that allow individual institutions to make their own policies to address the issue. The state of Iowa laws for instance do not prohibit licensed carry of a firearm in a hospital environment. That state's laws allow

Anyone with a CHL knows how to handle a firearm safely and responsibly and should be allowed to carry one I do not believe that CONCEALED handguns should be excluded from any area on our campuses.

The whole facility should be open to campus carry. It makes our staff and patients safer. The only exclusion zones should be in areas the firearm would cause a hazard for practical reasons (metal in an xray or MRI area, There should be no exclusion zones.

NO EXCLUSION ZONES
no restrictions

Exclusion zones should be based on facts, rather than nebulous opinions. Locations where UTPD is routinely stationed during most work hours, such as patient areas, are more easily excluded. I understand the fear of firearms in areas with flammable and/or explosive materials, but are there statistics to show that this is a real threat? Research areas are often populated during traditionally "off" hours - if these areas (including the animal holding areas) are excluded, then a sizeable population of staff are left to work unprotected if they would have otherwise LEGALLY been able to protect themselves. When working after hours, most staff do not notify UTPD so that routine welfare checks can be done - and I don't see them starting to, even if that's part of the concealed carry overall action plan. Further, as a CHL holder, if my area is excluded, then I cannot protect myself to and from work, since I am not comfortable leaving my firearm in my vehicle. Right now while it's illegal to bring it on

The weapon is less affected by flammable, explosive, radioactive, or biological hazards than the individual carrying it. I understand that discharging the weapon in these areas could be a problem; that's why carry is limited to trained individuals. Let's face it; if you are unaware that discharging a firearm in an oxygen-rich or otherwise explosive environment is a problem then you shouldn't be carrying it in the first place. / / The only

I feel there should not be any exclusion zones. If there must be, it should be very limited. Individuals who take the time and effort to obtain a CHL are law abiding citizens who do not want to harm anyone. CHL holders only want to protect themselves and others. If an individual who does not hold a CHL wants to bring a gun illegally on campus, unfortunately there is very little stopping them. Restricting a CHL holder to legally carry their firearm concealed only restricts them from protecting themselves and others and inhibits what the legislature established the law to do. Individuals who have a CHL have common sense of when and when not to carry their firearm. Exclusion zones like laboratories with highly flammable and explosive materials make little sense because a firearm

As a law abiding citizen who has a conceal carry permit, I feel there should be no zones.

I don't support any exclusion zones - people should be able to carry anywhere

All patient care areas or areas where patients frequently travel. I would exclude all lobbies, waiting rooms/areas, bridges, inpatient units, clinics, dining areas, patient business offices, procedure areas, and the Park.

No ned for any exclusion zones

Restricted areas of the hospital, flammable/explosive material areas, and research labs. / / I am in 1MC and in management and feel that remote locations such as 1MC, FHB, Proton, CPB, etc should be areas without exclusions in public areas and general office space. Areas that do or may contact explosives/flammable materials should be excluded. / / Please do not make more exclusions than inclusions. It is reasonable to have some locations that are restricted, but again that must be determined by need and not emotion. I am a CHL holder and my husband is a CHL instructor and feel that CHL holders are beyond responsible than the average non-trained person and not to mention criminal. With the recent crime in the Medical Center area, I am excited

I honestly believe if we are going to allowed to carry on campus there shouldn't be any exclusion zones outside of areas that have laboratories and highly flammable material. First of all to be a CHL holder you have to be a law abiding citizen, so you would expect us to carry ourselves just as that. I went to the town hall and 85% of the MDACC building will be exclusions zones. That's pointless. I just feel if it is going to be allow, allow it.

Overall, I don't think there should be any exclusion zones because properly carrying a concealed weapon is that you're so good at carrying it that no one knows you are carrying. If I must recommend exclusion zones they would be obvious places like operating rooms, imaging/radiology & highly flammable areas.

There should be no exclusion zones.

Having lived on other campuses where this has been addressed I feel strongly about it here. It allows individuals both students, employees and patients to practice their right to self defense which has historically been a positive thing. Just as at my previous campus I feel the only location that should be excluded should be psych wards which are properly secured and have adequate staff to address situations common within such departments. All other areas should remain consistent to the areas elsewhere in the state. No law abiding person ever wants to be in the situation of needing to use a weapon in self defense but most who find themselves in a situation where they would need one either grateful they do or regret they don't. Statistics

When I was going to school at SHSU and living in Huntsville, TX, a man entered a local restaurant and approached the lady at the cash register with a pistol to her head, demanded all the money in the register. Seconds later, 3 men who were dining at the restaurant pulled their guns on the gunman, forcing him to put his weapon down and get on the floor. The three men had their guns pointed at the gunman until police arrived and took him into custody. Criminals/ bad people will always find a way to possess a gun. Good people need to be able to protect themselves and others. I am so grateful to live in Texas where its common for people to have a

TX legislature has already outlined limitations for hospitals. There should be no further limitations on campus

F: General statements or questions.

I think there should be an additional clinical faculty member on the committee. Someone who is on the floor with patients and families.

It is also important that there be representative who do hold a CHL and those who do not.

Sorry, but I am still unclear why concealed guns cannot continue to be excluded from MD Anderson under Penal Code 46.035. We are still a hospital licensed under Chapter 241 and Senate Bill 11 does not rescind the state law excluding weapons from hospitals.

We are dealing with a patient population with

Patients should not be carrying guns to clinic appointments.

The thing about handguns is that they are easy to conceal. Whether or not there are exclusion zones, anyone who decides to can carry a concealed firearm unless there is some means of detection/enforcement. The only thing that can stop people from carrying a weapon is a means to detect such weapons. Metal detectors work. But you cannot use a metal detector for the entire campus. If you decide to have exclusion zones, they need to be controlled access which includes some form of detection. Otherwise, it is futile.

It is devastating to see Texas allows people to carry concealed guns in Univ. campus, even MDACC, a place for patient care and cancer research. We are handling so many materials that require tight regulations and controls. Any accidental gun fire can be extremely dangerous for our patients and caregivers.

It is a scary idea that people may be allowed to carry handguns in a place like this. the potential for an outbreak of violence increases. I don't think I will feel nearly as safe. I worry about disgruntled employees or domestic issues encroaching in an already fragile environment more than criminals and flammable or explosive material.

Many employees walk between the various campus buildings - frequently while it is dark. Lets face it, there is a lot of crime in the med center. / For those employees who are licensed to carry but who also may work in a exclusion zone, I feel small lockers should be provided somewhere so that the weapon can be safely stored away while working in that zone but then be accessible when returning to vehicle or mass transit.

Will there be body screens for the exclusion zones, similar to those at the airports? If not, how will you know if someone has a weapon on them?

There are conflicting statements in the Highlights to know section: / / Policies can't prohibit people from carrying concealed handguns on an entire campus. / / UT System will seek consensus on exclusion zones at all campuses. / / The second conflicts with the first. / /

Why do there need to be exclusion zones? Are we trying to find a way around the law?

I think its ridiculous and very unsafe , never have I been worried about my safety here at MD Anderson until

This law's only function is the oppression of minorities. MDA should actively lobby to have this law overturned.

I am a widow of a police officer and I own guns and used to have my own shooting range and do my own reloads. My guns care all kept in a gun safe and a safe location. If I carried a gun to work, I would only want to carry a gun to and from my parking garage and would want to lock it up in my locker. As a nurse, I would never want to wear a gun while caring for my patients. I would never want to wear a gun in a patients room. To be safe with a gun, you need to use it monthly. Shooting a gun once or twice and then caring a gun gives a person a false sense of security. They are probably more dangerous with a gun then without. / / If there is a woman who is walking to and from her garage and feels unsafe and has no experience with guns this is what I suggest, don't get a gun. Instead, carry wasp spray. It can shoot a steady stream about ten feet and temporarily blind the person. You cant accidently kill someone like you can with a gun. / / The best plan is to travel in pairs and be aware of your surrounding. Finally, quit walking down the street staring at your cell phone! / / Regarding the random shooter. The odds of having someone with a concealed hand gun being in the right place at the right

Unless you plan on doing more to ensure our safety, we have no choice but to protect ourselves---ESPECIALLY if you work late/overnight and the places we have to walk to have less witnesses should something go wrong. Employees should be able to keep in purse/locker/office and carry to protect self going and coming to work. Since patients do not have a place to lock it up, they have no choice but to carry at all times. Restrictions should be placed on patients that are too ill or with cognitive problems or meds that could affect cognitive ability. But again, as someone that comes to work before the sun rises, you all should spend the money to have security in the garages and in the buildings where employees are and need help. Stop trying to save money and put our crazy!

I am very concerned with the campus carry law. I want to feel safe when I come to work and not have to worry about someone carrying a gun that may not need to be carrying one.

no we have enough with the guns every where . We need to feel safe at work. NO one should worries who is

This law just made my working environment unsafe. Way to go Texas Legislators.

I believe the world we live in today it's a very smart decision to pass this law. Although, i believe its pointless since we cant really carry it on almost every area of M.D.Anderson. I'm a license carrier and for those who also have theirs should feel safer. Parking garages, trails, walking distance to buildings are unsafe day/night.

I think that this could turn into the Wild Wild west if people are allowed to carry guns. There are many emotions that are present in an atmosphere like this.

This bill should be repealed. Enacting this bill is a gross misuse of power and taxpayer resources. There are more pressing needs that could have replaced such a barbaric piece of legislation, like Planned Parenthood. And why do people need to carry guns in an academic setting?

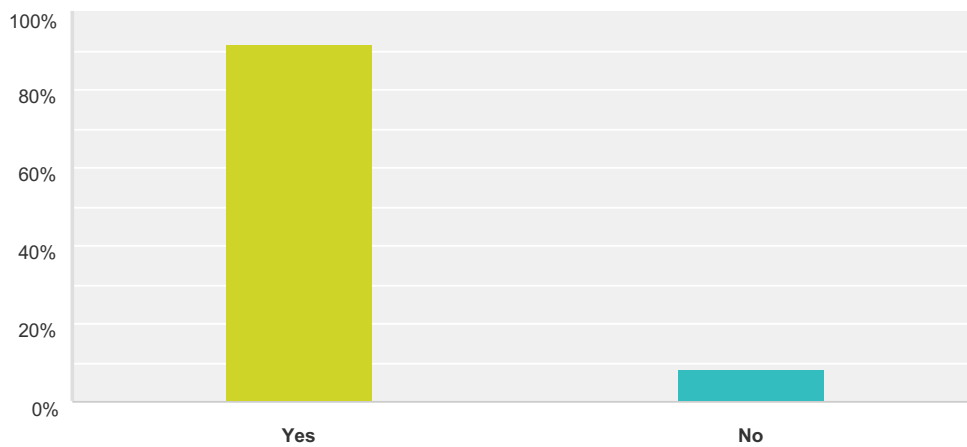
Since the sky bridges are potential exclusion zones does the law define what constitutes "patient care"?. I don't see any patient care in the traditional sense when I am walking the sky bridges.

Attachment H

MD Anderson Faculty Senate Exclusion Zones survey results

Q1 Shall “Patients Care Areas”, where patients are intended to be examined, evaluated, observed, assessed, tested, screened, diagnosed or treated by or under the supervision or presence of a health care professional, including all areas that are subject to infection control measures per MD Anderson’s Infection Control Policy, UTMDACC Institutional Policy #CLN0436, be excluded?

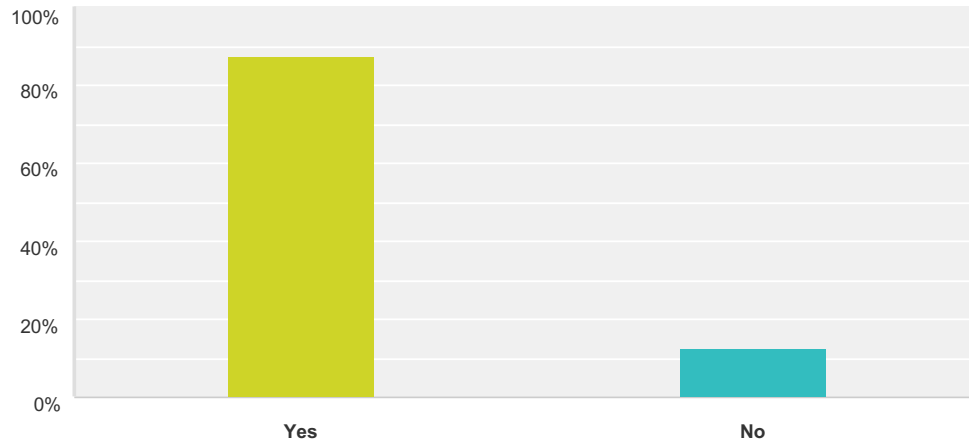
Answered: 433 Skipped: 2



Answer Choices	Responses
Yes	91.69% 397
No	8.31% 36
Total	433

Q2 Shall “Patient Care Waiting Areas” (i.e. areas contiguous to and serving as designated patient waiting area for a Patient Care Area), be excluded?

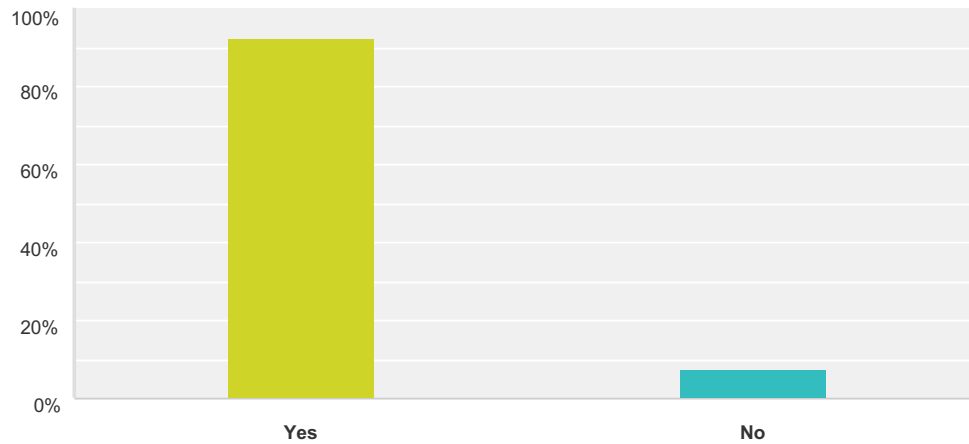
Answered: 434 Skipped: 1



Answer Choices	Responses	
Yes	87.33%	379
No	12.67%	55
Total		434

Q3 Shall research laboratories with dangerous chemicals (flammable, combustible), biologic, or explosive agents be excluded?

Answered: 432 Skipped: 3

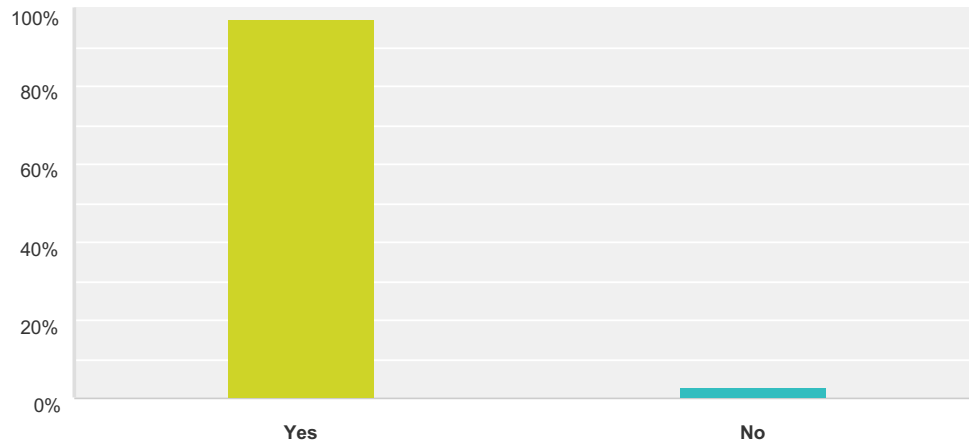


Answer Choices	Responses	
Yes	92.36%	399
No	7.64%	33
Total		432

Q4 Shall areas with equipment that is incompatible with metallic objects such as magnetic resonance imaging machines be

excluded?

