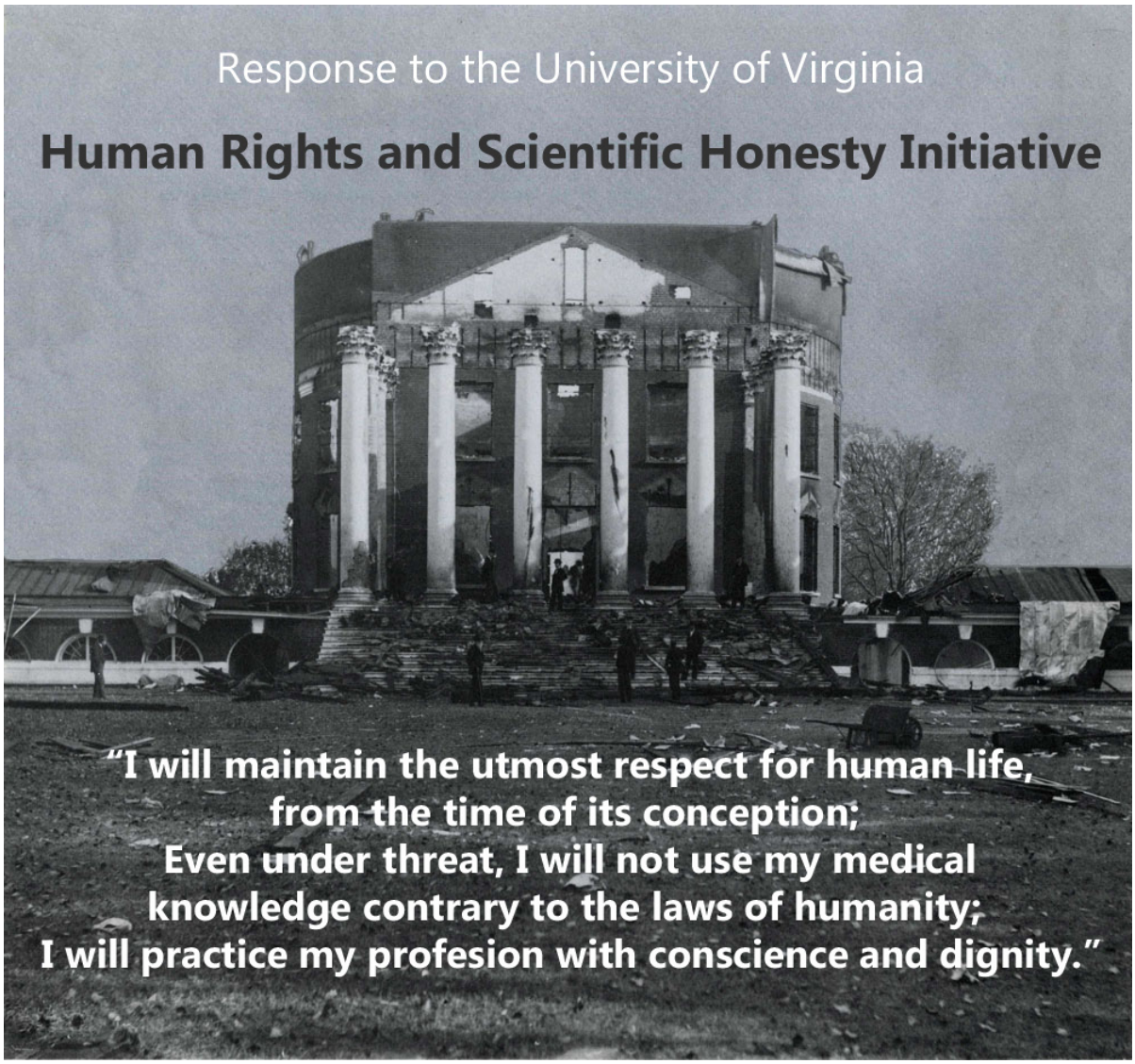

Dr. Teresa A. Sullivan, Ph.D.
Office of the President, Madison Hall
University of Virginia
Charlottesville, Virginia 22903

March 30, 2012

Dear Dr. Sullivan,

We, the managing board of the Human Rights and Scientific Honesty Initiative at the University of Virginia (UVA), would like to respond in a comprehensive way to the changes that the university has made to its health care information infrastructure. While we are gratified that we have played a role in encouraging the University to make a few changes, we also want to express our disappointment at UVA's continuing refusal to fully embrace human rights or scientific honesty – and its continuing rejection of informed consent as an essential part of medical care a full year after Sean Cannan and Kelsey Hazzard delivered our Initiative to you, to UVA Hospital, and to Elson Student Health Center on February 15, 2011.

