Dear Madame/Sir, September 3, 2013

As a current member of the Board of Visitors of the University of Virginia, we believe that it is important to bring your attention to an ongoing situation at the University that is doing great harm to both the institution and it's students. As a major regional provider of health care, we feel that the University is continuing to deliberately mislead students and other patients regarding the cancer risks of very popular drugs, denying young women the benefit of informed consent regarding cancer and preterm birth, and continuing their in-house abortion program inside UVA Hospital behind a veil of very questionable financial details.

We are the Human Rights and Scientific Honesty Initiative at UVA. We came together as a group in 2010 to highlight these issues, and ask that the UVA administration change course. Unfortunately, our efforts to push reforms onto the the UVA health care system infrastructure have been met with a series of unfounded denials and a stubborn opposition to change by the Sullivan administration. These issues are certainly not exclusive to UVA, but in a country whose female breast cancer incidence rate has *tripled* and whose preterm birth rate has *doubled*, we feel that a public university with a large hospital and medical school is the last place where any of this should still be happening.

While the UVA administration was indeed forced to overhaul their student health online presence, the changes they have made in response to our challenges have been piecemeal and largely ineffectual. Overall, these decisions violate the principles upon which the University was founded and continue to do harm to its woefully misinformed students and other young patients who depend on the UVA Health System for accuracy and compassion in *all* that they do. They continue to tarnish the reputation and image of the University at a time when it can ill afford further damage, and leave it vulnerable to potential legal ramifications with regard to informed consent - as well as state and federal laws. Please take the time to review the three documents that we have thus far submitted with due respect to President Sullivan.

Our original Initiative was delivered to her office on February 15, 2011.

http://uvalies.org/initiative

After engaging in a discussion with the president and others at UVA both privately and publicly, we submitted our Response to her on March 30, 2012 detailing the University's intransigence regarding these issues, and also the absurdity of some of their claims.

http://uvalies.org/response

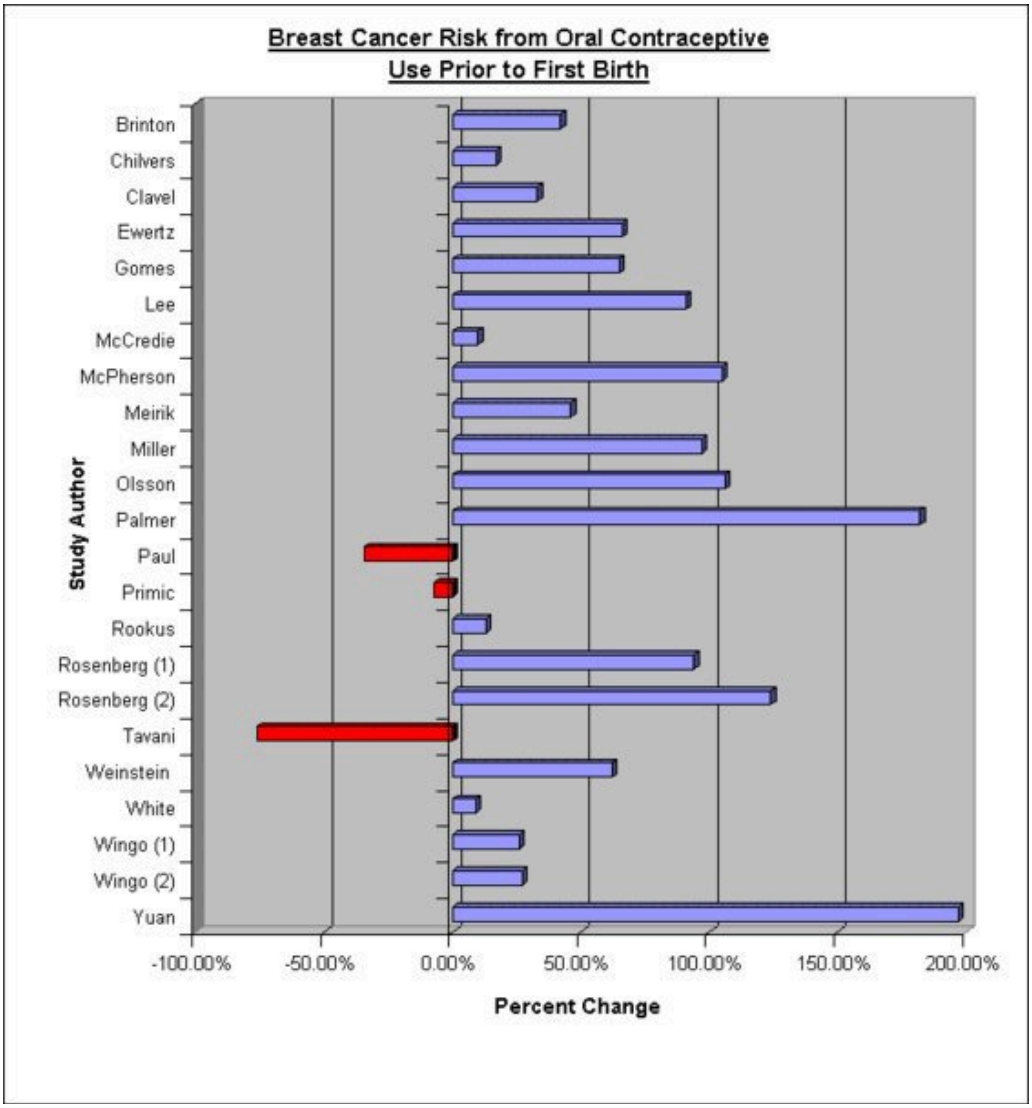
Most recently, we challenged UVA regarding their revised yet still incomplete abortion consent form on October 11, 2012.

http://uvalies.org/consent

We are confident that we have more than adequately made our case regarding the unwillingness of the UVA administration to communicate both plausible and proven medical risks to students and other

patients. The possibility that the University could be sued by a former student for denial of informed consent remains high. Additionally, members of our managing board have met with and discussed these issues with members of the Virginia General Assembly with an eye towards legislative action this coming January.