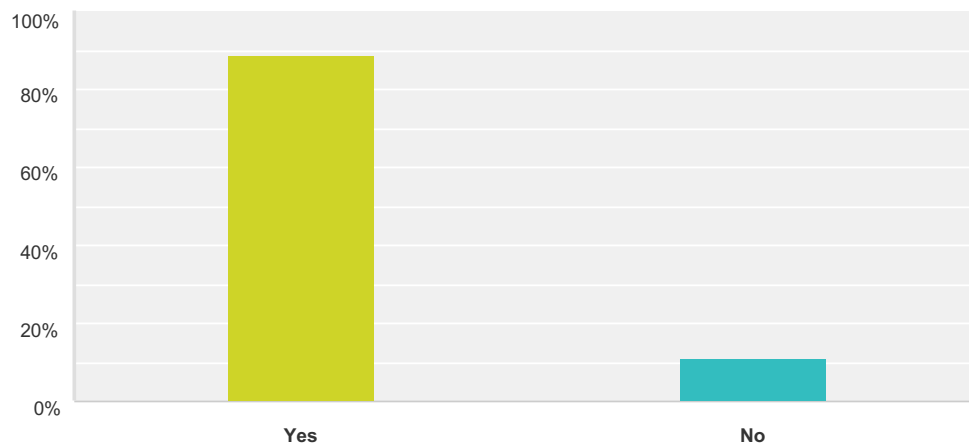
Answered: 432 Skipped: 3



Answer Choices	Responses
Yes	96.99% 419
No	3.01% 13
Total	432

Q5 Shall conflict resolution areas (e.g., Employee Health Assistance, Human Resources, Faculty Senate, ombudsman office) be excluded? These areas include employee’s health assistance, HR, faculty senate, ombudsman office.

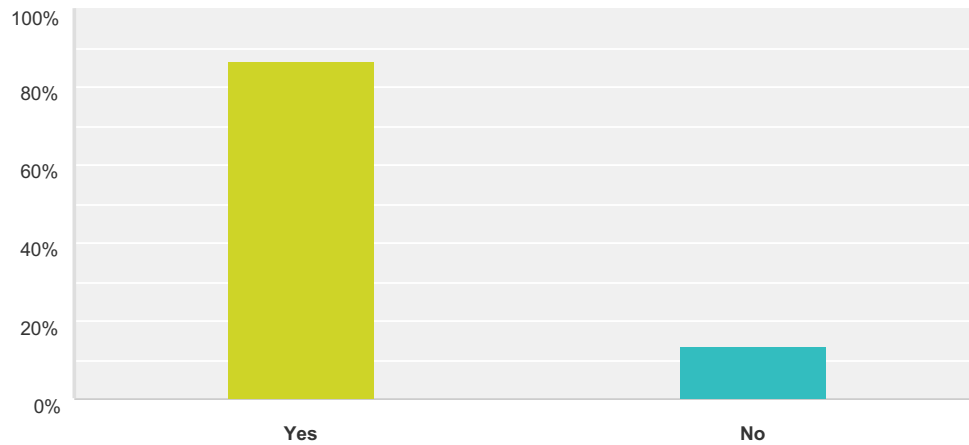
Answered: 435 Skipped: 0



Answer Choices	Responses
Yes	88.74% 386
No	11.26% 49
Total	435

Q6 Shall animal care and vivaria in which protocols increase the risk of discharge or contamination of a concealed gun, or its unanticipated separation from the license holder be excluded?

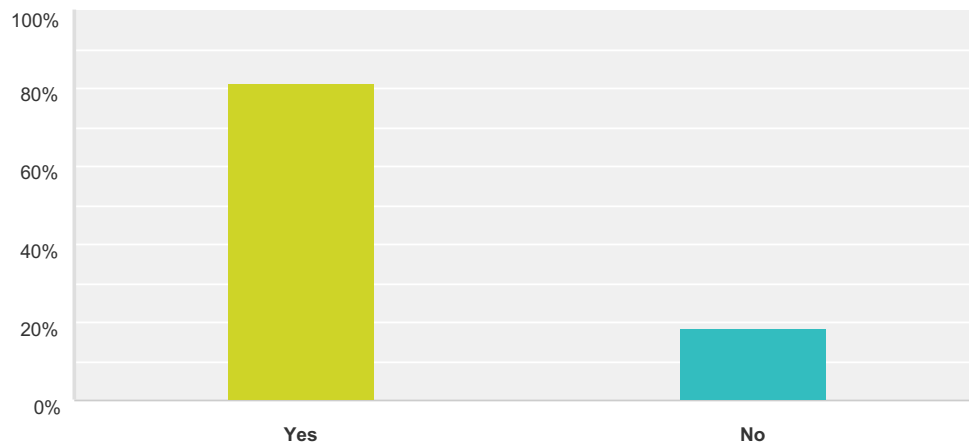
Answered: 433 Skipped: 2



Answer Choices	Responses	Count
Yes	86.61%	375
No	13.39%	58
Total		433

Q7 Shall critical infrastructure areas, such as the Data Center, or critical physical plant facilities be excluded?

Answered: 433 Skipped: 2

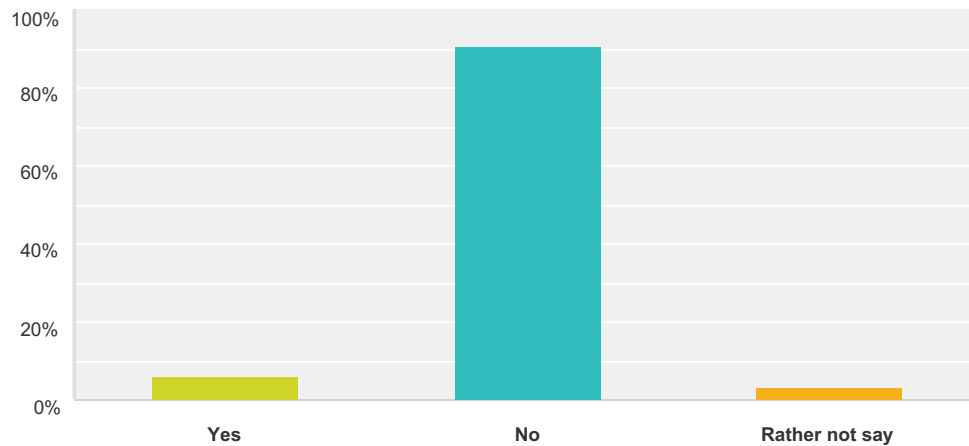


Answer Choices	Responses
----------------	-----------

Yes	81.52%	353
No	18.48%	80
Total		433

Q8 When you are at M. D. Anderson, do you presently carry any items or materials such as pepper spray that are specifically and primarily intended to be used for personal defense?

Answered: 433 Skipped: 2



Answer Choices	Responses	
Yes	6.24%	27
No	90.53%	392
Rather not say	3.23%	14
Total		433

Q9 Additional exclusion zones

Answered: 146 Skipped: 289

Q10 Additional comments

Answered: 129 Skipped: 306

U.T. MD Anderson Faculty Survey on SB11 conducted by the Faculty Senate November 2015

Responses to additional exclusion zones

1. If at all possible, excluding guns from the entire campus would be greatly beneficial in my opinion.
2. The entire medical center should be gun free - with the exception of safety officers.
3. My office, laboratory, the cafeteria and anywhere else I'm likely to be.
4. As many as we can possibly have to help ensure the safety of the patients and employees of the institution until this law is repealed.
5. All MD Anderson property
6. Elevators; since these are used to transport patients under treatment at any time and constitute patient care areas for that duration of time. As such, very few elevators would be allowed for people with concealed weapons.
7. Hallways, walkways and lecture rooms near research labs are prime conflict resolution areas, and hence should be excluded too.
8. All MD Anderson should be gun-free
9. I personally believe that all of MD Anderson should be excluded. I do not think that carrying weapons in any way, shape or form on campus is compatible with our mission and vision. It certainly does not imply "caring".
10. Class rooms, seminars. Otherwise, it may become a concern for some invited speakers to come and visit MDACC.
11. All areas devoted to research and educational activities should be excluded.
12. All of MDACC campuses should be firearm free except for law enforcement officers
13. Any area that radioactivity is utilized - cyclotron, PET facilities.
14. Picken's Tower building.
15. Pain clinic
16. Animal laboratory areas where necropsy/autopsy and experimental procedures of research animals are performed.
17. Research laboratories shall be excluded.
18. Hallways leading to above areas should also be excluded.
19. None
20. This may be covered by the Patient care areas and patient care waiting areas, but I would be sure to include any family meeting room or other conference rooms that are used for family discussions.
21. I think guns should not be allowed in hospitals, research areas, or educational institutions and that such items should be checked in and stored upon entry to such institutions. Trained law enforcement officers should be allowed to carry weapons.
22. Faculty Center and Pickens Center Bldg
23. Primarily administrative and research office buildings should be excluded as well.
24. All patient care areas and patient-related activity areas, including administrative buildings and laboratory/research areas should be excluded.
25. all patient areas
26. All clinical labs All areas caring or hosting children and minors
27. It is surprising that teaching premises at the SHP are not even included in this survey. Does teaching faculty not matter? Faculty office areas located in the basement of the main building yellow zone, and classroom should be included in the survey.
28. Faculty Offices
29. Patient checking areas (where insurance issues are discussed) should be excluded. THE ENTIRE CAMPUS NEEDS TO BE EXCLUDED!
30. All research laboratories and offices
31. Faculty office areas (i.e. Pickens Tower)
32. all areas
33. cafeteria, parking garages

34. None.
35. The entire medical center and all of MD Anderson should be excluded from carrying weapons
36. Conflict resolution areas should extend to faculty offices and conference rooms. Areas where patients and staff congregate should be excluded such as cafeterias and coffee bars. Parking lots should also be excluded.
37. There is no role for handguns or any other weapons in a workplace or patient care area where emotions run high. There is no role for concealed hand guns anywhere at MD Anderson Cancer Center. There are already multiple times where I have seen family members threaten physicians here or other employees when they see their family member going through the processes of death with cancer. It is scary to be on the receiving end. I fear for what can happen when we allow handguns on campus.
38. all campus
39. All corridors that lead to the exclusion areas described above
40. None
41. Childcare facilities
42. Any location where patients and their families may be waiting, eating, or receiving care. There is absolutely NO NEED for a handgun, concealed or otherwise, at MD Anderson.
43. This is a completely ridiculous law. All weapons should be banned completely! From everywhere!!!
44. Patient care waiting areas should be expanded to include outdoor waiting areas where transportation waits or parks where patients receiving treatment wait.
45. A. Faculty offices, as these are often areas where delicate conflict resolution discussions occur.
B. Public dining halls or eating areas
C. Public walkways between Main Building, Faculty Center, Pickens Tower, and Mays, including hallways through Faculty Center to Pickens
D. Conference rooms where many individuals are gathered
E. Pickens gym facility
46. All pediatric designated areas including Kidszone.
47. restaurants and cafeterias where mass number of people are gathering
48. None
49. Faculty center towers where: - conflict among faculty, and/or employees can arise - heated discussions can occur - faculty termination meetings can be held - other workforce member termination meetings can be held
50. Since vivariums might be excluded, what about the gym and other sports facilities, or anywhere where people have to change clothing?
51. any place that a patient may walk to get to treatment and care
52. Only exclusion zones should be those where CHL holders cannot carry based on existing State Law. That is polling place, sporting event, gambling area, bar or area that derives over 51% of its income from the sale of alcohol or court room (HR?)
53. any area where a patient may be should be excluded.....this includes outside gathering areas, cafeterias, etc....there is no place for guns in or near a hospital If we must abide by the law, the mid campus building and south campus, excluding the proton center, may be the only places where this campus carry can occur, but I prefer NO place on MDACC grounds.
54. All the campuses of MD Anderson should be out of any kind of concealed handguns.
55. Operating Room Areas
56. all of the institution.
57. The School of Health Professions
58. None
59. All classrooms
60. The faculty center and FCT since patients walk through this area
61. Cafeterias, parking lots
62. Faculty Center should be excluded
63. Hallways and bridges going/coming to clinic areas
64. Any areas that are subject to high levels of emotional stress.
65. Educational offices
66. Office areas
67. inside of all campus buildings
68. Faculty office buildings

69. The entire institution should be excluded
70. Offices, Pickens, ...
71. Faculty offices especially faculty with managerial responsibilities.
72. These are not restricted by location, but is there any way to exclude concealed handguns from high-emotion/conflict events in graduate education (specifically, oral candidacy exams and thesis defenses)?
73. MD Anderson is a hospital and a research area. The entire campus should be excluded.
74. There should be no guns at MDACC except for designated security personnel.
75. Pickens tower Faculty center lobbies and reception areas for clinical buildings and clinics
76. I wish the entire hospital system could be excluded
77. I think no one should bring concealed weapon to work.
78. Any human research area, including cancer prevention, survivorship and population sciences. Any faculty wellness area, including the Fitness Center, Faculty Health and Wellbeing Areas and activities.
79. All research zones, any business center, any place where confidential information is exchanged, the pharmacy.
80. ALL MD ANDERSON
81. Educational areas
82. As many places as possible.
83. Whole hospital. This is a total nightmare and Texas should be ashamed.
84. I WOULD APPRECIATE THE POLICE AND UT SECURITY BEING ARMED OTHERWISE KEEP THESE GUNS OFF CAMPUS
85. Cafeterias, sky-walks and all roofed and walled transit areas leading to the above excluded areas. How is a gun carried for example to the cafeteria or on a sky-walk going to be separated from the owner before his/her entry into a clinic waiting room?
86. Research laboratory area should be extended to all hallways and adjacent areas. The glass wall or sheetrock will not stop projectile penetration should a firearm be discharged.
87. we should exclude all areas including faculty offices
88. everywhere possible
89. Every conceivable one
90. office building: Pickens
91. The chapel in the Hospital and other areas (e.g. volunteer rooms) that may not be directly related to patient care but where patients go to receive additional services.
92. Any area that patients must traverse such as the faculty center and Pickens tower. I personally, do not feel that it is safe for guns to be carried where patients are waiting, eating.
93. Everywhere at MD Anderson. Why do we have to follow an insane law? How about some civil disobedience.
94. Operating Rooms
95. The Faculty Center and Pickens towers should be excluded. Patients can now wander in and sensitive issues are often communicated in these areas as well.
96. skybridges, faculty center/pickens
97. All MD Anderson
98. Research labs
99. As many as possible. This is totally ridiculous.
100. Academic and VISA Administration performs conflict resolution and HR functions for faculty and trainees, and should be included in Q5.
101. Everywhere where there are a lot of people including waiting rooms, cafeterias, prayer rooms/church. A gun in unwanted hand compromises the safety of patients and employees equally unless there is a plan for huge security presence all over the hospital.
102. Academic offices should be excluded. These are also considered conflict resolution areas in many respects. We also have people from the outside wandering into our buildings inquiring about parking, restrooms, all sorts of things and many of us do not feel comfortable knowing that concealed weapons will be permitted in these areas. The entire campus should be excluded.

103. In my experience it has been clinical faculty offices that have been areas of arms assaults.
104. All faculty and administrative offices - these are sometimes used as conflict resolution zones out of necessity; when a crisis occurs, movement to a recognized or approved conflict resolution zone is not always possible in the moment.
105. All MD Anderson campus should be excluded. Exception: garages so they keep weapons in cars
106. Everywhere should be an exclusion zone except perhaps a small glass box, maybe under the bridge over the bayou, or in the middle of the new Mays park at Fannin/Holcombe, where interested parties can go while they handle their guns. We could combine it with whatever area people go to smoke. Oh, I forgot, aren't we a smoke-free campus? Let's switch to allow smoking in designated areas instead. Happens anyway.
107. Off site locations where there is no constant security presence.
108. faculty offices- these are the primary areas for conflict resolution areas between students and PI's.
109. physician offices
110. The library. The faculty lounge.
111. All the clinical laboratories with the same materials as stated in item #3 above should be excluded. Other offices dealing with staff issues like HR, e.g. managers' offices, should be excluded also as those listed in #5.
112. Faculty center where faculty offices are located.
113. the entire institution should be excluded.
114. I do not believe any institution of education or higher education or a medical facility should allow weapons or concealed weapons anywhere on campus. Can all the areas be excluded? If personal safety is a concern then beef up security. I did not see the reason why this law was passed in the presentation. Why allow firearms at medical or educational institutes?
115. Classrooms. Faculty cannot have a peace of mind when teaching in a classroom with guns present. If we allow guns in the classroom, I will decline teaching requests in the future.
116. Faculty offices in Faculty Center and Pickens Tower
117. All zones MUST be excluded. No gun should be permitted in any building/facility of MD Anderson.
118. Due to the vulnerability of children, and the potential for harm, specific mention of exclusion from pediatric patient areas should be made.
119. classrooms and seminar rooms
120. No exclusion should be made
121. Cafeterias, coffee shops, where food items are served. Patients do come to such areas. Conference rooms where disagreements could be discussed.
122. Classrooms
123. As #2 in this survey includes patient care waiting areas - could that make an entire building such as alkek a no-gun zone (preferred) as many entrances have waiting areas?
124. I would prefer that Universities and Hospitals be gun-free zones.
125. Faculty Center and Faculty Center Tower (see below)
126. Faculty academic offices, cafeterias, other public meeting areas.
127. School of Health Professions Classrooms, laboratories, and faculty offices.
128. CHAPELS
129. None
130. entire mdacc.
131. Guns should not be allowed within 50 feet of the hospital.
132. None
133. Auditoriums and class rooms
134. No guns at all. Only UT police can carry gun
135. all corridors and approach areas that lead to patient care areas in #1
136. restroom
137. Student classrooms. Do not want students bringing guns to class. I would be nervous giving anyone less than an A grade. Pickens towers faculty offices. We may need to increase

security at FCT and Pickens once this policy takes effect and guns are allowed in FCT and Pickens.