A majority of our concerns and demands have not been seriously or adequately addressed at all; at the same time, your response to the rest still suffers from a serious lack of candor and completeness on the part of the University. The changes that have quietly appeared on UVA's website should not have taken months to correct, and still remain incomplete as well as inconspicuous to students searching for information.

Dr. Sullivan, we all agreed to give you an abundance of time as a new president of a large university to consider all of the very serious issues we spotlighted in our Initiative. That was reasonable as you had only been in office a few months, and you were probably unaware of much of what had been put in place decades ago by UVA's previous administration led by President John Casteen and Hospital Administrator Leonard Sandridge. Given the gravity of the issues we discussed, we find the continuing reluctance on the part of your new administration to acknowledge its scientific dishonesty regarding medical issues, and correct previous errors in a complete and public manner, to be simply unacceptable.

A year later, we are now transitioning into a much more confrontational and activist approach, both legally and legislatively. From our perspective, the abundance of time granted and our appeal to your conscience have not yielded much in the way of urgent reforms. About 100 more innocent and defenseless infants have been killed in the past year at the hands of your doctors in UVA Hospital, hundreds more have been killed by referral, and most all of the policies of medical dishonesty violating informed consent highlighted in our Initiative still remain.

Toward that end, we feel this is an opportune time to remind you of the results of the Virginia General Assembly elections of 2011, and the new makeup of state Senate Education and Health Committee in particular. In addition to the Governor, the Lt. Governor, and the Attorney General, there is no shortage of legislators in both houses of the General Assembly who support the activism we have pursued against your public university. Legislators who identify themselves as Pro Life now control at least 65 of 100 seats in the House of Delegates, and can now boast of a 22-18 majority in the State Senate as well. These majorities will remain in place through the 2013 legislative session, which is where we will now be focusing our attention. These are ill-advised stances on the part of your university on several fronts that are not worth the embarrassment, or the cost of defending.

Neither you nor any of your colleagues have been able to refute a single one of our major challenges, and we as a group refuse to concede any of our assertions. It is left for us to compel the University of Virginia to accept scientific reality, since the university refuses to do so of its own accord. Many patients, students, alumni, and citizens alike have been ill-informed and denied the ideal of informed consent at UVA, and at least 2,537 innocent and defenseless human infants have been put to death in a taxpayer-supported medical facility. Enough is enough. Medical facilities and their employees should strive only to save lives – not take them – and fully inform all patients of all risks to their health.

We will begin by addressing the changes which the university announced on May 24th, 2011, by posting a letter on a new webpage, with the dishonest and misleading title of "Correcting Untruths about Abortion and Contraception at U.Va."[1] We find it extraordinary that an academic institution like UVA would present such important changes to its medical policies by means of a mere webpage posting. While the name and contact details of the Associate Vice President of UVA's Office of Public Affairs are provided at the end of the page, it is difficult to tell whether she is presented as the author of the letter or merely as a contact for students on the subject. We also noticed that UVA took down almost all of its student health web presence after this letter appeared in May, just as most students were leaving for the summer. Even in making some changes to its health care policies, the university has not been fully transparent.

As your written response to our co-author Sean Cannan on March 29th did,[2] this letter included a lot of questions that you and your colleagues asked of yourselves, since we never asked many of them. We are unsure why you chose that platform. In the interest of brevity and accuracy here, we will keep to the assertions, challenges, and questions which we actually made and asked of you and your colleagues last February instead – followed by a few additional examples of UVA's violations of scientific honesty and informed consent that have come to our attention over the past year.

First and foremost, and as we did in our Initiative, we will address UVA's health care policy that kills the most people the quickest. After twenty years of performing elective abortions inside a state-funded university hospital, UVA has, for the first time in its history, finally admitted this fact publicly. Accepting reality is the first step to reform, and should give contemplative and honest people pause to consider why it is that any health

care policy enacted by a major public university should ever be kept a closely guarded secret from that very same public. Perhaps it is also time you contemplated why it is your university's hospital employs people titled "Fetal Cardiologist" and has an entire "Division of Maternal-Fetal Medicine" while simultaneously employing others to deliberately kill infants at the same stage of development further down that very hallway. Can you fathom the utter absurdity of having the new UVA Health System's 'Fetal Care Center' located in the same hospital building as a fetal beheading and dismemberment center a few floors above it? What could the victims of one office have possibly done to deserve their destruction that the recipients of concerned, professional medical care in another did not? What is the difference between one and the other in terms of medical science, with the exception of the result?