To put it briefly, the current UVA administration has steadfastly refused to change course away from the dangerous and unethical policies put in place 25 years ago by a previous administration. UVA still deliberately misinforms its students and other patients about Group One carcinogens that they supply to them in great quantity. Indeed, UVA continues to mislead students into thinking that they are cancer inhibitors! The published science concluded *seven years ago* that the increased risk for breast cancer was 44% for the average young college student using oral contraceptives. Here is a meta-analysis of the published science:



"The graph above is based upon data taken from the journal article of the Mayo Clinic Proceedings (10/06). It demonstrates the increased risk of developing breast cancer for pre-menopausal women who took (or are taking) oral contraceptives prior to first-term pregnancy. Twenty one out of twenty-three of these retrospective studies

demonstrated an increased risk. The odds ratio of combining these studies for this meta-analysis noted a 44% increased risk, which was significant at the 99% confidence interval (OR, 1.44; 99% CI 1.24-1.68)."

"Oral Contraceptive Use as a Risk Factor for Pre-menopausal Breast Cancer: A Meta-analysis", authored by Chris Kahlenborn, M.D., (Internal Medicine, Altoona Hospital, PA), Francesmary Modugno, Ph.D., (Epidemiology), Douglas M. Potter, Ph.D. (Biostatistics) both from the University of Pittsburgh, and Walter B. Severs, Ph.D., Professor Emeritus of Pharmacology at the Penn State College of Medicine.

As heinous an omission as this is, UVA also deliberately keeps its students and other patients in the dark about the increased risks of both cervical cancer and liver cancer associated with oral contraceptives. Women have a right to know and be informed about the true effects of any drug they choose to put in their bodies and should be warned before they make a decision which may cause undue effects either now or in the future. To purposefully avoid doing so is dishonest, harmful, and malfeasant.

Unfortunately, the same dishonesty can be found in the University's abortion consent form, which *still* does not inform women that they are dramatically increasing their risk of preterm birth and low birth weight later in life – resulting in UVA alumni with children coping with needless birth defects such as autism and cerebral palsy. We will quote from a systematic review of the science published earlier this year by Dr. Martin J. McCaffrey, MD, Clinical Professor in Neonatal-Perinatal Medicine at the University of North Carolina-Chapel Hill.

"There are 137 studies reporting on the abortion-prematurity link. In 2006 the Institute of Medicine published the most complete review of preterm birth. The IOM called abortion an "immutable risk factor for preterm birth," meaning a woman having an abortion always has an increased chance for future preterm birth.

Two well-designed meta-analyses in 2009 combined data from 41 abortion-prematurity studies. A meta-analysis combines multiple studies on a research topic. It is the gold standard for establishing association between a risky behavior, like abortion or smoking, and an outcome like preterm birth.

The results showed that after one abortion, risk for a future preterm birth before 37 weeks increases by 36 percent and risk for a future very preterm birth before 32 weeks increases by 64 percent. When a woman has multiple abortions, risk for a future preterm birth increases by 93 percent. There are no meta-analyses that refute this association. The abortion-preterm birth link is settled science."

http://www.ncfpc.org/FNC/1305-FNC-Spring13-Abortion'sImpactOnPrematurity2.pdf

Do you think that Mr. Jefferson's university should be steadfastly engaged in such institutional dishonesty regarding medical science? Indeed, do you think that Mr. Jefferson's publicly funded university and hospital should be performing more than 2,660 elective abortions through 22 weeks gestation inside UVA Hospital on Grounds? Do you think any of this is what Thomas Jefferson and Robley Dunglison had in mind when they organized the UVA School of Medicine and the Anatomical Theatre was built?

From our perspective, these are great, ongoing embarrassments to one of America's great universities – especially the very university that was founded upon the ideal of "for here we are not afraid to follow truth, wherever it may lead, nor to tolerate any error so long as reason is left free to combat it." We could speculate as to what political and/or financial motivations are at work here, but we would prefer that the Board of Visitors take up these topics with the urgency they deserve at your September meetings instead.

Meanwhile, UVA has fallen well out of the top 100 universities in the Academic Ranking of World Universities, while during the same period rocketed to # 1 as the Playboy empire's favorite campus.

The shroud of secrecy has been lifted from UVA's in-house abortion program, and there are plenty of University alumni who care about this issue. Alumni will also care about medical dishonesty on Grounds, as it reflects poorly on the University's reputation, it reflects poorly on theirs by proxy, and it will likely deter enrollment as more people become aware of what has been going on. The reputation of the University is being sullied, it is time for UVA to stand up for truth where it has led, and it is time to no longer tolerate so many errors. It is the responsibility of trusted educational institutions to be leaders in the community regarding human rights, informed consent, and scientific honesty.

Whatever political and/or financial interests the University has in these underhanded endeavors does not supersede its responsibility to protect the health and well-being of all of its students and other patients. Untold damage has already been done and it must not continue; none of the UVA's obstinate denial of what is proven is worth the risk, the controversy, or the lowered reputation. We have tried to appeal directly to the University's president. In the absence of any substantial corrective measures from the UVA administration, we now ask for you to intervene.

With hope,

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Texas Woman's University College of Nursing, 2013
Louisiana State University, 2008

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University of Virginia, 2011

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