- 138. NONE
- 139. "The President of each campus can recommend additional or fewer exclusion zones based on the nature of its population, the specific safety consideration and the uniqueness of the campus environment." It is hard to imagine ANYWHERE on campus where weapons should be excluded.
- 140. Classrooms and Conference Rooms
- 141. Concealed handguns should not be allowed on the campus of MD Anderson.
- 142. Garage
- 143. School of Health Professions - Administrative area in YB = Yellow Basement
- 144. All areas where employee access is required for entry
- 145. The entire campus.
- 146. Any area where patients are likely to be found should be excluded.
- 147.

Additional Comments

1. What in the earth are people thinking - taking your gun to work? No guns anywhere in Med center is my opinion. Asking for a shoot out. if this or that area is excepted where does one put the gun if carrier goes from area that is OK to area is that is not??
2. I'm serious. The state's flagship university and the world's leading cancer center should not be caving into the legislature this way. This law is going to be enormously damaging to the institution. And am I the only one who sees the irony in the effective date of this misguided legislation being the 50th anniversary of the UT sniper? Guns have no place on college campuses or university medical centers, period.
3. I would like to be able to carry a handgun to and from my faculty office so that I have it when I am walking to the parking garage. That is the only need I have for carrying a concealed weapon.
4. Need metal detectors or security with wands at all patient and employee entrances.
5. I think we should consider joining the lawsuit by UT Austin professors to block UT from allowing concealed handguns on campus.
6. "1. We need metal detectors to enforce policy in critical areas including ER. 2. If it is impractical to have patchwork of excluded areas to no access to exempt areas, the entire building should be excluded. 3. We need to increase the number of our security personnel since there may be numerous incidents of violations: intended or unintended, that will need to be addressed by the institution under law. 4. Security personnel need to be instructed to identify violators of Campus carry policy who have clearly visible bulges in their pockets or any other places on their body. 5. Violation of Campus carry policy should result in automatic termination of employment and a permanent ban on entry of non-employees to the campus premises. 6. We need to have an active program for the entire work force on how to respond to active shooter incidents. 7. The workers who will be most vulnerable to active shooter incidents are: ER personnel, and critical care

- nurses who have to deal with emotionally charged situations. Other vulnerable personnel are supervisors who have power to hire and fire employees; there should be special programs to mitigate the risk of violence against them. 8. We will need to clearly demarcate the patient care areas from the non-patient care areas and need to have a state issued ID to access any patient care area. Other administrative departments could have similar policies. This would be independent of the Campus Carry policy and would be at the discretion of the hospital administration. This would limit access of non-employees to only those who need to access for a valid demonstrable reason. While this may cause delays to visitors, we have very few options to keep the work-force safe. 9. Overall, the presence of concealed weapons with raise psychological stress in the work-place, lead to mistrust and lack of communication, restrict access to many areas of the campus for a variety of people and will be a distraction. One violent incident related to the Campus carry policy could lead to major damage to the brand of the institution in this day of social media and 24x7 media coverage. This could have dire financial implications since 40% of our patients come from outside Texas and 10% come from other countries. It could also be difficult to recruit outstanding faculty members if they have apprehensions about the policy. This would lead to deterioration of academic and clinical standards of the institution and could mark the beginning of the end for world-class academic institutions in the state of Texas. Any negative repercussions of the policy should be carefully monitored for and the same should be conveyed to the Board of Regents so they can press for scrapping this law. "
7. I am concerned that the legislature has not allocated any funds to implement this bill. This means that any additional costs will have to be covered by the institution. It concerns me that money that is coming into the institution would have to be diverted from our patient care and research efforts to implement a bill that has no positive impact on our mission and vision. I also think that this bill will have a negative impact on how MD Anderson is perceived, nationwide but also internationally. I also think that it will not serve to provide a safe patient care environment. I certainly will not be feeling safer, knowing that various individuals might be carrying guns.
 8. Leave guns in the car. Guns have NO PLACE inside a hospital setting (educational facility patient care area or otherwise). Guns are for security purposes when not in a protected environment. In the hospital setting, we have professional police and security personnel to keep patients, doctors, nurses and all other staff safe. Therefore, no one has ANY reason to carry a gun or other weapon INTO this type of environment.
 9. I personally do not feel comfortable (or even scared) when people visited my office with a "carry".
 10. There can be no justification for anyone to carry a concealed handgun in areas where research and educational activities are performed. Allowing concealed guns

to be carried in these areas would make the environment intimidating and possibly prohibitive for free and open exchange of ideas and discourses.

11. what is this the 19th century and are we the "wild west"?
 12. I am personally not in favor of campus carry
 13. Hospital like this one is the place where life is saved, but guns are used to take lives. Keep them apart.
 14. For what it is worth, this law is not the answer. Allowing firearms in the general public is not going to decrease the amount of public shootings. I am not what the answer is, but this not it.
 15. If exclusion zones are planned, secure facilities to temporarily store weapons should be provided.
 16. The Texas experiment is to allow arms to everyone, to deter abuse. Right or wrong, the experiment is being run. Let it run without dilution, and gather the data needed. We'll soon see if it works.
 17. This could be highly dangerous to have guns at the hospital areas when patients become distressed, angry, uncontrollable and try to take it out on the physician. No guns at MDA. They should be kept off campus, yet it is justifiable to have them in the car for traveling.
 18. I keep pepper spray on hand.
 19. If the entire purpose of concealed carry law is to provide citizens the right to protect themselves (not to intervene in the defense of others) I see no reason why persons with concealed carry licenses feel threatened inside the MD Anderson and feel compelled to carry their weapons into MD Anderson. We should make a principled stand against allowing any concealed carry weapons into patient and caregiver (physicians and staff) areas.
 20. hospitals are potentially highly volatile places - all patient areas should be excluded
 21. No guns at all in patient areas!!!! This is an experiment with doctors nurses and patients and it is crazy
 22. There is no place for weapons inside any hospital. This is a significant danger to staff and patients, especially in a high stress environment
 23. Although I am in favor of the above exclusion zones much of this seems silly when one steps back. Excluding those with CHL from carrying in any area does not protect us from those with malicious intent, typically from someone without a CHL, from doing so. They will do this regardless of rules, lack of licensure, etc. and probably do so now without anyone's knowledge. Those with CHL are no more likely to commit a felony or become violent than the general population. We need to be wary of criminals, not those with CHLs.
24. Please exclude any area that can be excluded on MDACC's campus!!!!!! Thank you.

25. I think this survey is WONDERFUL in its intent, but the way the questions are worded leave the opportunity for misunderstanding. This survey must be clear that we are asking to decide whether guns should be allowed on campus. You may need to be sent out again.
26. Since 9/11, there have been more than 400,000 deaths in America from guns -- more than 1,000 times as many as from terrorist attacks.
<http://www.cnn.com/2015/10/02/us/oregon-shooting-terrorism-gun-violence/>.
"More guns" isn't the answer. And other countries have the mentally ill (but most of them don't have guns lying around).
27. Handguns have a chilling effect on staff, patients, physicians and general environment. Hospitals are supposed to be a safe zone, and we trust our trained security to protect everyone should there be a threat.
28. guns kill people
29. Reasonable accommodation should be made for CCL holders to transit between parking garages and offices/work areas, patient waiting areas, or cafeterias without violating exclusion zones and without leaving their handguns in their vehicles. Reasonable accommodation should be made for secure storage of personal firearms by CCL holders who must surrender firearms before entering exclusion zones. The model for doing this is how firearms are transported by passengers on airlines: the passenger makes a weapons declaration in the terminal, checks in the secured firearm separated from its ammunition, and the airline holds it until it is returned to the passenger.
30. The wording of the survey is poor. The policy is not listed. When the survey lists "Excluded" does that mean excluded from the policy or does that mean guns are permitted.
31. This law makes the state of Texas look moronic to the nation. The effort UT is expending on compliance is such a waste of time and money.
32. The policy of allowing concealed handguns on campus is appalling and makes UT fall way down the list as an employer of choice. This policy has made me rethink my position here and I am starting to look at institutions outside of Texas where I can feel safe at work.
33. How will exclusion zones be enforced? Years ago a doctor was shot at MD Anderson by the unhappy husband of a patient. While a person could shoot a doctor anywhere, we should not make it easy for him/her, especially in a crowded environment where many others could be injured.
34. To meet the letter of the law, consider UTMD Anderson grounds i.e. parking lots, garages, gardens be covered by the law and the inside of the buildings be exclusion zones.
35. We are seeing patients of all nationalities, some have attires that possibly could carry concealed weapons. They may need to be screened also. Better to be safe than sorry.

36. The policy should balance safety against a least burdensome approach to the concealed carry holder. MRI facilities are NOT UP FOR DISCUSSION. You cannot have a gun in an MRI facility. That is sheer idiocy. Safety trumps all on this one. Uncontrolled ferromagnetic objects are not allowed into Zone III. End of conversation.
37. Gun should not be allowed on campus at all!
38. I'm sorry to see question number 1 referring to "all areas covered by and infection control policy" - Is there anyone outside of Infection control what those areas might be ???
39. It is very worrisome to me that in a highly emotional area, such as a Cancer Center, that patients and staff would be permitted to carry a weapon. I am very concerned for my safety and the safety of the people I take care of and work with if this is permitted.
40. There is no justifiable reason to bring weapons anywhere on campus.
41. How about we do some lobbying in Austin to get this revoked.
42. Question 6 is poorly worded. Handguns should be restricted from isolation areas, just as other stuff that has not been decontaminated should be. Ordinary animal care areas should not be excluded.
43. I think the President should add that there is a substantial proportion of the faculty who want the entire campus of MD Anderson to be excluded on principle; while not technically a hospital, the intent of the MD Anderson campus is that of a hospital. It is counterproductive to have Campus Carry here, given the purpose of our great institution, and even though viewed as not politically expedient by some, adding this viewpoint to any list of exclusion zones makes the point that we will 1) lose patient referrals and 2) lose star faculty, trainees, and recruits should we allow campus carry on our "campus." The President has the opportunity to set MD Anderson aside from the pack as the crown jewel. No legislator will punish us for taking a stand here.
44. It is outrageous to allow guns in a cancer hospital
45. I think that areas truly at highest risk are wherever patients/families are present, as highly emotionally charged situations could suddenly escalate into violent ones. Ideally, in no part of the campus should guns be allowed. But since the law prohibits doing this, we unfortunately have to prioritize. Hence the above recommendations.
46. How is this going to be enforced? can metal detectors be installed in entries to clinical areas?
47. We need to be careful not to create a threatening environment where people feel unsafe coming to work. Guns anywhere in campus will definitely negatively affect the morale of the faculty.

48. Train ALL security personnel to carry weapons and allow these folks to be armed (at gates, doors, entrances to research buildings etc.)
49. The faculty center and office showed by allowed to carry FOR holders of concealed Handgun license. The administrative offices have police officers and security to

enter premises, the faculty whom see patients do not have the same protection. Self protection is faster than 911.....

50. Assault and murder are already illegal. Do you really think they are not going to assault or murder with a weapon because it is an "exclusion zone" (victim disarmament zone)? Nearly all mass shootings happened specifically in these zones where they knew no one could defend themselves. When I am statutorily disarmed in these areas, what specific protections will UTPD provide for me. Will UTPD accept liability for my injury due to violence if I am harmed in one of these zones? If you are taking away my means of defense you must accept responsibility, correct?
51. I totally respect the decision on Texas Legislature Senate Bill 11. However, I personally believe that at MD Anderson patients and even employees can be exposed to heavy emotions. Thus MD Anderson should implement a policy to have knowledge of who is carrying Concealed Handguns Licensed. In this way at least there is a more organized mechanism to identify possible risks and resources at the moment of any incident or emergency.
52. Maybe we should exclude everything except the gardens/yard? It would be so much simpler! If all UT System presidents refused this law, maybe it would put enough pressure on the gov to make exceptions?
53. This was signature legislation of Governor Abbott backed by the NRA and TSRA. CHL holders can bypass the metal detectors in Austin at the State Capitol. If we block more than this we risk a law suit and embarrassment of the hospital. If we restrict CHL holders we should keep Tae Kwon Do multi-Dan Black Belts in leg irons (reduction ad absurdum argument).
54. I am more concerned about other employees harming others than patients. How will the institution guarantee my safety with multiple weapons circulating in the work place? If there is such a high concern for safety, professional police officers should be hired.
55. You cannot exclude areas in Q1 without excluding areas in Q2 unless we create an area where patients and employees can leave their weapons before entering an exam room. Plus...how will this be enforced? Will you have metal detectors at the clinic entry?
56. This law is a farce and a travesty endangering the lives of many. What would happen if someone pulled a firearm and shot someone, people in the area subdue the gunman and an innocent hero is in control of the gun when the police arrive and they mistake them for the shooter and shoot the innocent bystander? What if half a dozen people pull out their gun to defend and others get caught in the crossfire?
57. As with all other issues at MDACC, this decision must be made on the basis of hard data, not on the basis of personal bias, emotion, politics, political correctness, survey, or applause meter. Like it or not, here are the facts: there is zero evidence that Texas citizens carrying licensed concealed handguns pose a risk to others in any MDACC environment. There are no records of illegal acts or "incidents" committed by CHL licensees in Texas hospitals or medical clinics carrying concealed, legal handguns. There are no records of adverse incidents involving legal concealed handguns in any vivarium or hazardous material storage area. CHL licensees are

allowed to carry legal concealed weapons in our State Capitol, one of the most emotionally contentious locations on the planet. It would be wise for MDACC not to thumb its nose at the Texas Legislature or at our Governor.

58. I believe the faculty senate should write a petition against this ridiculous law and allow the MDACC faculty to voice their objection and take a stand against our state leaders.
59. This law was intended for college campuses and never intended for an organization like ours. I think we should take a stand against this and exclude the entire campus for the sake of our patients and employees
60. I feel strongly that MDACC should calculate the total expense that this legislation has brought upon our institution or those entities that fund us (e.g. inclusive of our attorney, faculty, leadership, staff, etc.) both to date and projected into the future), and bring this to the attention of our Texas public and legislators. Responsible leadership at the Tx state level requires knowing the cost-benefit analysis of this law.
61. This is a terrible law and puts people at risk who only want to help educate and care for others.
62. We will need enough gun lockers that individuals exercising their right to concealed carry of their weapons can store them when they go from prohibited to permissible areas.
63. when patient care rooms, labs and offices are in the same building and on the same floor all the floor should be excluded for practical reasons, same issue when moving from one floor to the other and having to pass from exclusion to non-exclusion zones
64. Personally, I am anti-gun
65. Please exclude as many areas as you can.
66. This list of exclusions is excessively restrictive and is not consistent with the letter nor spirit of the campus carry law
67. Those carrying concealed weapons should be clearly identified by adding a red band across their badge so those bystanders fearing they may cause an accident by dropping or otherwise accidentally discharging their weapon can avoid them. Since accidental discharge of a concealed handgun can cause damage to innocent bystanders those carrying concealed weapons on MDA campus should be required to register with the UT police and show proof of liability insurance since they are a potential danger to employee safety.
68. I attended one of the previous Campus Carry Townhall meetings and was really struck by all of the conflicting information that people labeled as "facts". While I understand that we must figure out how to implement the law as it currently stands, I can't help but wish we had reliable data to work with in these discussions and moving forward. I honestly can't determine if this new change will increase or decrease safety because none of the "facts" are reliable. As our UT institutions are filled with the highest caliber scientists and very talented statisticians, is there any way the UT system could facilitate a data analysis on this issue? Our daily scientific work is done within the requirements of providing detailed descriptions of our methods and followed by peer review. This process could/should be applied to the

current debate. While I recognize that this would be very challenging for political reasons, this would be an extraordinarily valuable contribution not only to UT, but the rest of the state of Texas, and the country. While I am not personally comfortable with guns, I know that intuition and emotion are not facts. Unfortunately, proponents and opponents of Campus Carry are throwing around conflicting information all of which are labeled as "facts", making productive discussion nearly impossible. I would like to think that we would be able to convene a diverse group to evaluate this difficult issue in the same way that we handle challenging scientific debates. I have heard some discussion among the faculty that there is a rule/law against gathering data or doing research related to concealed handgun license topics and/or gun violence, but I have been unable to confirm. Is this true? If so, this is directly in conflict with our mission and values as an institution and should be brought to light as part of this discussion. One other important point that should be addressed or discussed- I am concerned about our continued ability to recruit/retain students and faculty from other areas of the country. This bill has generated significant negative feedback from my colleagues in other areas of the country. It will be damaging to the reputation of UT as an institution of patient care and education. The bill, in addition to the rejection of HERO proposition, even make me question whether I want to stay in Houston long-term. Thank you for your consideration.