You have yourself attempted to justify these killings by citing the "legal framework" of United States Supreme Court precedent of *Roe vs. Wade* (1973), and the "compelling personal factors" of the mother only. You completely left out the compelling personal factors of fathers and their children alike. We feel compelled ourselves to remind you that slavery was once an institution that was acceptable within the legal framework as decided by the United States Supreme Court and state laws also, that this institution was also quite popular at UVA, and that slave traders and owners had compelling personal and financial reasons for trading or owning slaves. Throughout history, many such atrocities have been justified by those pretending that the humanity of their victims can simply be removed by decree. We are here to remind you that this is neither a scientifically accurate position, nor a sustainable medical opinion for a President of the public University of Virginia in 2012.

Then as now, ignoring the scientifically provable and obvious humanity of your victims in deference to the convenience and financial advantages of the perpetrators is fundamental to defending the practice itself. We also can recall from history that UVA was not only an enthusiastic participant in the institution of slavery, but later was also very active in the promotion of Eugenics and social Darwinian philosophies as defended in the Buck vs. Bell decision of 1927, and the Jim Crow laws protected by the legal framework of *Plessy vs. Fergusson* in 1896. Those were your University's previous violations of Human Rights and Scientific Honesty. And these are the medical and philosophical traditions to which your University has now allowed itself to return since 1989.

In our Initiative, we did not strive to ignore current reality and suggest that performing an elective abortion is illegal in Virginia, or in the United States – as it remains in most countries. Instead, we discussed current federal and state laws such as the Hyde Amendment and Gov. Bob McDonnell's 2010 amendment to the Virginia state budget prohibiting the use of taxpayer money to fund abortions except as otherwise required by federal law or state statute [3]. Instead, we directly challenged you regarding how the thousands of elective abortions performed inside UVA hospital have been financed, and suggested that UVA has been breaking federal and state laws.

In the ample time you were granted to respond, and in your responses last Spring, you have provided zero substantiation that our claims are untrue, and your denials provable. Perhaps we can be clearer this time around.

We have reason to believe that the University has been performing thousands of entirely elective abortions inside UVA hospital using both state and federal monies, as well as moneys drawn from UVA Student Health's Aetna insurance program without the knowledge or consent of those paying into it.

We defy you to prove that our assertions are incorrect to the Attorney General of the State of Virginia, your own students and alumni, and to the taxpayers of Virginia.

We don't think you can.

Regarding elective abortions, your response stating that "Most other academic medical centers in the U.S. similarly provide this service for their patients" is simply not true. The vast majority of academically affiliated medical facilities do not provide elective abortions in house, and thereby comply with the United Nations Declaration of the Rights of the Child, The Universal Declaration of Human Rights, and the Declaration of

Geneva as reaffirmed following the Nazi Doctors' Trial at Nuremberg. Here again, we defy you to produce a list of those university hospitals and other academically affiliated medical facilities that do indeed provide elective abortions in house and prove your rather absurd assertion.

We state here that you cannot.

Your letter stated that "Elective abortions are performed up to 14 weeks gestational age (12 weeks after conception)." This could be misleading for some. We are well aware of the different methods of calculating gestational age of a new, unique human life. But UVA's current policies appear to us to actually suggest that nothing of any significance happens in the development of a human life during the time between conception and implantation, which could be as long as two weeks. Nothing could be further from the truth. It is akin to saying that identical twins do not exist, as that is often the time period during which people become twins.[4]

Also related to the topic of surgical abortions has been UVA's refusal to adequately inform its students and other patients that the procedure dramatically increases their chances of giving birth preterm (less than 37 weeks gestation), as well as extremely preterm (less than 27 weeks gestation), later in life. This in turn leads to a wide array of entirely needless and tragic developmental disabilities and other birth defects such as cerebral palsy imposed on future children.[5] Indeed, it already has led to these. Are you convinced that needlessly burdening innocent children with developmental disabilities is something that a university should be involved in? Your university has been doing just that for over two decades.

UVA has finally been forced to publicly acknowledge this science on two different web pages – and to our knowledge has become the first secular university in the country to do so. But congratulations are not in order here, as both these admissions are woefully incomplete and needlessly confusing – and your students and other patients are still very unlikely to see them at all. Amazingly, the one piece of online and printed literature that a pregnant student considering abortion will see and read – your abortion consent form – still makes no mention of this.[6][7] UVA ought to be very concerned about this, for legal as well as ethical reasons; as Rooney and Calhoun point out:

'A consent form that simply lists such items as "incompetent cervix" or "infection" as potential complications, but does not inform women of the elevated future risk of a preterm delivery, and that the latter constitutes a risk factor for devastating complications such as cerebral palsy, may not satisfy courts.'[5]