69. allowing weapons in work areas, in any location, makes all of us less safe.
70. NO GUNS HERE.
71. I personally consider this institutionalized insanity, pure and simple. I strongly recommend that faculty and administration draft an open letter of protest to the Texas legislature, voicing our united opinion about how completely inappropriate this law is. If we don't stand up and say "enough is enough". the powers that be will keep pushing their minority agenda on the majority. Sometimes political correctness equals cowardice, and I hope our esteemed institution ultimately does the right thing so history will show that we were on the right side.
72. I think no one should bring concealed weapon to work.
73. I believe we should protect MD Anderson faculty and employees from potential exposure to fire arms to the maximal extent of our abilities.
74. Please obtain as much input as possible from our security as they do an excellent job and should provide critical input

75. Frankly I think that this law is crazy.
76. please don't make me become scared to come to work :(
77. In "conflict resolution areas" like HR, I think it's reasonable that MDA employees carry hand guns to possibly counter an unlikely event where a disgruntled employee or job candidate intends to commit acts of violence.



79. Employees should make volunteer disclosure to managers/supervisors on intent to carry on campus.
80. I carry pepper spray on my keychain and usually forget that I have it!
81. I'm not afraid of those carrying a concealed weapon. In order to have a CHL, you have to be background checked and go through training. Even a misdemeanor like DUI can prevent you from getting a license. It's those that carry illegally that we need to worry about. Excluding legally carried concealed handguns from certain areas of MDACC is unlikely to affect anything. Crazy people do crazy things, whether they have a license or not.
82. we are fundamentally a hospital not a university
83. I would prefer that concealed handguns are not permitted anywhere on campus.
84. The Texas legislature and governor have collectively lost their minds.
85. Ideally all MDACC should be free of any firearms, concealed or not
86. We will need to increase security to the administrative buildings where faculty work. Right now there is no security on the 3rd floor of Pickens or Faculty Center. Regardless of what is decided, patients/family members should not be allowed to enter the academic office buildings where faculty work unless they are first somehow screened.
87. If a law is beyond stupid, we should not obey it.
88. The patient care areas are intimately connected to areas (such as Pickens/Faculty Center) that are technically not used for 'medical activities.' It does not seem feasible to separate these areas and therefore including them in the exclusion zone seems reasonable.
89. So far MD Anderson is safe-no gun shooting cases happen yet. Gun-carrying policy will increase gun-shooting at MD Anderson in the future.
90. Only allowed zones should be where UT PD maintains a presence and there is armed security near by.
91. There is no place for guns in hospitals. Anyone other than security personnel should carry the gun. Patients do not need guns for getting treatment here at MD Anderson
92. Fire guns or any other weapons should NOT be allowed in any hospital area, except maybe parking lots, where people could leave their weapons in their cars if needed.
93. The CHL campus carry issue will undoubtedly have a negative impact on the ability to recruit top notch faculty and fellows because many of these individuals are anti-gun to begin with. Aside from the fact that Houston as a geographic location is not nearly as favorable a workplace as other top cancer research centers (New York, Boston, Chicago, California, etc), Houston will be even less desirable for top recruits to seriously consider relocating here. In addition, patients from other parts of the US (and elsewhere) will probably give a second thought to coming to Texas (many think this state is wacko enough) and instead choose to seek consultation or care at DFCI or MSKCC. We are the laughing stock of the cancer world for so many reasons already (eg MDACC past dramas galore) and now we will be known as the wild wild west crazy gun-toting campus. The Campus Carry law is completely insane for so many reasons but in particular we provide patient care and have a responsibility to

- protect our patients and their families, not to present more risk to them. I hope Dr. DePinho and his associates speak loudly on our behalf and lobby for AS MANY EXCLUSION ZONES AS POSSIBLE! For once, the administration can easily show us they they want to do what is best for the faculty and the employees!
94. Concealed carry on college campuses and in hospitals is beyond stupid. period.
 95. The law was never intended to include MD Anderson. Campus carry at MD Anderson is an "unintended consequence" of the law that should be remedied by a "reasonable" interpretation of the law by our President
 96. As a Texan and a UT employee, I am embarrassed that we even have to consider how to deal with this backwards, paranoid bit of legislation.
 97. Areas that should be allowed should only include those areas open to the public. All other areas should be excluded.
 98. To me as a faculty it is critical that the safety and right for free speech is guaranteed for students and faculty. I agree with chancellor McRaven that there is a great likelihood that this new law will "will stymie discussion -- heated discussion in areas - - in the classroom." and am concerned about any faculty and student engagement in office hours where the faculty member is having to tell the student they didn't make the grade or did not perform as required. additional safety measures to ensure safety for students and faculty may be needed
 99. Why do we need guns on our campus? Even if someone has a gun, does that mean they are capable of actually using it to take a life or stop something bad from happening. Yes, I realize they have to undergo training but such training is no guarantee of someone being able to use a gun properly or on the right people. It is just sad to have such a discussion on a medical and academic campus. We are supposed to be saving lives on this campus.
 100. this is the most ridiculous state law ever! What good it could be to have somehow carry a conceal gun to the school and classroom?!!
 101. See above. I am astonished that folks believe that just because we are an academic institution (and not a hospital) we should allow concealed arms. Does anyone feel comfortable working with someone who is carrying a concealed weapon? I guess this would be a reason to apply for a gun license - everyone for themselves and not worry about the collective good.
 102. The Texas Legislature Senate Bill 11, also known as Campus Carry is such so... wrong and so... bad that imposes dangers and threats to academic and educational freedom.
 103. Can we please have a published list of all faculty and staff who will be carrying firearms on our campus.
 104. No
 105. This is a stupid law that makes no sense and makes our institution potentially less safe.
 106. This is a dangerous development on a campus where many employees and visitors are stressed and sometimes acutely emotional. There is no reason to allow firearms anywhere on this campus.

107. There is a lot of great science that goes on here in the med center. We have a great grad school. The GSBS wishes the faculty to recruit students from other states and countries to come here. Many out-of-state residents and foreigners already have preconceived notions of Texas being the wild west. The concealed carry law will only serve to reinforce these ideas, and I expect that people from the Northern US, Canada and Europe will look elsewhere for training opportunities. Add to that the fact that Houston just rejected an equal rights ordinance. This is not good publicity for our institution, our city and our state.
108. Consider that evenings or weekends might alter the appropriateness of concealed carry for some locations.
109. Smoking is not allowed in the premises (killing oneself), but guns are OK (killing somebody else). I see a significant contradiction in that law; I don't see a rational on that law.
110. FC and FCT also represent "conflict resolution" areas for issues involving faculty-faculty, faculty-staff, and staff-staff issues. This not only occurs in division head, department chair, and section chief offices, but in many faculty offices given the hierarchical team structure employed in both our clinical and academic work. It is important to remember that Dr. Fred Conrad was fatally shot in his OFFICE in 1982. Exclusion zones should include areas where faculty are accessible and not infrequently involved in "conflict resolution".
111. Don't think that concealed guns should be allowed at a hospital/cancer center - it's not a college or university campus. It is a place of patient care, healing;
112. It is very uncomfortable and frightening to know that your students carry handgun when you teach in the classroom/lab or when you meet with the students in your office concerning their academic progress, professional conduct and behavior advising.
113. Thank you for the work on this.
114. we are doing fine without guns on campus. why change?
115. This law puts all of us at risk. We discussed end of life issues, limited treatment options and constantly give very bad news to patients and families. This could lead to tragedies if an angry family member is carrying a gun.

116. I am saddened that this is even a topic of conversation. This goes against all morals and rational thoughts I have about why anyone should be allowed to keep a gun with them in a hospital. I did feel safe at work, not after hearing this news. I fear what will happen when patients or family members get bad news. Telling them only certain areas can't have guns sends the wrong message. Very sad day for Texas.
117. I am very uncomfortable with this law, specially its implications when irate patients or providers are carrying guns
118. The underlying intent of the Texas legislature should not be subverted with flimsy justifications that are based on personal distaste for guns. Furthermore, if

exclusion zones are created, then the institution should consider creating and maintaining appropriately secure facilities for temporary storage of such weapons prior to entering the designated exclusion zones.

119. I would like to go on record saying that I believe the entire MDACC hospital and facility should be GUN-FREE. I am 100% opposed to anyone carrying a weapon that has the sole intent on hurting another human-being. MDACC is a caring facility in which we are trying to save lives against a deadly disease. We do not need another potential killer in our waiting rooms. This institution went SMOKE-FREE (another deadly weapon) years ago... why on earth would we allow handguns? In NO SANE WORLD is it appropriate to bring a weapon into this medical facility and endanger the lives of patients, family and caregivers. I will be asking my patients to not carry weapons anywhere around my clinical activities. And, if they refuse, I will politely refer them to another provider.
120. The whole hospital should be gun Free zone and we should have a metal detector
121. We are a health care facility and need to be recognised as such although under the UT campus banner.
122. Excluding patient care areas should not include areas where patients might be present but are not actively being cared for such as cafeterias or skybridges. Patient care areas should also not include places where patients are cared for but are not normally present such as radiology reading rooms or pathology labs. The usual metal exclusions should work for MRIs, and if a handgun is not made of metal, there is no reason it cannot be brought into an MRI room.
123. I would like to minimize areas within MDACC where guns are allowed. I do not see the need for guns (excluding guards and cops) in our cancer center.
124. faculty center, faculty center tower, skybridges should not be excluded simply because a patient might pass through. patients do not have a right to weapon free zones on the sidewalk, in the grocery store, or hotel, why would these locations be any different?
125. This survey does not make logical sense. A person who opposes the law will mark "yes" to #1-7!

126. It is unclear how it will be handled if one is moving between restricted and nonrestricted areas; this is a major area of concern.
127. Concealed handguns should not be allowed on the campus of the Texas Medical Center.
128. This law will negatively affect patients wanting to come here and national faculty and student recruitment because it will be of serious concern for many people and their safety. I know I will feel less safe at work, and when my contract is up I will be looking to relocate to another institution.
129. This is a hospital!!!!!!

Attachment I

The University of Texas System Fast Facts 2014

Fast Facts

2014

THE UNIVERSITY of TEXAS SYSTEM
Nine Universities. Six Health Institutions. Unlimited Possibilities.

WWW.UTSYSTEM.EDU/FASTFACTS

AT A GLANCE

Enrollment & Degrees

	UNDERGRAD & POST-BACC	GRADUATE/ PROFESSIONAL	TOTAL
Enrollment	161,777	51,141	212,918
% Minority	63.9%	35.2%	57.0%
# Degrees	33,253	17,848	51,101

Faculty/Staff (Fall 2013)

Faculty 19,801

Members of the three National Academies 143
(National Academy of Sciences, National Academy of Engineering, Institute of Medicine)

Other Employees (excludes student employees) 71,132

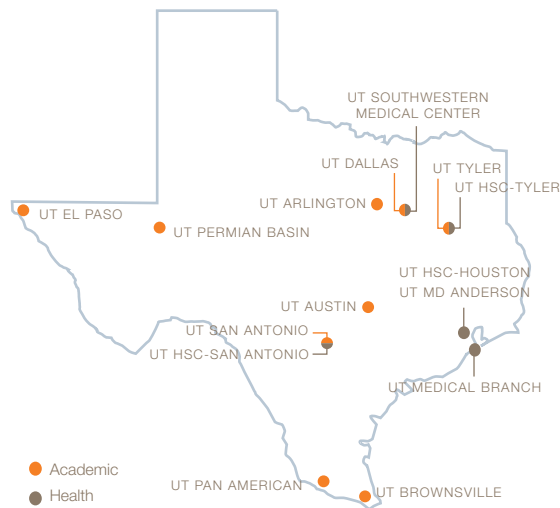
Includes health care professionals, hospital support staff, student advisors and counselors, accountants, engineers and many other positions that support the institutional mission.

Other Numbers

Research Expenditures, FY 2013 \$2.53 billion
 Budget, FY 2014 \$14.6 billion
 PUF Market Value as of 08/31/13 \$14.9 billion

THE UNIVERSITY OF TEXAS SYSTEM

Nine Universities. Six Health Institutions. Unlimited Possibilities.



UT System | www.utsystem.edu

The UT System website provides an overview of the UT System and the 15 UT institutions, as well as breaking news and information on key initiatives, System offices and leadership.

seekUT | www.utsystem.edu/seekUT

Prospective students and their families can look at salary and debt data for actual UT students one, five and 10 years after graduation. seekUT is the first online tool in the nation targeted to students that offers salary, debt and job data all in one place.

Productivity Dashboard | www.data.utsystem.edu

The Productivity Dashboard provides an unprecedented look at how all 15 UT academic and health institutions are performing on a variety of measures. The website provides data and trends reports for enrollment, graduation rates, tuition and fees, student debt, research expenditures, technology transfer and patient care. Information is interactive and user-friendly and is now available via an iPad app (exploredata.utsystem.edu).

UTx | www.utx.edu

UTx is a groundbreaking initiative that offers competency-based education programs aimed at millions of Texas who are not being served by traditional higher education. UT-quality courses are interactive, personalized and adaptive, allowing students to move at their own speed and potentially accelerate time to degree completion.

Social Media

The UT System regularly uses social media to inform and engage the public and highlight accomplishments of UT institutions.

- Facebook: www.facebook.com/utsystem
- Twitter: @utsystem
- YouTube: www.youtube.com/UTSystemVideo
- UT Matters blog: www.utsystem.edu/blog

Giving to the UT System | www.advancing.utsystem.edu

Without the generous support of alumni and friends, the UT System's rich heritage of academic excellence would be impossible. Gifts to the UT System educate future leaders, improve health care in Texas and pioneer research innovations that ensure our state remains competitive in the 21st century.

STUDENTS, FACULTY & STAFF

	Personnel ¹ Headcount Fall 2013	Faculty ² (All Ranks) Fall 2013	Student Enrollment Fall 2013 Headcount	% Change Enrollment from Prior Year
<i>Academic</i>				
UTA	2,243	1,698	33,329	0.3%
UT Austin	11,274	3,366	52,059	-0.2%
UTB ³	685	395	8,570 ³	-37.0%
UTD	2,471	1,045	21,193	7.4%
UTEP	2,030	1,189	22,926	0.9%
UTPA	1,479	881	20,053	3.9%
UTPB	257	238	5,131	27.6%
UTSA	3,322	1,445	28,623	-6.1%
UTT	886	436	7,476	9.0%
Subtotal	24,647	10,693	199,360	-1.4%
<i>Health</i>				
UTSWMC	10,056	2,219	2,349	-3.1%
UTMB	9,674	1,127	3,112	3.3%
UTHSCH	4,208	1,792	4,615	2.8%
UTHSCSA	3,775	1,676	3,148	-3.1%
UTMDA	17,354	2,195	317	9.3%
UTHSCT ⁴	816	99	17	183.3%
Subtotal	45,883	9,108	13,558	0.7%
System Admin	602	n/a	n/a	n/a
Total	71,132	19,801	212,918	-1.2%

¹ Personnel headcount includes a wide range of positions including researchers, student services providers, managers, nurses, laboratory technicians, clinical staff, computer analysts, social workers, engineers, accountants, and support staff. Does not include faculty or 23,485 student employees.

² Includes all ranks of faculty, but excludes student employees such as teaching assistants. Faculty counts for the academic campuses are preliminary figures reported by the institutions.

³ UTB and Texas Southmost College became operationally separate institutions in fall 2013. This is reflected in UTB's decreased enrollment, which, in prior years, represented the unduplicated enrollment at UTB and TSC combined.

⁴ UTHSCT admitted their first cohort of six students in fall 2012.

Effective fall 2010, federal reporting of race/ethnicity categories was revised to include a two-question format: 1) ethnicity (Hispanic or non-Hispanic); and 2) race (African-American, White, Asian-American, Hawaiian/Pacific Islander, Native American), which is reported for non-Hispanics only. More than one race may be selected. For state reporting and comparisons, multi-racial is separated into "Multi-racial (incl. African-Am)" when African-American and another race is selected and "Multi-racial (excl. African-Am)" for any combination of the other races. International is a separate category and is excluded from race/ethnicity breakouts.

STUDENT ETHNICITY & RACE FALL 2013

	Hispanic	African-Am*	White	Asian-Am + Hawaiian/Pac Isl	Other**	Unknown	International
<i>Academic</i>							
UTA	22.2%	15.0%	40.0%	10.6%	2.2%	0.8%	9.3%
UT Austin	19.7	4.5	48.5	16.4	2.5	0.9	7.5
UTB	87.1	0.9	5.4	1.1	0.2	0.4	5.1
UTD	12.2	5.7	35.3	19.4	2.6	1.9	22.9
UTEP	79.4	3.0	9.1	1.1	0.5	0.5	6.3
UTPA	88.2	0.7	3.5	1.2	0.3	3.4	2.6
UTPB	41.5	5.8	45.7	3.2	1.4	1.2	1.1
UTSA	46.6	9.8	29.2	5.2	1.7	1.2	6.2
UTT	13.5	11.0	63.2	2.9	5.6	1.2	2.6
<i>Health</i>							
UTSWMC	9.1%	3.0%	36.6%	17.7%	1.5%	6.3%	25.9%
UTMB	15.8	11.0	47.8	15.7	2.3	3.1	4.3
UTHSCH	14.5	7.5	42.3	14.1	1.6	6.9	13.1
UTHSCSA	24.9	4.9	44.6	14.5	2.0	4.4	4.5
UTMDA	18.0	12.9	30.6	17.7	0.6	12.9	7.3
UTHSCT	5.9	0	64.7	23.5	0	5.9	0
Total	38.7%	6.7%	33.1%	9.7%	1.9%	1.5%	8.4%

* African-American includes "Multi-racial (including African-Am)."

** Other includes Native American and "Multi-racial (excluding African-Am)."

SCIENCE, TECHNOLOGY,
ENGINEERING, & MATH DEGREES

*STEM Degrees as a Percent of Total Degrees Awarded by
UT Academic Institutions, 2012*

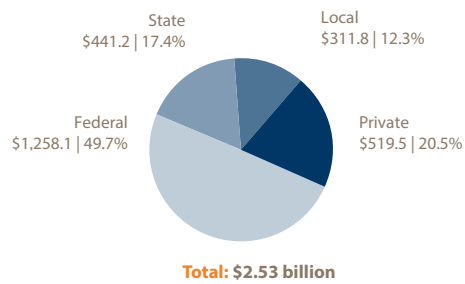
	UT System Academic #	UT System Academic %	Other TX Public Academic	National Public
Baccalaureate	6,675	22.5%	18.2%	19.3%
Master's	2,431	19.6	16.9	17.9
Doctoral	632	45.7	36.4	43.9
Total	9,738	22.5%	18.3%	19.7%

Based on the National Science Foundation STEM classification. Includes chemistry; engineering; mathematics; physics/astronomy; the agricultural, computer, environmental, geo- and life/biological sciences; and technology/technician-related fields such as electronic and computer engineering and environmental control technology.

FACULTY HONORS

Nobel laureates	7
Shaw laureates	1
Abel Prize	1
Japan Prize	2
Pulitzer Prize recipients	2
Members of the Institute of Medicine	42
Members of the National Academy of Sciences	42
Members of the National Academy of Engineering	59
Members of the American Academy of Arts and Sciences	58
Members of the American Law Institute	33
Members of the American Academy of Nursing	57

RESEARCH FUNDING FY 2013 *(in millions)*



TECHNOLOGY TRANSFER FY 2013

New Invention Disclosures	823
U.S. Patents Issued	176
Licenses & Options Executed	143
Start-Up Companies Formed	19
Total Gross Revenue Received from Intellectual Property (in millions)	\$61.9

The 2012-2013 Tech Transfer data were collected by UT System's Office of Technology Transfer through a survey created by the Association of University Technology Mangers (AUTM). The source of the previous years data are Texas Higher Education Coordinating Board "Technology Development and Transfer" survey. The THECB survey has been discontinued.

RESEARCH EXPENDITURES FY 2013 (in millions)

	Federal Expenditures	Total Expenditures	% Change in Total Expenditures from FY 2012 ¹
<i>Academic</i>			
UTA	\$30.8	\$77.7	8.8%
UT Austin	372.6	595.1	2.6%
UTB	8.7	10.4	24.9%
UTD	33.9	98.8	9.0%
UTEP	38.3	76.7	6.6%
UTPA	5.2	8.5	-5.7%
UTPB	0.3	1.1	-31.7%
UTSA	29.1	51.4	-5.5%
UTT	1.4	3.2	-25.0%
Subtotal	\$520.4	\$923.0	3.5%
<i>Health</i>			
UTSWMC	\$198.1	\$404.3	1.7%
UTMB	108.3	144.7	-2.1%
UTHSCH	144.2	220.1	-2.9%
UTHSCSA	99.2	156.4	-4.5%
UTMDA	183.0	670.6	3.6%
UTHSCT	4.9	11.6	-3.9%
Subtotal	\$737.7	\$1,607.7	0.8%
Total	\$1,258.1	\$2,530.7	1.7%

¹ Subtotals, total and percent change are based on unrounded figures.

**PATIENT CARE PROVIDED¹ BY FACULTY
UT HEALTH INSTITUTIONS FY 2013**

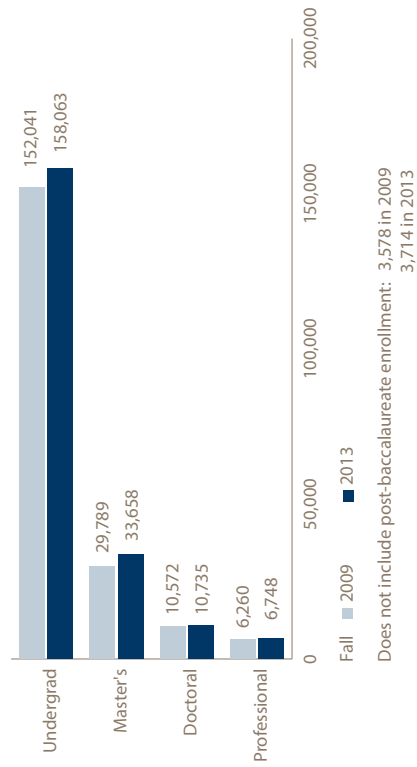
	Outpatient Visits	Hospital Days
UTSWMC	2,210,748	509,846
UTMB	693,930 ²	121,012
UTHSCH	1,279,023	270,776
UTHSCSA	911,114	262,194
UTMDA	1,338,706	207,555
UTHSCT	217,906	7,610
Total	6,651,427	1,378,993

¹ At state-owned and affiliated facilities.

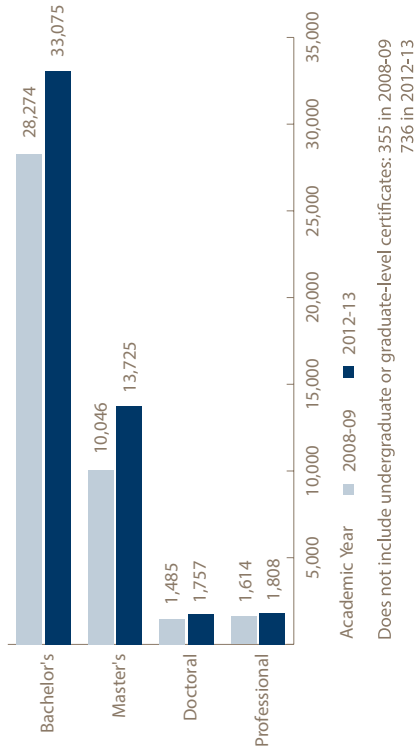
² Does not include correctional managed care off-site visits.

TRENDS

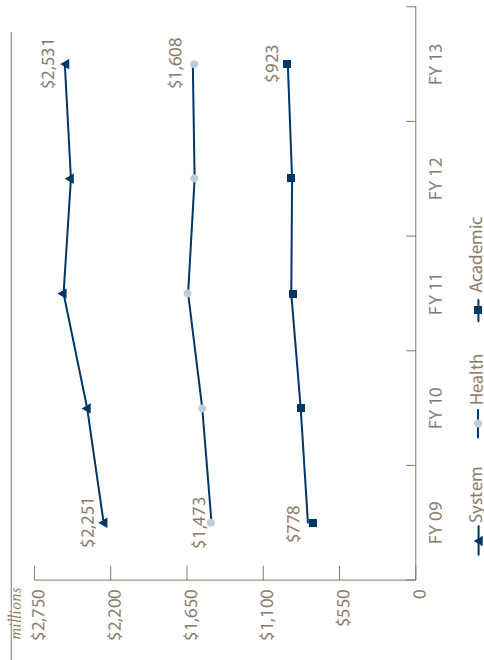
ENROLLMENT, FALL 2009 & FALL 2013
UT ACADEMIC AND HEALTH INSTITUTIONS



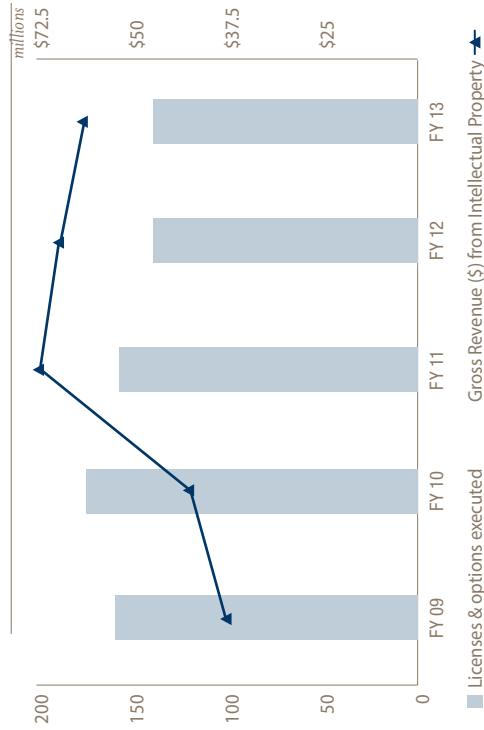
DEGREES BY LEVEL, 2009 & 2013
UT ACADEMIC AND HEALTH INSTITUTIONS



TOTAL RESEARCH EXPENDITURES, FY 09 TO FY 13
UT ACADEMIC AND HEALTH INSTITUTIONS



TECHNOLOGY TRANSFER ACTIVITIES, FY 09 TO FY 13
UT ACADEMIC AND HEALTH INSTITUTIONS



The 2012-2013 Tech Transfer data were collected by UT System's Office of Technology Transfer through a survey created by the Association of University Technology Managers (AUTM). The source of the previous years data are Texas Higher Education Coordinating Board's Technology Development and Transfer survey. The THECB survey has been discontinued.

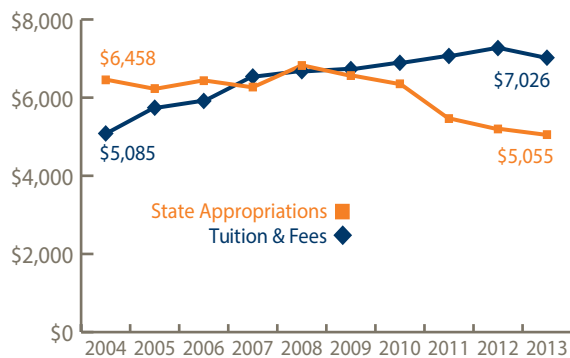
TRENDS

BUDGET

INSTITUTIONAL BUDGETS FY 2014 (in millions)

	Total Budget Expenditures	From General Revenue	General Revenue as % of Total
<i>Academic</i>			
UTA	\$528.7	\$118.2	22.4%
UT Austin	2,522.6	315.5	12.5%
UTB	115.8	36.2	31.3%
UTD	540.1	110.8	20.5%
UTEP	396.7	96.0	24.2%
UTPA	259.9	77.7	29.9%
UTPB	61.1	29.8	48.8%
UTSA	513.8	122.1	23.8%
UTT	116.3	36.8	31.6%
Subtotal	\$5,055.0	\$943.1	18.7%
<i>Health</i>			
UTSWMC	\$2,016.6	\$168.1	8.3%
UTMB	1,680.9	340.8	20.3%
UTHSCH	1,086.7	195.3	18.0%
UTHSCSA	763.7	174.2	22.8%
UTMDA	3,691.0	185.8	5.0%
UTHSCT	157.2	43.7	27.8%
Subtotal	\$9,396.1	\$1,107.9	11.8%
System Admin	\$165.1	\$6.1	3.8%
Total	\$14,616.2	\$2,057.1	14.1%

REVENUE TRENDS PER FTE STUDENT (Academic)

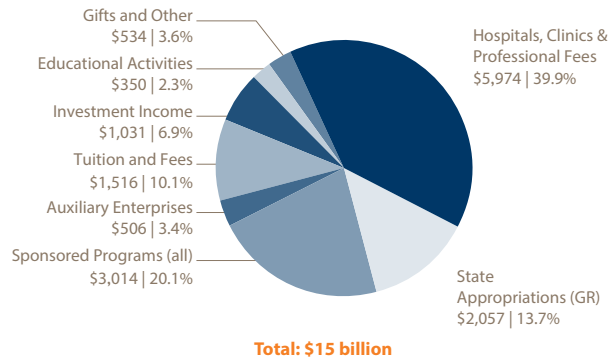


Adjusted for inflation using the Consumer Price Index (CPI-U) and FY 13 as the base year. Tuition & Fee Revenue does not include scholarship and fellowship discounts and waivers. Totals do not include UT Brownsville.

FTE: full-time equivalent

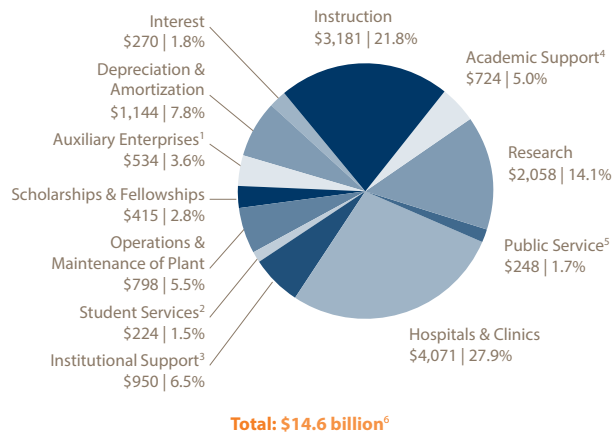
HOW THE BUDGET IS FUNDED

FY 2014 (in millions)



HOW THE BUDGET IS SPENT

FY 2014 (in millions)



¹ Essentially self-supporting institution enterprises such as bookstores, dormitories or intercollegiate athletic programs.

² Admissions and registrar offices, as well as activities with the primary purpose of contributing to the emotional and physical well-being of students outside the context of formal instruction.

³ Centralized executive-level activities concerned with institutional management and long-range planning.

⁴ Support services for the primary missions of instruction, research and public service. Includes salaries, wages, academic administration and all other costs related to the retention, preservation and display of educational materials.

⁵ Noninstructional services beneficial to individuals and groups external to the institutions.

⁶ Capital purchases and debt principal repayments are uses of funds that are not part of the budgeted spending presented. When considered in combination with depreciation, a budget expense that does not actually use funds, these two items make up the difference in the totals for funding and spending above.

COSTS & FINANCIAL AID

Average annual net academic cost and average percent discount for full-time undergraduate students, AY 2012-13

	Avg In-State Total Academic Cost ¹	% Receiving Need-Based Grant Aid	Avg % Discount	Avg Net Academic Cost ²	Avg % Discount
UTA	\$9,292	54.5%	75.0%	\$5,493	40.9%
UT Austin	9,790	37.7%	88.4%	6,528	33.3%
UTB	6,258	72.4%	95.1%	1,948	68.9%
UTD	11,537	46.7%	70.1%	7,759	32.7%
UTEP	7,116	66.6%	99.8%	2,383	66.5%
UTPA	6,271	78.4%	100.0%	1,354	78.4%
UTPB	6,708	55.7%	89.6%	3,358	49.9%
UTSA	8,984	57.3%	68.1%	5,480	39.0%
UTT	7,222	60.1%	88.5%	3,377	53.2%
Average	\$8,782	54.0%	80.4%	\$4,970	43.4%

¹ Total academic costs represent the sum of all statutory tuition, designated tuition and board-authorized tuition (where applicable), along with mandatory fees which now include college and course fees. Academic cost information is derived from actual fee bills for resident undergraduate students enrolled for 15 semester credit hours in the fall and spring semesters. Therefore, these figures represent costs for a total of 30 semester credit hours.

² The average net cost for all full-time students is derived by subtracting the total need-based grant aid from the total academic costs of all students and dividing by the total number of students.