This is duplicity and dishonesty at its very worst, Dr. Sullivan. And this coming from a university that has already caused needless birth defects to innocent children in a country whose preterm birth rate has doubled since Roe vs. Wade. The American Association of Pro-Life Obstetricians and Gynecologists (AAPLOG) reminds us that the total preterm birth rate for women in America prior to 1970 was approximately 6% [8]; preliminary data for 2010 indicates a preterm birth rate of 11.99%. [9]

The admission made on the incorrectly entitled "Correcting Untruths" letter posted to the UVA website and linked on Elson's student health page states the following with regard to whether previous surgical abortions cause preterm and extremely preterm births later in life:

"Perhaps. Although scientific evidence is not yet compelling, surgical abortion may increase a woman's chance of having a subsequent preterm birth. The risk of preterm birth increases with the number of surgical abortions that a woman undergoes. Patients seeking abortions at the Medical Center are informed about this possible risk. (Most preterm births occur in women with either no risk factors or with other known risk factors, not prior abortion.)"

This is a dishonest statement that is medically and scientifically inaccurate. Indeed, the one source UVA provided to back up its claim of "perhaps" very specifically states that there is a dramatic increase in both preterm birth (PT) and low birth rate (LBW) associated with even a single induced abortion (I-TOP)![10] Did you ever read the conclusion of this meta-analysis shown on page one of this study that your own colleagues cited, Dr. Sullivan? We'll copy it here for you just in case:

"Conclusions: A previous I-TOP is associated with a significantly increased risk of LBW and PT but not SGA. The risk increased as the number of I-TOPs increased."

Among the primary results of this meta-analysis that your own health care professionals cited – Shah and Zao's 2009 review of 37 studies – it was discovered that women with one previous induced termination of a pregnancy were 35% more likely to have a low birth weight child and 36% more likely to give birth before 37 weeks gestational age. In the case of women who had had more than one abortion, these rates rose to 72% and 93% respectively. The researchers themselves describe these as 'significantly increased risks," [11] but somehow those trying to defend performing the abortions inside UVA Hospital read those numbers to mean "perhaps?"

We may not all have PhDs in medicine, Dr. Sullivan. But we sure don't need any rudimentary education in math or reading comprehension either. It seems that you have at least a few colleagues in your medical programs that may need a brush-up in both. Either that, or they have quite obviously been blinded to reality by a political agenda – and should not be trusted to provide health care information to UVA's students and other patients. That is our opinion, and we are confident that it would likewise be the opinion of any fair minded person given the facts.

As ridiculous as this first example was, and as much as we enjoyed exposing the ineptitude of some of your colleagues in trying to get away with it, we'd like to hammer home the medical facts once again – and repeat the challenges we made in the Initiative.

A separate meta-analysis (Swingle *et al.* 2009) revealed that the relative odds of having a preterm birth at under 32 weeks were increased by 64% for women with a history of abortion.[12]

Caroline Moreau concluded in her study of 2,837 French women that 'women with a history of abortion were 1.5 times more likely to give birth very prematurely (under 33 weeks gestation), and 1.7 times more likely to have a baby born extremely (under 28 weeks gestation) pre-term.'[13]

In 2007, the Institute of Medicine of the well-respected National Academy of Sciences produced a textbook on pre-term birth in which 'prior first trimester induced abortion' was included in a table of risk factors (p. 625).[14]

And researchers Calhoun, Shadigian, and Rooney have concluded from their meta-analyses of published medical studies on this topic that abortion can be attributed to an increase of 31.5% in the rate of early preterm births (less than 32 weeks gestation).[15] Statistically speaking, it is thus probable that hundreds of thousands of children – at the very least – are now needlessly living with various mild to severe birth defects due directly to their mother's previous abortion(s). Obviously, countless children so afflicted have already died premature deaths.

Would it be acceptable to you, Dr. Sullivan, if any other medical procedure or drug were responsible for this? Would it be acceptable if patients continued to be kept in the dark about the risk? We would like to ask you again, with all due respect, to take a break from this letter and consider the gravity of these challenges, and whether or not you think that your University should continue to be an accessory to these crimes.

Additionally, we noticed that the UVA Health System recently updated its webpage – also unlinked into the student health website – dealing with preterm birth.[16] This page also now finally accepts that UVA's policy regarding this very crucial medical fact has been one of denial and dishonesty for decades. We appreciate that UVA has been forced to accept one of the causes of preterm and extremely preterm birth as:

"A weak cervix—especially if there have been prior surgical procedures."