- In FY 2013, nearly \$1.3 billion was allocated for financial aid awards to students at UT System academic institutions. Loans comprised 48% of total awards; grants and scholarships comprised 51%; and work-study provided 1% of all financial aid.
- 54% of full-time undergraduate students received some form of need-based aid, covering 80% of their total academic costs.
- Of the scholarships and aid, federal grants funded 50%; institutional funds supported 21%; state funds were 24%; and 5% came from private sources.

TUITION & FEES ONLINE RESOURCE

UT System Affordability website: www.utsystem.edu/affordability

THE PERMANENT AND AVAILABLE UNIVERSITY FUNDS (PUF AND AUF)

Market Value of PUF Investments, 08-31-14 \$17.4 billion Distribution to AUF (FY 14) \$877.4 million (7%)

- The 1876 Texas Constitution dedicated about 1 million acres of land to create the PUF. Through the dedication of additional land and the investment of revenue from mineral production on PUF land, the PUF now includes 2.1 million acres, primarily in West Texas, as well as \$14.9 billion in investments. The PUF benefits The University of Texas System (except UTPA and UTB)¹ and The Texas A&M University System.
- The Constitution prescribes the management, investment and use of the PUF, including the distribution and use of income from the PUF.
- The Constitution vests management authority of the PUF in the UT System Board of Regents, which contracts with The University of Texas Investment Management Company (UTIMCO) for investment services.
- The Constitution allows distributions to the AUF from the total return on investment assets of the PUF. The target annual distribution rate is 4.75%, but may increase to 5% depending on investment performance. The Constitution requires the UT System Board of Regents to provide a stable stream of distributions while maintaining the purchasing power of PUF investments and AUF distributions. The distributions, plus surface income earned on PUF lands, are available for appropriation.
- PUF lands produce two streams of income: one from mineral interests such as oil and gas and the other from surface interests such as grazing.
- Income from the sale of PUF land and income from mineral interests such as bonuses, rentals and royalties must be added to the PUF and invested. Distributions from the PUF and income from surface interests are deposited in the AUF.
- The UT System and the Texas A&M System may issue bonds for construction projects and other capital purposes in an amount not to exceed 20% and 10%, respectively, of the book value of the PUF.
- The proceeds of PUF bonds may not be used for operational expenses.
- The Legislature appropriates the AUF, which the Constitution divides between the UT System (two-thirds) and the Texas A&M System (one-third). After debt service on PUF bonds, the remainder of the UT System's two-thirds share of the AUF is appropriated for support and maintenance of UT Austin and UT System Administration.
- The Constitution does not permit use of the AUF for support and maintenance of other UT System institutions.

UT ACADEMIC INSTITUTIONS

2014

UT Arlington Est. 1895, joined System 1965 President Vistasp M. Karbhari	(UTA) www.uta.edu
UT Austin Est. 1883, joined System 1883 President William C. Powers, Jr.	(UT) www.utexas.edu
UT Brownsville Est. 1991, joined System 1991 President Juliet V. Garcia	(UTB) www.utb.edu
UT Dallas Est. 1961, joined System 1969 President David E. Daniel	(UTD) www.utdallas.edu
UT El Paso Est. 1914, joined System 1919 President Diana S. Natalicio	(UTEP) www.utep.edu
UT Pan American Est. 1927, joined System 1989 President Robert S. Nelsen	(UTPA) www.utpa.edu
UT Permian Basin Est. 1969, joined System 1969 President W. David Watts	(UTPB) www.utpb.edu
UT San Antonio Est. 1969, joined System 1969 President Ricardo Romo	(UTSA) www.utsa.edu
UT Tyler Est. 1971, joined System 1979 President Rodney H. Mabry	(UTT) www.uttyler.edu

UT HEALTH INSTITUTIONS

2014

UT Southwestern Medical Center Est. 1943, joined System 1949 President Daniel K. Podolsky	(UTSWMC) www.utsouthwestern.edu
UT Medical Branch – Galveston Est. 1891, joined System 1891 President David L. Callender	(UTMB) www.utmb.edu
UT Health Science Center – Houston Est. 1972, joined System 1972 President Giuseppe N. Colasurdo	(UTHSCH) www.uth.edu
UT Health Science Center – San Antonio Est. 1959, joined System 1959 President William L. Henrich	(UTHSCSA) www.uthscsa.edu
UT MD Anderson Cancer Center Est. 1941, joined System 1941 President Ronald DePinho	(UTMDA) www.mdanderson.org
UT Health Science Center – Tyler Est. 1947, joined System 1977 President Kirk A. Calhoun	(UTHSCT) www.uthhealth.org

BOARD OF REGENTS

2014

Paul L. Foster

Chairman

El Paso

Brenda Pejovich

Regent

Dallas

Wm. Eugene "Gene" Powell

Vice Chairman

San Antonio

Ernest Aliseda

Regent

McAllen

R. Steven "Steve" Hicks

Vice Chairman

Austin

Jeffery D. Hildebrand

Regent

Houston

Robert L. Stillwell

Regent

Houston

Nash M. Horne

Student Regent

Austin

Alex M. Cranberg

Regent

Austin

Francie A. Frederick

General Counsel to the

Board of Regents

Wallace L. Hall, Jr.

Regent

Dallas

EXECUTIVE OFFICERS

Francisco G. Cigarroa, M.D.

Chancellor, The University of Texas System

Pedro Reyes

Executive Vice Chancellor for Academic Affairs

Raymond S. Greenberg

Executive Vice Chancellor for Health Affairs

Scott C. Kelley

Executive Vice Chancellor for Business Affairs

Daniel H. Sharphorn

Vice Chancellor and General Counsel *ad interim*

Patricia D. Hurn

Vice Chancellor for Research and Innovation

Barry R. McBee

Vice Chancellor and Chief Governmental Relations Officer

Randa S. Safady

Vice Chancellor for External Relations

William H. Shute

Vice Chancellor for Federal Relations

Amy Shaw-Thomas

Vice Chancellor for Health Affairs

Stephanie A. Bond Huie

Vice Chancellor for Strategic Initiatives



THE UNIVERSITY of TEXAS SYSTEM
Nine Universities. Six Health Institutions. Unlimited Possibilities.

WWW.UTSYSTEM.EDU

Attachment J

MD Anderson Quick Facts 2015

2015

Quick Facts



THE UNIVERSITY OF TEXAS
MD Anderson
Cancer Center
Making Cancer History™

Who We Are

The University of Texas MD Anderson Cancer Center, located in Houston on the campus of the Texas Medical Center, is one of the world's largest and most respected centers devoted exclusively to cancer patient care, research, education and prevention.

The Texas Legislature created MD Anderson in 1941 as part of The University of Texas System. It is one of the nation's original three comprehensive cancer centers designated by the National Cancer Act of 1971.

U.S. News & World Report's annual "Best Hospitals" survey has ranked MD Anderson the nation's leading cancer care hospital for 10 of the past 13 years. It's been named one of the nation's top two cancer centers every year since the survey began in 1990.

Mission

MD Anderson's mission is to eliminate cancer in Texas, the nation and the world through exceptional programs that integrate patient care, research and prevention. Our mission also includes education for undergraduate and graduate students, trainees, professionals, employees and the public.

Vision

We shall be the premier cancer center in the world, based on the excellence of our people, our research-driven patient care and our science.

Core Values

Caring: By our words and actions, we create a caring environment for everyone.

Integrity: We work together to merit the trust of our colleagues and those we serve.

Discovery: We embrace creativity and seek new knowledge.

General info: www.mdanderson.org

#endcancer

Patient Care +

At MD Anderson, everything we do revolves around our patients. In Fiscal Year 2014, more than 127,000 people sought the superior care that has made the institution so widely respected. More than 8,000 participants were enrolled in clinical trials exploring innovative treatments. MD Anderson's cancer clinical trial program is the largest in the nation.

Clinical Activity	FY10	FY14	% Change
Hospital admissions	23,995	27,761	16%
Average number of inpatient beds	546	654	20%
Outpatient clinic visits, treatments, procedures	1,132,338	1,363,008	20%
Pathology/laboratory medicine procedures	10,754,560	12,005,766	12%
Diagnostic imaging procedures	538,514	523,297	-3%
Surgery hours	61,873	69,506	12%
Total active clinical research protocols	1,009	1,101	9%

Noteworthy:

- MD Anderson is accredited by the Joint Commission to ensure patients receive the best and safest health care possible.
- The nursing program holds the American Nurses Credentialing Center's Magnet Nursing Services Recognition status, which acknowledges health care organizations for quality patient care, nursing excellence and innovations in professional nursing practice.
- MD Anderson provided more than \$196 million in uncompensated care to Texans with cancer in FY14. This figure includes unreimbursed costs of care for patients who either have no insurance or are underinsured, or whose care was not fully covered by government-sponsored health programs.
- The EndTobacco program addresses public health enemy No. 1: preventable death and disease caused by tobacco use. It brings MD Anderson and other leaders in prevention and tobacco control together to end tobacco use and more rapidly decrease tobacco-related cancers through policy, education and community-based clinical services.

Questions about cancer, patient services

askMDAnderson: 877-MDA-6789 / www.mdanderson.org/ask

Research

At MD Anderson, crucial scientific knowledge gained in the laboratory is rapidly translated into clinical care. In FY14, MD Anderson invested more than \$735 million in research, an increase of 35% in the past five years.

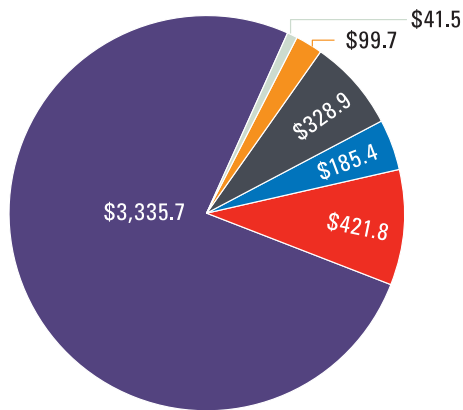
Sources of Research Expenditures	FY10	FY14	% Change
Private industry grants and contracts	\$50,712,121	\$75,307,463	48%
Philanthropy and foundations	\$81,656,207	\$147,016,586	80%
State funding allocated for research	\$23,204,735	\$49,884,575	115%
Federal grants and contracts	\$206,664,447	\$158,986,303	-23%
Internal funding allocated for research	\$184,797,234	\$304,998,503	65%
Total research expenditures	\$547,034,744	\$736,193,430	35%







Noteworthy:

- The institution's faculty is one of the most esteemed in the nation, including nine Institute of Medicine members, three National Academy of Sciences members, four Academy of Arts and Sciences fellows and 32 American Association for the Advancement of Science fellows.
- The Moon Shots Program is dramatically accelerating the pace of converting scientific discoveries into clinical advances that reduce cancer deaths. So far, the program has received almost \$213 million in private philanthropic commitments.
- Investigators in the Breast and Ovarian Cancer Moon Shot created an MD Anderson algorithm for determining when ovarian cancer patients should have surgery. This systematic approach has more than tripled the rate of complete surgical removal of patients' tumors, from 25% to more than 80%.
- GP2, a new breast cancer vaccine in development at MD Anderson, has been shown to reduce recurrence rates by 57%. High-risk patients who were given the vaccine after completion of the immunotherapy drug trastuzumab had no cancer recurrences.
- The Institute for Applied Cancer Science identifies and validates new cancer targets, converts the scientific knowledge into new cancer drugs and advances the novel agents into innovative clinical trials. A team of IACS drug development experts identified and developed IACS-10759, which blocks the conversion of nutrients into the energy that fuels cancer cells.
- During the past year, MD Anderson received more than \$47 million from The Cancer Prevention Research Institute of Texas (CPRIT) for research, prevention, recruitment and training. In total, the institution has received more than \$192 million from CPRIT since its formation.
- MD Anderson's expertise in cancer immunotherapy attracted the interest of a number of major pharmaceutical companies (Amgen, AstraZeneca, Johnson & Johnson, GlaxoSmithKline and Pfizer), which signed collaborative agreements to develop new ways for the immune system to destroy tumors. Biotech companies Intrexon and ZIOPHARM Oncology have licensed unique MD Anderson immunotherapy technology, including a new method for genetically engineering immune system T cells to target cancer. In addition, the institution is working with Bayer to capture important information from clinical trial patients about how certain investigational drugs affect them.

Sources of Revenue \$

MD Anderson's total revenue in FY14 was more than \$4.4 billion. Of that total, only 4.2% was general revenue appropriated by the State of Texas.



	Net patient revenue	75.6%
	Restricted grants and contracts, philanthropy	9.6%
	State-appropriated general revenue	4.2%
	Investment and other non-operating income	7.4%
	Other income ¹	2.3%
	Auxiliary income ²	0.9%

Make a donation: www.mdanderson.org/gifts

Education

Almost 6,500 trainees, including physicians, scientists, nurses and allied health professionals, took part in educational programs at MD Anderson in FY14. The institution awards bachelor's degrees in eight allied health disciplines and, in collaboration with the UT Health Science Center at Houston, awards M.S. and Ph.D. degrees at the UT Graduate School of Biomedical Sciences.

In addition, thousands of health professionals participate in continuing education and distance-learning opportunities. MD Anderson also provides education programs for patients, survivors, caregivers, healthy people and those at an elevated risk of cancer.

Education Profile	FY10	FY14	% Change
Clinical residents, fellows	1,109	1,276	15%
Research trainees	1,612	1,853	15%
Observers, visitors, special programs	401	452	13%
Nursing trainees	2,776	1,238*	-55%
Student programs participants	930	1,204	29%
School of Health Professions students	214	318	49%
Total trainees	6,975	6,341	-9%

Noteworthy:

- MD Anderson has 74 Graduate Medical Education (GME) Programs that are accredited by the Accreditation Council for Graduate Medical Education (24), American Dental Association (1), American Board of Obstetrics and Gynecology (1), or approved by the Texas Medical Board (48).
- MD Anderson is accredited by the ACGME as a Sponsoring Institution and has maintained Continued Accreditation status for more than 20 years.

* Total includes academic credit clinical placement only. Previous years' data included outreach and Cancer Prevention Research Institute of Texas education programs.

Prevention



MD Anderson continues to set the standard in cancer prevention research and the translation of new knowledge into innovative, multidisciplinary care.

The institution's Cancer Prevention and Population Sciences division is dedicated to:

- Eradicating cancer through pioneering research into the roles that biologic, genetic, environmental, economic, behavioral and social factors play in cancer development.
- Investigating various types of interventions to prevent or reduce cancer risk.
- Improving cancer care delivery, safety, availability and affordability.

Through the Duncan Family Institute for Cancer Prevention and Risk Assessment, the division is investing in promising new research directions and integrating basic research and clinical studies to accelerate their translation from the lab to the clinic to the community.

The Lyda Hill Cancer Prevention Center provides cancer risk assessments; screening exams based on genetics, age and gender; and personalized risk-reduction strategies, including lifestyle-based interventions and chemoprevention.

Prevention Research Funding FY14

Donor and designated funds	\$12,980,869 million
Federal grants and contracts	\$17,711,337 million

Noteworthy:

- MD Anderson has expanded its commitment to cancer prevention and control as a critical part of its mission. This work involves developing and implementing evidence-based interventions in public policy, public and professional education and community-based clinical services.
- All high-grade serous ovarian cancer and triple-negative breast cancer patients are now offered screening for BRCA1 and 2 gene mutations. The screening helps identify family members with risk-increasing mutations, offering enhanced opportunities for prevention and early detection.

Institutional Advancement



Institutional Advancement works to position MD Anderson as the global leader to end cancer and inspire communities and people worldwide to join us in Making Cancer History®.

Noteworthy:

- MD Anderson partnered with Stripes Convenience Stores to raise funds for MD Anderson Children's Cancer Hospital. In its Stripes Stores Celebrates Tomorrows campaign, employees and customers purchased \$1 pinups to help kids with cancer. The initiative raised more than \$1.4 million. The James B. and Lois R. Archer Charitable Foundation and Triumph Over Kid Cancer Foundation matched all donations, doubling the amount to more than \$2.8 million.
- In an effort to encourage healthy eating habits and prevent cancer related to obesity, MD Anderson nutritionists teamed with Jason's Deli to create a wild salmon salad for the menu. The partnership also raised more than \$250,000 for the Breast Cancer Moon Shot through the sale of co-branded bottles of water featuring pink caps.
- Philanthropic gifts are essential to MD Anderson's lifesaving work. In FY14, our donors generously committed more than \$239 million, in the form of cash, pledges and planned gifts.

Clinical and research facility growth

- Construction of the Sheikh Zayed Bin Sultan Al Nahyan Building for Personalized Cancer Care was completed in January, and the activation process began in early February with the Sheikh Ahmed Bin Zayed Al Nahyan Center for Pancreatic Cancer Research. The 12-floor, 615,000-square-foot facility is scheduled to be fully occupied by October 2015.
- To provide a much-needed expansion of space for clinical, diagnostic and support services in the Main Building, construction is underway on The Pavilion, an adjoining 8-story, 184,800-square-foot building. The \$198 million project, which is scheduled for completion by the end of 2015 and occupancy by early 2016, will allow MD Anderson to treat more patients and improve patient services.

Staff

MD Anderson employs close to 20,000 people, including almost 1,700 faculty members. A volunteer workforce of 1,080 contributed 164,970 hours of service in FY14.

Noteworthy:

- On Jan. 1, 2015, MD Anderson launched its tobacco-free hiring policy, demonstrating our commitment to reducing the use of tobacco and its adverse effects.
- An interactive process involving faculty and staff resulted in “Our Strategy,” which positions MD Anderson for the future and comprises five focus areas: People We Serve, People Who Serve, Science That Enables, Systems That Support and Sustainability.
- “We are MD Anderson,” the foundation of the institution’s customer service model, was revamped. The initiative is built around the idea that every person — whether faculty, staff or volunteer — plays a vital role in the mission.
- MD Anderson’s commitment to those who have served in our nation’s military earned it a spot on the 2014 Best for Vets employer list. Becker’s Healthcare recognized MD Anderson as one of the “150 Great Places to Work in Healthcare” for 2014.
- The institution landed a number of significant recruits, including V. Craig Jordan, the father of tamoxifen; Debu Tripathy, the new chair of Breast Medical Oncology; David Tweardy, the new head of Internal Medicine — one of the nation’s largest divisions; and Stephen Hahn, who heads Radiation Oncology.

Locations

In addition to MD Anderson’s main campus in the Texas Medical Center and two research campuses in Bastrop County, Texas, the institution has developed a number of local, national and international locations.

Houston-area care centers

- Bay Area, Katy, West Houston (diagnostic imaging), Bellaire (diagnostic imaging), Sugar Land, The Woodlands, Memorial City (surgical clinic)
- MD Anderson is now the exclusive provider of breast radiology services for five of Memorial Hermann’s 10 breast care centers in the Houston area — Memorial City, The Woodlands, Sugar Land, and Northeast and Southwest Houston.
- MD Anderson physicians provide cancer care to patients at Lyndon B. Johnson Hospital.

MD Anderson Cancer Network®

- Partner members: Banner MD Anderson Cancer Center (Gilbert, Ariz.) and MD Anderson Cancer Center at Cooper (Camden, N.J.)
- Associate member: Hospital Israelita Albert Einstein in São Paulo
- Certified members: 12 hospitals and health systems in 10 states

MD Anderson affiliates

- MD Anderson Cancer Center Madrid (Spain)
- MD Anderson Radiation Treatment Center at American Hospital (Istanbul)
- MD Anderson Radiation Treatment Center at Presbyterian Kaseman Hospital (Albuquerque, N.M.)

Attachment K

**Draft UTMDACC
Institutional Policy
#ADM1254, Policy on
Concealed Handgun
Carriage on MD
Anderson's Campus**

**POLICY ON CONCEALED HANDGUN
CARRIAGE ON MD ANDERSON'S
CAMPUS**

DRAFT DATE: 03-18-2016

PURPOSE

The purpose of this policy is to ensure compliance with Section 411.2031 of the Texas Government Code, also known as the "Campus Carry Law," which authorizes the carrying of Concealed Handguns by duly licensed holders on designated portions of the Campus of The University of Texas MD Anderson Cancer Center (MD Anderson), as defined and explained below.

POLICY STATEMENT

It is the policy of MD Anderson to respect the Federal and Texas Constitutions, both of which recognize Texas citizens' right to keep and bear arms. MD Anderson also recognizes the Texas Legislature's power to regulate the carriage of Handguns. Finally, MD Anderson recognizes its right under the Campus Carry Law to implement its own reasonable rules, regulations, and other provisions regarding the carriage on MD Anderson's Premises of Concealed Handguns by holders of Concealed Handgun Licenses ("CHL Holders"). Accordingly, in seeking to fulfill its obligations under the Campus Carry Law to determine appropriate Exclusion Zones and permitted Concealed Handgun License Zones ("CHL Zones"), MD Anderson has strived to recognize CHL Holders' rights in the context of (1) the nature of MD Anderson's faculty, student, administrator, patient, and patient family populations; (2) specific safety considerations; (3) the uniqueness of MD Anderson's Campus environment; (4) all applicable laws and contractual obligations; (5) issues of practical implementation; and (6) ease of compliance and reasonable administration and enforcement. While reasonable minds can disagree on certain specifics of this policy, MD Anderson believes that this policy respects the rights and interests of all stakeholders and achieves a balanced approach to the carrying of concealed handguns by CHL Holders on its Campus.

THIS POLICY DOES NOT AUTHORIZE THE OPEN CARRY OF A HANDGUN ON MD ANDERSON'S CAMPUS, AND THE OPEN CARRYING OF A HANDGUN IS PROHIBITED ON MD ANDERSON'S CAMPUS.

SCOPE

Compliance with this policy is the responsibility of all persons on MD Anderson's Campus.

TARGET AUDIENCE

The target audience for this policy is all persons on MD Anderson's Campus.

DEFINITIONS

All Hazards Risk Leadership Council (AHRLC): An executive-level council charged with assessing enterprise-level risks.

Campus: The sum of all land and buildings leased or owned by the Board of Regents of The University of Texas System for and on behalf of MD Anderson.

Campus Carry Law: Section 411.2031 of the Texas Government Code, permitting the carrying of Concealed Handguns by duly licensed holders on MD Anderson's Campus in accordance with this policy.

Concealed Handgun: A Handgun, the presence of which is not openly discernible to the ordinary observation of a reasonable person (see [Texas Government Code, Section 411.171](#)).

Concealed Handgun License (CHL): A valid and current Concealed Handgun license as defined by Subchapter H of the Texas Government Code ("License to Carry a Concealed Handgun").

Concealed Handgun License (CHL) Holder: Anyone appearing on MD Anderson's Campus with a valid, current CHL and a Concealed Handgun.

Concealed Handgun License (CHL) Zones: The areas on MD Anderson's Campus where CHL Holders may carry a Concealed Handgun.

Excluded Activities: Activities that form the bases of Exclusion Zones.

Exclusion Zones: The areas on MD Anderson's Campus where CHL Holders may not carry a Concealed Handgun.

Handgun: Any firearm that is designed, made, or adapted to be fired with one hand (see [Texas Penal Code, Section 46.01\(5\)](#)).

National Cancer Institute (NCI) Designation Zone: All buildings and physical facilities on MD Anderson's Campus that are physically or programmatically interconnected and interrelated and which are used to fulfill the following activities required of a NCI-designated Comprehensive Cancer Center:

- Undertaking and providing treatment, care, and services to patients, including all buildings in which there are hospital facilities, inpatient and outpatient clinics, laboratories, and pharmacies.
- Undertaking and conducting research in the following three areas:
 - Laboratory research.
 - Population science.
 - Clinical research.
- Undertaking and providing programs in cancer prevention.
- Undertaking and providing health care education to health care professionals and patients.

Premises: Consistent with [Section 46.035\(f\)\(3\) of the Texas Penal Code](#), "Premises" means a building or a particular portion of an MD Anderson Campus building. For purposes of this policy and MD Anderson's Campus, a Premises comprises all of the contiguous space dedicated to a particular institutional function or activity and extends to the functional or physical boundary of that function or activity. A Premises may be a floor, departmental suite, hallway, walkway, throughway, skybridge,

laboratory, cafeteria, or any other space, depending on the circumstance. The All Hazards Risk Leadership Council (AHRLC), in consult with the Vice President and Chief Facilities Officer and the Executive Director and Chief Safety Officer, determines Premises for purposes of this policy.

PROCEDURE

1.0 Policy Permissions and Violations

- 1.1 Subject to a CHL Holder's acceptance of and compliance with this policy and MD Anderson's rules and regulations, CHL Holders may carry Concealed Handguns in accordance with their CHL in CHL Zones on MD Anderson's Campus.
- 1.2 CHL Holders are prohibited from carrying, and may not carry, Concealed Handguns in Exclusion Zones on MD Anderson's Campus. Moreover, neither CHL Holders nor any other person may carry any other weapon, as described in [Texas Penal Code, Section 46.01](#), on MD Anderson's Campus.
- 1.3 CHL Holders must abide by and comply with all CHL rules in [Texas Government Code, Chapter 411](#) and all MD Anderson rules, regulations, and policies while carrying a properly licensed Concealed Handgun in a CHL Zone.
- 1.4 The mere possession of a properly licensed Concealed Handgun by a CHL Holder in CHL Zones on MD Anderson's Campus is not a violation of the [Disciplinary Action Policy \(UTMDACC Institutional Policy # ADM0256\)](#) or the [Workplace Violence Prevention Policy \(UTMDACC Institutional Policy # ADM0257\)](#). However, a violation of this policy by a faculty member, trainee/student, or other member of MD Anderson's workforce may constitute a violation of institutional policies regarding conditions of employment and standards of conduct, including the [Disciplinary Action Policy \(UTMDACC Institutional Policy # ADM0256\)](#) and the [Workplace Violence Prevention Policy \(UTMDACC Institutional Policy # ADM0257\)](#), thereby subjecting the workforce member to disciplinary action, up to and including termination.
- 1.5 CHL Holders are prohibited from engaging in, and may not engage in, Direct, Conditional, or Veiled Threats, as defined in MD Anderson's [Workplace Violence Prevention Policy \(UTMDACC Institutional Policy # ADM0257\)](#), involving the CHL Holder's Concealed Handgun. This may include, but is not limited to, overt or implicit references by a CHL Holder to the CHL Holder's Concealed Handgun in a way so as to intentionally or knowingly incite fear or concern in any other person. Such conduct may result in immediate termination per [Section 8.0](#) of this policy.
- 1.6 Except for storing a Handgun in a vehicle as permitted by Texas Law, CHL Holders must keep their Concealed Handguns on or about their persons at all times. For purposes of this policy and subject to the requirements of Texas law, "on or about one's person" means close at hand and within such distance of the CHL Holder so that, without materially changing his/her position, the CHL Holder could get his/her hand on it. Except for storing a Handgun in a vehicle as permitted by state law, CHL Holders are prohibited from leaving and must not leave the CHL Holder's Concealed Handgun unattended anywhere on MD Anderson's Campus, regardless of whether stored in a desk drawer, cabinet, purse, handbag, backpack, fanny pack, briefcase, or otherwise.
- 1.7 CHL Holders are responsible for safeguarding their Concealed Handguns at all times and must take all necessary precautions to ensure their Concealed Handguns are secured in a manner that is most likely to prevent theft, loss, damage, or misuse. CHL Holders must have their Concealed Handguns in holders or holsters that completely cover the trigger and the trigger guard area. The holster must have sufficient tension or grip on the Concealed Handgun

to retain it in the holster even when subjected to unexpected jostling. CHL Holders are liable for any and all damage, injury, liability, loss, cost, or expense, directly or indirectly resulting from or arising out of an accidental or inadvertent discharge of their Concealed Handgun or their violation of this policy.

- 1.8 MD Anderson does not provide storage (e.g., lockers) or holding services for CHL Holders.
- 1.9 A CHL Holder whose Concealed Handgun is lost or stolen on MD Anderson's Campus must immediately report the loss or theft to The University of Texas Police Department at Houston (UTP-H).
- 1.10 In accordance with Texas Law, CHL Holders may secure their Concealed Handguns safely in their vehicles. MD Anderson assumes no responsibility for loss or theft of Concealed Handguns from CHL Holders' vehicles on MD Anderson's Campus (see Section 12.2 of the [Parking Policy \(UTMDACC Institutional Policy # ADM0230\)](#)).

2.0 CHL Zones and Exclusion Zones

- 2.1 In accordance with the Campus Carry Law, the President must designate CHL Zones and Exclusion Zones for MD Anderson's Campus and in doing so must consider:
 - A. The nature of MD Anderson's faculty, student, administrator, patient, and patient family populations.
 - B. Specific safety considerations.
 - C. The uniqueness of MD Anderson's Campus environment.
- 2.2 In addition to considering the factors mandated by the Campus Carry Law, the President should also consider the following factors:
 - A. All applicable laws and contractual obligations pertinent to MD Anderson.
 - B. Issues of practical implementation.
 - C. Ease of compliance and reasonableness of administration and enforcement.
- 2.3 The President may not create Exclusion Zones that generally prohibit or have the effect of generally prohibiting CHL Holders from lawfully carrying Concealed Handguns on MD Anderson's Campus.
- 2.4 A CHL Zone may be coterminous with a Premises.
- 2.5 If justified using the criteria in [Section 2.1](#) and [Section 2.2](#), an Exclusion Zone may be coterminous with a Premises.
- 2.6 The President has designated the following areas on MD Anderson's Campus as Exclusion Zones:
 - A. Areas for which state or federal law, licensing requirements, or contracts require exclusion exclusively at the discretion of the state or federal government, or in which Handguns are prohibited by an accrediting authority.
 - B. Childcare facilities and pediatric-activity areas.
 - C. Areas analogous to state law requirements that prohibit Concealed Handguns, including:
 - MD Anderson's National Cancer Institute (NCI) Designation Zone.

- Police and correctional facilities.
 - Chapels, synagogues, prayer rooms, and other areas designated for worship, spiritual reflection, or meditation on MD Anderson's Campus.
 - 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.
- D. 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 imaging machines.
- E. Animal care areas and vivaria in which protocols increase the risk of discharge or contamination of a Concealed Handgun, or its unanticipated separation from the CHL Holder. For open-air primate enclosures, the Exclusion Zone extends at least five (5) feet from the enclosure.

2.7 Deemed Exclusion Zones:

- A. When, either within a Premises or between two Premises, an Exclusion Zone is adjacent to what otherwise might be a CHL Zone, the President may deem the adjacent CHL Zone also to be an Exclusion Zone for practicability and to ensure ease of compliance, and reasonable administration and enforcement, including those situations in which:
- Ingress and egress by CHL Holders between the Exclusion Zone and the CHL Zone is impracticable (e.g., the CHL Holder could not reasonably move to a CHL Zone without moving through an Exclusion Zone in violation of this policy and the law); and
 - Ingress and egress between the Exclusion Zone and the CHL Zone may not reasonably be clearly demarcated per [Section 2.8](#) of this policy.
- B. The President or his designee may deem CHL Zones to be Exclusion Zones for the period of time that the CHL Zone hosts Excluded Activities listed in [Section 3.0](#) of this policy. For example, an event in MD Anderson Campus CHL Zones that includes pediatric patients is an Exclusion Zone during the event. During this period, the signage required by [Section 2.8](#) of this policy will be erected in the deemed Exclusion Zone for the duration of the excluded period.
- C. If a significant fraction of the functional space of a building is excluded for reasons consistent with this policy, the President may exclude the entire building to ensure ease of compliance, reasonable administration, and enforcement.

2.8 Exclusion Zones will be demarcated with legally-sufficient signage, per [Texas Penal Code, Section 30.06](#).

2.9 The Vice President and Chief Facilities Officer and the Executive Director and Chief Safety Officer each shall maintain a complete and up-to-date listing of CHL Zones and Exclusion Zones.

- A. The listing will include the President's justification(s) for each Exclusion Zone.
- B. The Vice President and Chief Facilities Officer and the Executive Director and Chief Safety Officer will make the listing available to the public upon reasonable request.

3.0 Excluded Activities (Not Premises-Specific)

Irrespective of where they are on MD Anderson's Campus, CHL Holders may not carry Concealed Handguns while engaged in the following Excluded Activities:

- 3.1 Providing institutional care or services to MD Anderson patients.
- 3.2 Handling extremely dangerous chemicals, biologic agents, flammable or explosive agents, or equipment that is incompatible with metallic objects.
- 3.3 Handling laboratory animals.
- 3.4 Attending events on MD Anderson's Campus at which alcoholic beverages are served.
- 3.5 Attending any meeting related to proceedings made necessary by or in connection with MD Anderson's Grievance Policy (UTMDACC Institutional Policy # ADM0266), Appeal Policy (UTMDACC Institutional Policy # ADM0268), or any institutional policy related to a formal conflict resolution processes as well as a Hearing Tribunal or related meeting scheduled as part of a formal dispute resolution process.
- 3.6 Attending or participating in a ticketed sporting event on MD Anderson's Campus
- 3.7 Providing care or services to minor children.