But the refusal to specifically include abortion as the most common surgical procedure amongst young and healthy college-aged women, is yet another embarrassing example of what lengths the university is still willing

to go to deny the right of its students to be informed of the medical facts. Even as we have pressured UVA to make some changes and lessen its legal vulnerabilities regarding the principle of informed consent, it is still quite obvious to us that the health and well-being of its own students is far less important than continuing to promote a long standing political agenda. We find this childish wordplay and online cat-and-mouse game to be nothing short of heinous for a university that boasts a major research hospital and medical school right on Grounds.

As if these instances of deliberate medical misinformation were not enough, it has also come to our attention in the last year that the UVA Health System and Elson Student health Center make no mention whatsoever that a female having an abortion is also dramatically increasing her chances of developing a condition of placenta previa and/or placenta accreta later in a future pregnancy.

The Thorp meta-analysis found that women with a history of induced abortion suffered a 30% increase in placenta previa rates in comparison to women with no history of abortion.[17] Thorp also referenced another meta-analysis (Ananth *et al.*) which revealed a 70% increase in placenta previa rates in women who had had a previous abortion in comparison with women with no history of abortion. [18] It should also be noted that placenta previa may be connected to placenta accreta, another very dangerous pregnancy complication.[19]

There are unfortunately times, Dr. Sullivan, that we have trouble keeping up with all the instances of the university's refusal to adhere to the medical tradition of informed consent and the importance of simply being honest with your students and other patients. Having said that, we noted the reference on the preterm birth webpage to children in utero as "humans."[20] So we dare ask you – once more – how it is you or the university's health care infrastructure still defends killing those most innocent and defenseless of the human species?

Despite the university's rather bold pronouncement that *"There is no increase in breast cancer risk associated with abortion at any age,"* we remain unafraid to discuss this topic. A college-aged woman delaying her first full term pregnancy by the termination of the life of her unborn child increases her risk of breast cancer simply by delaying that first live birth. This is not debated, or debatable – yet UVA continues to keep its students and other patients completely unaware of this. As we acknowledged in our Initiative, the second mechanism that may increase breast cancer risk – the hormonal changes which the violence of an unnaturally induced abortion itself causes in breast cells – is still being debated. But the majority of peer reviewed, published medical studies on the topic still confirm the link rather than refute it.[21] In addition, in his 2011 review of published abortion statistics of Great Britain and Scandinavian nations, Patrick Carroll notes that 'most papers concentrate on women below age 50 whose abortion history is known', while the abortion history of older women included in such studies is frequently unknown. As might be expected, meta-analysis of papers containing such skewed data results in further distortion. Moreover, Carroll makes the following significant observation: 'The breast cancer authorities (The Royal College of Obstetricians and Gynaecologists in the UK, The American Cancer Institute *et al.*) that have concluded there is no significant risk to women of cancer post abortion, may not be aware how much of the evidence submitted to them is based on studies of younger women, where the findings are not exactly relevant to older women.' [22] Obviously, these studies do not end the debate in favor of rejecting the link.

We are aware, as you and UVA's doctors should be, of the laughable flaw in the Melbye study published in the New England Journal of Medicine (hereafter NEJM) in 1997.[23] That is, that *Roe vs. Wade* was applicable in Denmark, and that all the Danish women who had abortions prior to January 22, 1973 were not counted in the study! Plainly put, *Roe vs. Wade* was not a decision made by a Danish court, and the researchers' failure to count women who had abortions before a court decision in the United States would invalidate the study's resulting data to any reasonable observer.

None of the far more comprehensive, larger, and professional studies that confirm the link between induced abortion and subsequent breast cancer have been published in the NEJM. We would also like to remind you that, while your university's reference to a study published by the American College of Obstetrics and Gynecology (hereafter ACOG) is interesting, you are completely ignoring the American Association of Pro Life

Obstetricians and Gynecologists (AAPLOG) – a group within ACOG itself that represents over 2,500 obstetricians and gynecologists refusing to be dragged back to the days of Nazi medicine and instead still accepts the Declarations of Geneva and Helsinki, the Nuremberg Protocol, the United Nations Declaration of the Rights of the Child, and the Universal Declaration of Human Rights. They have their own meta-analyses of the published science and have come to the conclusion that ACOG, AMA, NCI, and the media depend on 'studies that agree with their politically correct positions'.[24] Does that sound familiar, Dr. Sullivan?

The bottom line here, as we see it, is that we have one risk verified and not even debated (delaying a full term pregnancy), and one that is at the very least a plausible risk. We remind you that it is the responsibility of all health care providers to inform their patients as to all the proven and plausible risks to their health for all services rendered or drugs prescribed. UVA's continuing denial regarding one and games regarding the other changes nothing, and your University remains legally vulnerable in this and other areas of medical dishonesty and violations of informed consent.