4.0 Institutional Vehicles

- 4.1 Subject to [Section 4.2](#) below, vehicles owned or leased by MD Anderson that are used for passenger transportation are considered CHL Zones.
- 4.2 Vehicles owned or leased by MD Anderson that are being utilized for the following purposes are considered Exclusion Zones for the duration of time that the vehicle is being used for such purposes:
 - A. The vehicle is being used to transport extremely dangerous chemicals, biologic agents, flammable or explosive agents, or equipment that is incompatible with metallic objects.
 - B. The vehicle is being used for health care-related activities, such as mobile mammography, blood donations, or to provide health screenings.
 - C. The vehicle is being used for childcare, school, or pediatric activities or purposes.

5.0 MD Anderson Campus Land (External to Buildings)

Areas outside MD Anderson buildings but still on MD Anderson's Campus are deemed Exclusion Zones when the areas are utilized for activities that are Excluded Activities listed in [Section 3.0](#) of this policy. For example, an area on MD Anderson's Campus used for a picnic or event involving pediatric patients is an Exclusion Zone for the duration of the picnic or event.

6.0 Communication

- 6.1 MD Anderson shall widely distribute this policy and all related rules, regulations, and procedures to its faculty, trainees/students, and other members of MD Anderson's workforce, and shall prominently publish this policy and all related rules, regulations, and procedures on MD Anderson's internet and intranet sites.

- 6.2 MD Anderson's Departments of Communications, Human Resources, Patient Advocacy, Patient Care & Prevention Facilities, Patient Education, Patient Experience, Patient Safety, Physicians Referral Service, Academic and Visa Administration, and Institutional Compliance shall be responsible for ensuring communication of this policy and all related rules, regulations, and procedures, as required by the Campus Carry Law.

7.0 Campus Carry Reporting

7.1 Incident Reports to the All Hazards Risk Leadership Council (AHRLC):

The Institutional Safety Committee will collect and report to the AHRLC incidents implicating this policy as soon as practicable, but in no event later than 60 days from the discovery of the date of the incident.

7.2 AHRLC Reports to the President:

On or about July 1 of each year, the AHRLC will prepare and deliver to the President a report on MD Anderson's compliance with the Campus Carry Law, the implementation of this policy, and all incidents during the past year involving a Concealed Handgun.

From time to time, and based upon the implementation of this policy or any incidents involving a Concealed Handgun, the AHRLC shall make recommendations to the President in regard to any changes that may be necessary, appropriate, or desirable to this policy, the Exclusion Zones, Excluded Activities, CHL Zones, or the rules and regulations hereunder.

7.3 President's Report to the Texas Legislature:

Not later than July 1 of each even-numbered year, the Institutional Compliance Office will prepare for the AHRLC's review and the President's review and approval a report on MD Anderson's compliance with the Campus Carry Law. The report will:

- A. Describe MD Anderson's rules, regulations, and policies regarding the carrying of Concealed Handguns on MD Anderson's Campus; and
- B. Explain the reasons why MD Anderson has established these rules, regulations, and policies.

7.4 Once approved by the President, the President shall send the report to The UT System's Office of General Counsel for review not later than August 1 of each even-numbered year.

7.5 The President must submit the report to the Texas Legislature not later than September 1 of each even-numbered year.

8.0 Policy Violations and Disciplinary Action

8.1 If any person believes that a CHL Holder has violated this policy, he or she should immediately report the violation by calling 2-STOP (713-792-7867). The caller should provide the following information, as applicable and available:

- A. Description of the perceived violation;
- B. Name(s) of individual(s) involved in the incident;
- C. Name(s) of any witnesses;
- D. Date, time, and location of the incident; and

- E. Factual circumstances surrounding the incident.
- 8.2 A violation by a CHL Holder of this policy that involves the CHL Holder's Concealed Handgun may be considered a confirmed incident of a Policy Violation ("a confirmed incident of Violence or Threat of Violence") under the [Workplace Violence Prevention Policy \(UTMDACC Institutional Policy # ADM0257\)](#) and may result in immediate removal from MD Anderson's Campus or referral to The University of Texas Police Department at Houston (UTP-H), as appropriate, and may result in disciplinary action for such person, up to and including termination.
- 8.3 Loss of a CHL Holder's Concealed Handgun on MD Anderson's Campus will be considered a violation of [Section 1.6](#) of this policy, and if the CHL Holder is a faculty member, trainee/student, or other member of MD Anderson's workforce, may result in disciplinary action for such person, up to and including termination.

Draft

ATTACHMENTS/LINKS

[Examples of Unacceptable Conduct and Work Performance \(Attachment # ATT1800\).](#)

[Texas Government Code, Chapter 411.](#)

[Texas Government Code, Section 411.171.](#)

[Texas Penal Code, Section 30.06.](#)

[Texas Penal Code, Section 46.01.](#)

[Texas Penal Code, Section 46.01\(5\).](#)

[Texas Penal Code, Section 46.035\(f\)\(3\).](#)

RELATED POLICIES

[Appeal Policy \(UTMDACC Institutional Policy # ADM0268\).](#)

[Disciplinary Action Policy \(UTMDACC Institutional Policy # ADM0256\).](#)

[Grievance Policy \(UTMDACC Institutional Policy # ADM0266\).](#)

[Infection Control for Patient Care Areas Policy UTMDACC Institutional Policy # CLN0436\).](#)

[Parking Policy \(UTMDACC Institutional Policy # ADM0230\).](#)

[Termination of Employment of a Faculty Member Policy \(UTMDACC Institutional Policy # ACA0059\).](#)

[Workplace Violence Prevention Policy \(UTMDACC Institutional Policy # ADM0257\).](#)

JOINT COMMISSION STANDARDS / NATIONAL PATIENT SAFETY GOALS

None.

OTHER RELATED ACCREDITATION / REGULATORY STANDARDS

None.

REFERENCES

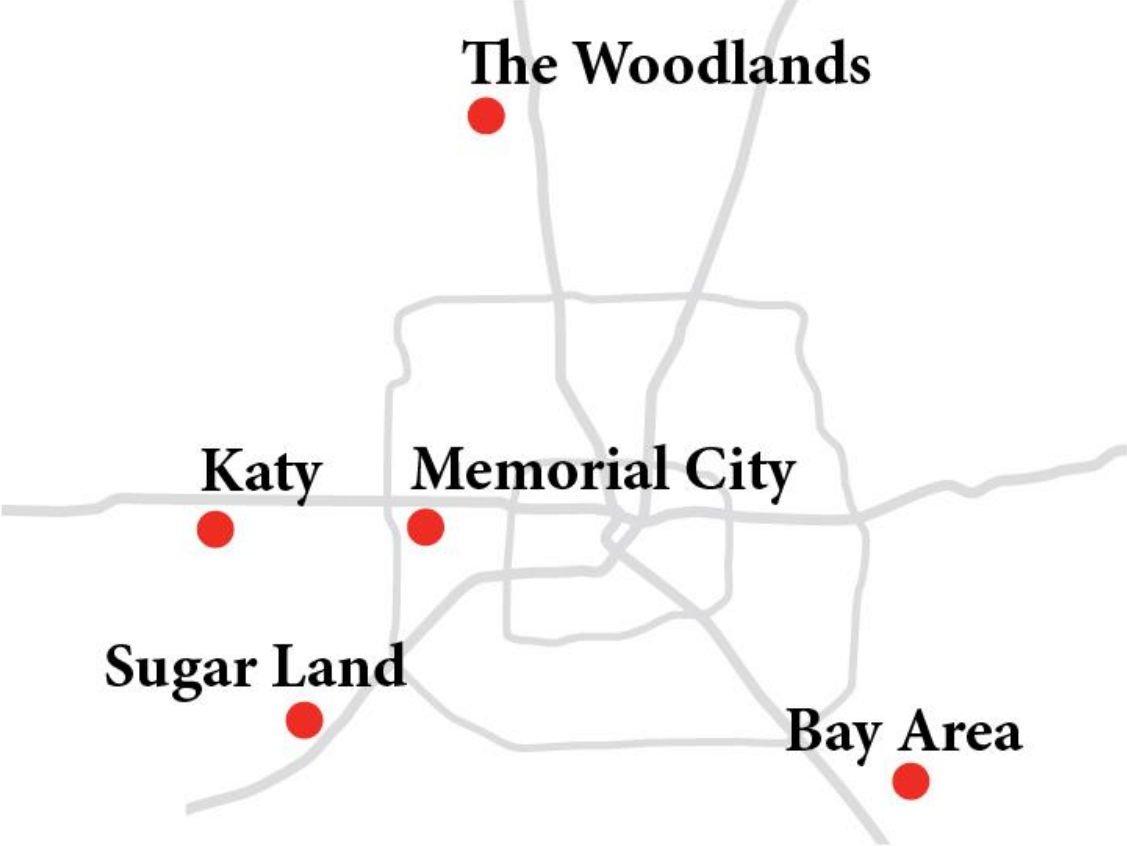
TEX. GOV'T CODE Title 4, Subtitle B, §411 *et seq.*,
<http://www.statutes.legis.state.tx.us/Docs/GV/htm/GV.411.htm>

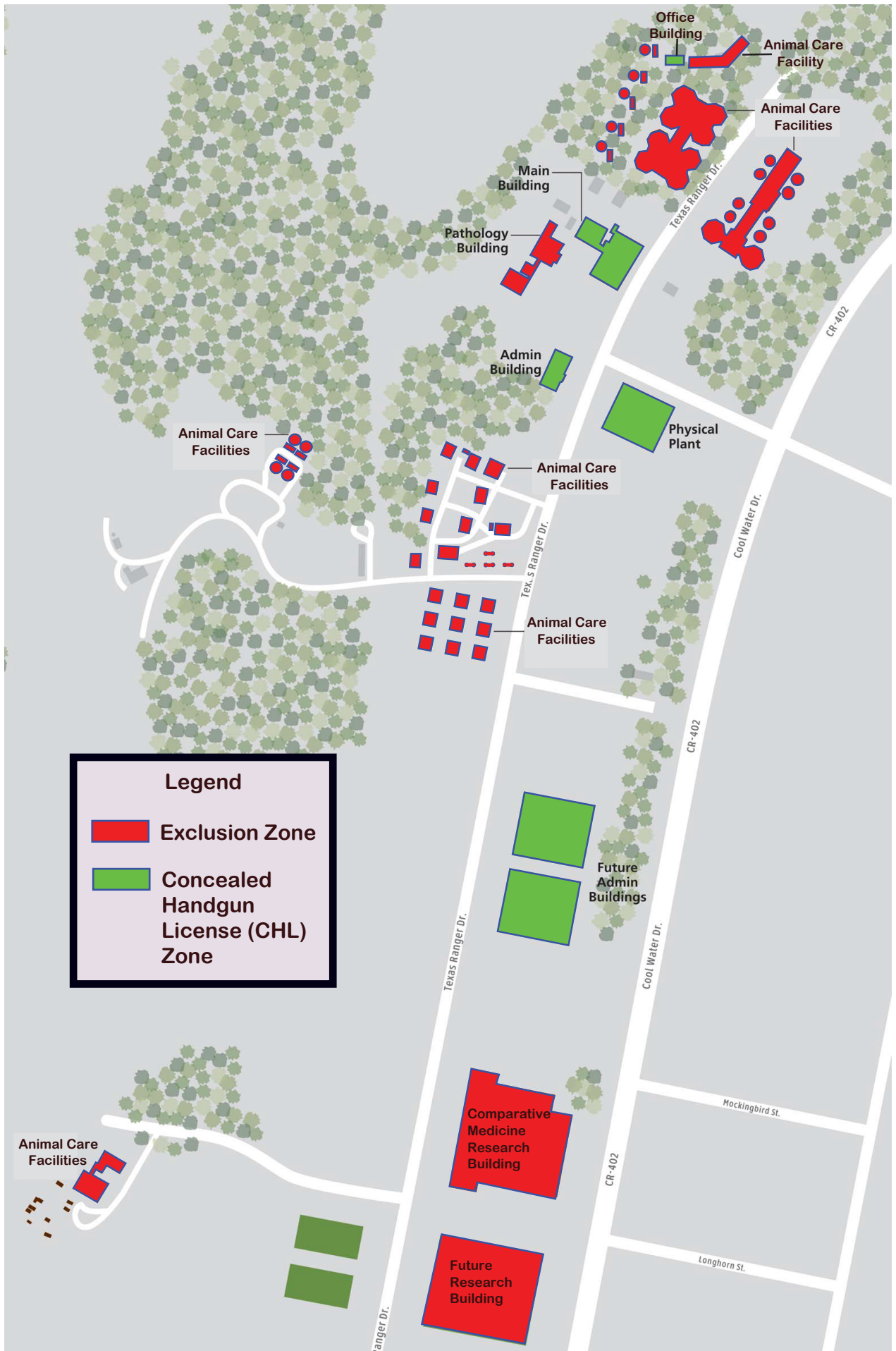
TEX. PEN. CODE Title 7, §30.06 *et seq.*, <http://www.statutes.legis.state.tx.us/Docs/PE/htm/PE.30.htm>

Attachment L

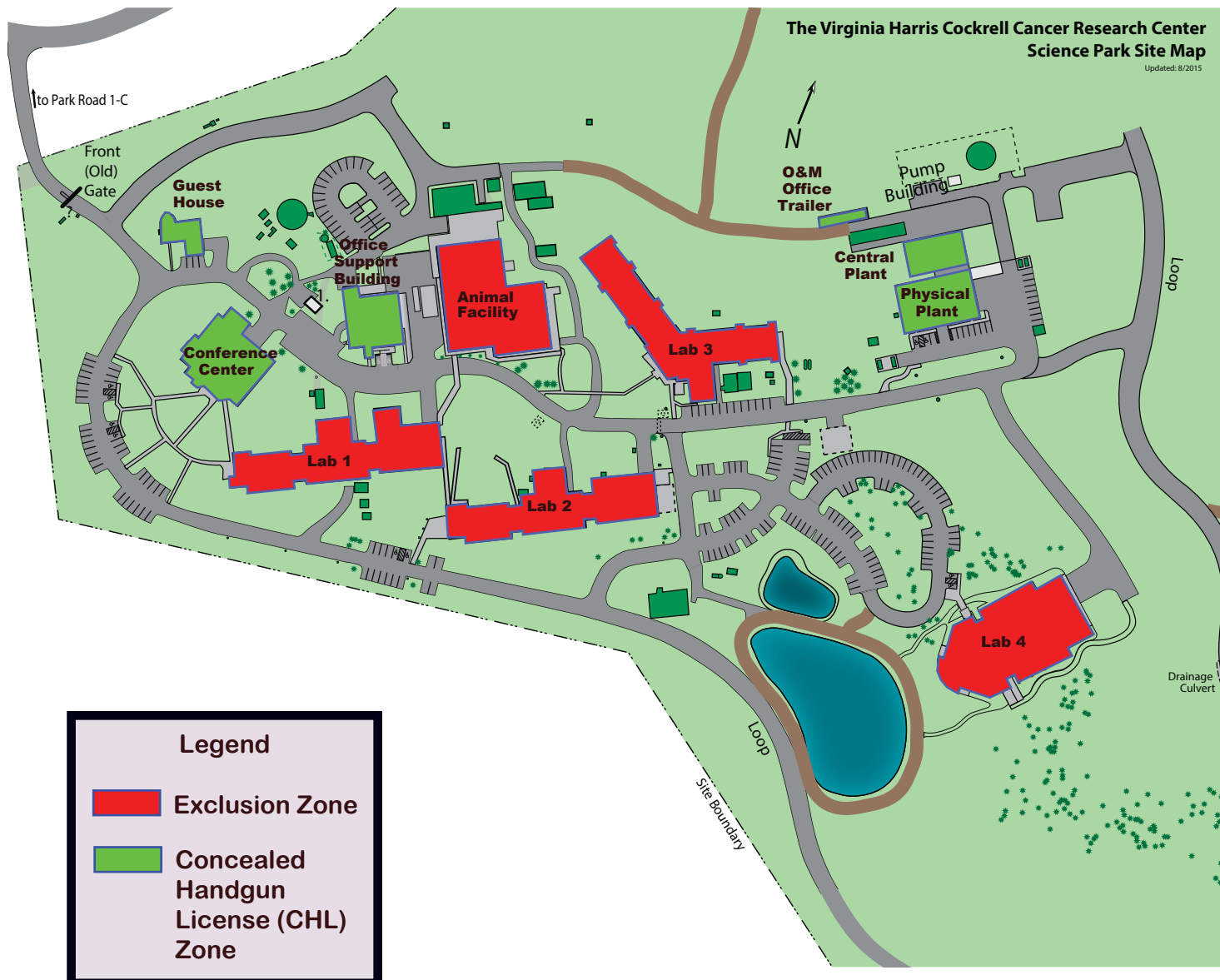
MD Anderson campus maps

Houston area locations





Bastrop Campus



Smithville Campus