With regard to your policy on the participation of all staff and trainees in what you term 'emergency' abortion-related activities, we note that you have made reference to a 2007 statement released by ACOG entitled, 'The Limits of Conscientious Refusal in Reproductive Medicine'. We wish to underline the fact that ACOG and ABOG have suggested that this particular statement 'would not be binding' and, separately, 'failed to identify any written policy for determining which statements are binding'.[25]

We find this language to be confusing, and ask that you clarify exactly what UVA's policy is with regard to conscience rights in a far more comprehensive manner. This is important to us as well as a large number of your employees inside your health care infrastructure.

As for options provided to pregnant students at the university, we have noticed that the University itself is limiting those options. UVA remains in deep denial about how many of its students become pregnant every academic year. Your previous claims that only "10 to 15" of female students become pregnant is nothing short of ludicrous. Your suggested statistics of unplanned pregnancies among UVA students for the past five years is far from what the Guttmacher Institute – an organization associated with Planned Parenthood and which supports elective abortion – would indicate as a likely number. Bearing in mind that there are nearly 12,000 female students at UVA, the vast majority of whom are of reproductive age, and using the relevant Guttmacher figures as a basis for calculation, we would expect such a about 875 abortions annually from such a population.[26] Note that this would be the expected number of abortions, rather than unplanned pregnancies – which one could expect to exceed that number by a substantial margin. Dr. Sullivan, somebody inside your own student health system is not being honest with you regarding these numbers.

Regarding the rather optimistic statement that the people at the helm of UVA's abortion and misinformation infrastructure are *"regarded as role models in these qualities for the next generation of young physicians and nurses in training,"* we would like to remind you that this is far from the case. If you are really convinced that every student and employee in the UVA Hospital is happy with the policies therein regarding abortion and informed consent, you are mistaken. We would go as far as to suggest that a majority of students and professionals inside the hospital are not happy with UVA's abortion policy. We defy you to prove otherwise. Indeed, many pro life students and faculty have been intimidated into silence at UVA.

Two years ago, Piedmont Virginia Community College offered to donate an appropriate amount of land on its campus to build a Day Care Center that would offer services for both the UVA and PVCC communities.[27] UVA has unfortunately been dragging its feet and preventing this plan from coming to fruition. Sitting on a $4.7 billion endowment, and with both needed and needless construction projects happening all over Grounds, we insist that your university get this project moving as soon as possible so as to provide UVA students, faculty, and staff with adequate maternity and paternity leave from classes and free transport and day care for their children. Some baby changing stations in bathrooms around campus would also be beneficial. If you are at all serious in providing them with real options and help as you say you are, you will begin construction and planning for this facility as soon as possible. It would also help if you would start being more honest and stop citing the need for this facility to help only its faculty and staff. Your students are getting pregnant at a far

higher rate than your staff and faculty combined.

In relation to your student health information infrastructure, it is clear that a decision has been made to redesign your student health web presence to lessen the university's legal vulnerabilities, rather than to offer honest and impartial medical information to your students. Planned Parenthood is still linked on Elson's Student Center's webpage no less than three times.[28] As an organization that has derived its income from selling abortions and steroids and misinforming women about both for many decades, and was even caught on videotape seven times trying to aid and profit from child sex-trafficking,[29] they are not an honest broker when it comes to health care information.

Epigee likewise chooses not to inform women of the increased of preterm birth from previous abortions – or the increased risks of breast cancer, cervical cancer, heart disease, and liver cancer that women face when they take oral contraceptives.[30] The Center for Positive Sexuality also ignores almost all of the science, while promoting early sexual activity in adolescents/teenagers,[31] intravenous drug use,[32][33] and the notion that 'any reason we have for choosing abortion is a good reason'.[34] Another site recently linked is StudentSexLife.org: an altogether inadequate resource which directs readers to a website run by MTV for information on Sexually Transmitted Diseases![35] Again, on its page on birth control, several links to another site called Bedsider.org are provided.[36] The latter website uses the misleading term 'emergency contraception' and is non-transparent about its capacity to prevent implantation (therefore ending a human life between fertilization and implantation).[37]

That a major university with a large teaching hospital right on Grounds no longer trusts itself to dispense health care information is truly a remarkable turn of events. Yet these outside organizations offer information as biased and dishonest as what UVA had previously provided by itself. In sum, the changes that UVA has made over the past year have been incomplete, confusing, intellectually dishonest, and at times even farcical. We respectfully insist that it is time that you start over from scratch.

We appreciate and acknowledge that your administration has at least coerced the UVA Teen Health Center to discontinue handing out the Morning After Pills to children under 17 for free like they were some kind of candy – or indeed any kind of medicine. Thank you. But we can make no sense of the decision to continue giving this very powerful dose of steroids designed to be consumed exclusively by females to any male of any age. This enables ill-intentioned men to abuse women by, for example, slipping such pills into drinks without the victim's knowledge.[38] Furthermore, we have not seen any progress in updating the woefully insufficient warnings regarding the potential for severe physical and emotional side effects that these pills have already caused countless students in the UVA community as their healthy bodies try to expel these steroids, and after the hormonal chaos ensues. These human pesticides can be purchased elsewhere quite cheaply and easily. UVA has no business distributing them, calling them by a misleadingly drug manufacturer's name, obscuring that they are abortifacients, or underestimating their effect on the female body.

With regards to the numerous issues we have highlighted in our Initiative that your responses have ignored altogether, or not treated with sufficient urgency and honesty, the best way to illustrate all of those is to list them along with a few that have caught our attention since then. There are, unfortunately, still so many of them. The university still refuses to respect informed consent and be honest with its students and other patients in the following areas:

1. The increased risk of preterm birth and extremely preterm birth associated with a previous induced surgical abortion, and that those risks increase further with each additional abortion.

2. The increased risks of placenta previa and placenta accreta occurring in future pregnancies of post-abortive women.

3. The increased risk of breast cancer associated with delaying a first full term pregnancy via an abortion to end a pregnancy in a pregnant, parous woman of college age.

4. The very plausible risk of breast cancer associated with induced abortion due to the unnatural, interrupted effect on natural breast cell development during pregnancy.

5. The increased risk of breast cancer associated with oral contraceptives.

6. The increased risk of cervical cancer associated with oral contraceptives.

7. The increased risks of contracting a Human Papillomavirus (HPV) associated with early sexual activity, and with having multiple sex partners – thus leading to an increased risk of cervical cancer.

8. The increased risk of liver cancer associated with oral contraceptives.

9. The increased thromboses and the risk of heart disease associated with oral contraceptives and the Morning After Pills.

10. The increased risk of ectopic pregnancy associated with the Morning After Pills. Of the pregnancies that occur in women using the Morning After Pills, for example, there is a higher percentage of ectopic implantation. Any infant conceived after the ingestion of these steroids by his or her mother has a higher chance of dying as a result of ectopic implantation as compared to children conceived by mothers who did not ingest them.

11. The ability of the Morning After Pills to work after conception as well as before. Thus, their classification as abortifacients as well as contraceptives.

12. The risk of severe physical and emotional side effects caused by the Morning After Pills, including blood clots, thromboses, vomiting, and depression.

13. The risk of death for mother and child alike from taking RU-486, Mifepristone, and other early abortion drugs.

14. The possibility of depression and other mental health issues following an abortion, including substance abuse and suicide.

15. The proven ability of synthetic hormone steroid estrogens and progestins to cause a large variety of birth defects to infants in utero.

16. The proven ability of steroid hormone estrogens and progestins to leech vital nutrients from a woman's body, reduce bone health, and thus provide another mechanism by which infants in utero can be permanently damaged.

17. The dangers of powerful synthetic abortion drugs such as Mifeprestone and Misoprostol, which have already killed mothers along with their children.

18. The rights of conscience of all university employees to refuse to take part in any life-ending procedure or drug regimen that ends a pregnancy after conception has occurred.

Be advised that state legislators are very aware of us, our Initiative, and the urgent policy reforms that UVA is still refusing to enact. You and UVA's doctors chose not to act in a serious and comprehensive manner on behalf of the well-being of your students and other patients in an honorable or honest way. Therefore, we are compelled to take more concrete action, and ensure that UVA makes these long overdue changes with the help of our friends and allies in the courts, and in the Virginia General Assembly. We promised legal and legislative action in defense of human rights, scientific honesty, informed consent, and the health and well-being of your students and other patients. We are hereby making good on that promise, and calling for you to ask for the resignations of a few of the leaders of the organizations we suspect are responsible for what has been

going on at UVA for far too long. While reminding you that these and several other persons in both current and former positions at UVA remain very vulnerable to legal action, we make the following demands:

1. The University of Virginia must immediately suspend the performance of elective abortions at all UVA affiliated health care facilities. The UVA administration must publicly state that they have made this decision, and that it is final. This includes the dispensing of all drugs that can induce an early chemical abortion, such as RU-486, Mifeprestone, and the Morning After Pills.

2. UVA must express its intent to produce a new abortion consent form that all patients must read and sign before they will be referred to any facility that performs elective abortions. This consent form must include very clear language regarding the links and other possible correlations between abortion and preterm birth, extremely preterm birth, breast cancer, placenta previa, placenta accreta, and increased risk of birth defects affecting future children.

3. UVA must offer to provide an ultrasound free of charge that includes the audio of the unborn child's heartbeat to all pregnant students, faculty, and staff regardless of whether or not they are covered on the UVA health insurance plan. They must agree to do this whether or not the new law requiring this provision statewide survives court challenges.

4. UVA must provide the contact information for the Pregnancy Centers of Central Virginia to all pregnant women, bereft of any criticism of that organization. There are two such offices in Charlottesville, including one just down the street from UVA Hospital.

5. UVA must publicly declare its intent to revamp its health care information infrastructure – online and printed – to reflect all of the medical science it currently is ignoring or underestimating. UVA must endeavor to provide all medical information itself without hiring other entities to do it for them.

6. UVA must submit to the Virginia Attorney General's office a complete and detailed accounting review of its abortion funding stream from 1991 to the present.

7. UVA must update its printed and online resources to be honest about the Morning After Pill's ability to work after conception – explicitly categorizing it as an abortifacient as well as a contraceptive – in addition to providing a much more realistic description of severe physical and emotional side effects.

8. UVA must remove links to the Center for Positive Sexuality, Planned Parenthood, Student Sex Life, Epigee, and all other third party organizations from all UVA health care web pages, as these are political rather than medical organizations that are not honest brokers in health care information. UVA must instead produce and distribute all such information in house, in a transparent and honest fashion.

9. As a major architect of the current situation, the UVA administration should ask for the resignation of Assistant Dean Dr. Christine Peterson, OB/GYN.

10. As a major architect of the current situation, the UVA administration should ask for the resignation of Dr. James Turner, Director of Elson Sudent Health Center.

11. As a major architect of the current situation, the UVA administration should ask for the resignation of Dyan Aretakis, RN, Project Director of the Teen Health Center.

12. The UVA executive administration and the leaders of the UVA Health System must apologize publicly to students, staff, and alumni for 23 years of providing scientifically dishonest information to hundreds of thousands of its own students and other patients.

University founder Thomas Jefferson once proclaimed that "The care of human life and happiness, and not their destruction, is the first and only legitimate object of good government." And while the University is not

the government, it does represent both the state of Virginia as well as the greater Charlottesville community. Recalling another quote in which Mr. Jefferson proudly proclaimed would be the foundation of his University's endeavors, the University has been obstinate for over a year now in refusing "to follow truth wherever it may lead," and has tolerated many very serious errors in the realms of human rights and scientific honesty in a very unreasonable fashion. Mr. Jefferson also said that "To compel a man to furnish funds for the propagation of ideas he disbelieves and abhors is sinful and tyrannical." We agree, and insist that the University make the necessary changes it needs to here also. As we stated at the end of our Initiative, Mr. Jefferson's University should never have allowed itself to become involved in any of this in the first place. We understand that this was not your doing, but insist that these mistakes be undone.

Killing, dishonesty, misinforming students and patients, and putting political and/or profit agendas above the protection of human life and the tradition of informed consent does not cast the University in a pleasant light. Nor does it represent the state of Virginia or the Charlottesville community well. Your institution was and is intended to represent honor, dignity, honesty, and academic excellence, Dr. Sullivan. This cannot be demonstrated with the present medical and intellectual atrocities the University is allowing itself to partake in.

We respectfully suggest to you that that you could save yourself and Mr. Jefferson's University a great deal of bad publicity and money by enacting these reforms as soon as possible. We also respectfully submit to you the philosophy that it is the right thing to do from an ethical as well as legal perspective. Too many people have already been harmed needlessly.

We will leave you to consider our challenges just as we did over a year ago by quoting foundational human rights accords and guidelines regarding medical ethics that do not wither or fade with the passage of time. Nor do they change or lose their relevancy due to the changing winds of political or financial fads. The preservation and protection of human biology should always take precedence over the competing demands of human ideology.

"I will maintain the utmost respect for human life, from the time of its conception; even under threat, I will not use my medical knowledge contrary to the laws of humanity;
I will practice my profession with conscience and dignity"

Hippocratic Oath
Declaration of Geneva
Following the Nazi Doctors Trial at Nuremberg

"WHEREAS the child, by reason of his or her physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth"

United Nations Declaration of The Rights of the Child
Universal Declaration of Human Rights

"The voluntary consent of the human subject is absolutely essential. This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make
an understanding and enlightened decision"

The Nuremberg Code

This response has been authored, compiled, and presented to you on behalf of all the signatories and supporters of the Human Rights and Scientific Honesty Initiative by:

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