



November 12, 2024

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Dear Mr. Paulson and Mr. Stadum:

Thank you in advance for your time, and congratulations on your new appointments at Oregon Health & Science University (OHSU). I'm writing on behalf of People for the Ethical Treatment of Animals—PETA entities have more than 9 million members and supporters globally. In light of new public records we have obtained confirming the cancellation of using pigs in OHSU's obstetrics and gynecology (OB/GYN) physician residency training program this year due to the "decreased enthusiasm" from the chief residents,<sup>1</sup> we would like to thank the OB/GYN chief residents for their stance, which ensures that medical education for physicians should evolve based on new technology and ethical standards. As such, PETA will temporarily pause further protests, including our presence at future board meetings.

**Based on the information presented below, we now urge you to adopt a public policy *permanently* prohibiting the use of live animals in OHSU's OB/GYN physician residency training program in favor of human-relevant, animal-free methods. PETA is eager to help OHSU switch to more effective, ethical, and economical simulations. More than 100 physicians have signed the enclosed letter supporting our request.**

### **Records Confirm Live Animal Use in OHSU's OB/GYN Residency**

In a set of public records that PETA received from OHSU in response to our October 22, 2021, request,<sup>2</sup> we learned that from 2019 to 2021 at least 64

<sup>1</sup>OHSU. Responsive Records. E-mail re Reviewing Pig Use. April 16, 2024. Accessed November 5, 2024.

<https://www.peta.org/wp-content/uploads/2024/11/review-of-pig-use.pdf>

<sup>2</sup>PETA. Records Request. October 22, 2021. Accessed September 18, 2024.

[https://www.peta.org/wp-content/uploads/2022/03/2021-10-22\\_OB-GYN\\_Residency\\_Records-Request\\_OHSU\\_OB-GYN.pdf](https://www.peta.org/wp-content/uploads/2022/03/2021-10-22_OB-GYN_Residency_Records-Request_OHSU_OB-GYN.pdf)

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OB/GYN physician residents had participated in five training labs at OHSU<sup>3,4,5</sup> that involved invasive and deadly procedures on up to 48 live female pigs.<sup>6,7,8,9</sup>

### **E-Mails Show Internal Controversy for OB/GYN Pig Lab**

According to public records that PETA obtained from OHSU, an individual who appears to be affiliated with the leadership team of the university's OB/GYN residency program stated, "Let's set up a meeting to discuss utility of the pig labs. ... I met with chiefs last night and most of them do NOT find the pig lab to be useful."<sup>10</sup> In addition, after hearing from PETA supporters and members urging OHSU to ban the use of live animals in its OB/GYN residency program, the chair of OHSU's OB/GYN department, Dr. Aaron Caughey, stated in an e-mail on April 28, 2023, "We ([redacted] and I) have mixed feelings toward the [live-pig] labs."<sup>11</sup> In addition, an OB/GYN physician resident at OHSU expressed unwillingness to use live animals in the Surgical Skills Lab, writing, "I do not want to participate in the live porcine portion."<sup>12</sup>

It appears that this sentiment has grown in 2024, with several residents expressing their opposition to participate in the use of pigs in their surgical training,<sup>13,14,15</sup> preferentially opting for the human cadaver portion over using pigs.<sup>16</sup> One resident also specifically stated, "I love the idea of skipping the sad pig portion...."<sup>17</sup> which indicates the obvious ethical alignment of the residents with the non-animal standard of training. An e-mail regarding the OB/GYN simulation

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<sup>3</sup>OHSU. USDA and Porcine OB/GYN Data 2021. Accessed September 18, 2024. <https://www.peta.org/wp-content/uploads/2022/03/USDA-and-Porcine-ObGyn-Data-2021-redacted.pdf>

<sup>4</sup>OHSU. USDA and Porcine OB/GYN Data 2020. Accessed September 18, 2024. <https://www.peta.org/wp-content/uploads/2022/03/USDA-and-Porcine-ObGyn-Data-2020-redacted.pdf>

<sup>5</sup>OHSU. USDA and Porcine OB/GYN Data 2021. Accessed September 18, 2024. <https://www.peta.org/wp-content/uploads/2022/03/USDA-and-Porcine-ObGyn-Data-2021-redacted.pdf>

<sup>6</sup>OHSU. IACUC Protocol IP00817. Accessed September 18, 2024. <https://www.peta.org/wp-content/uploads/2022/03/IACUC-protocol-IP00817.pdf-redacted.pdf>

<sup>7</sup>OHSU. High Fidelity Simulation-Manikin Based ObGyn Post-Partum Skills. Accessed September 18, 2024. <https://www.peta.org/wp-content/uploads/2022/03/ObGyn-Curriculum-HighFidelity.pdf>

<sup>8</sup>OHSU. OB Skills. Accessed September 18, 2024. <https://www.peta.org/wp-content/uploads/2022/03/OB-Skills-2019-2021-Objectives-and-Equipment-redacted.pdf>

<sup>9</sup>OHSU. Porcine Laboratory Surgical Tasks. Accessed September 18, 2024. <https://www.peta.org/wp-content/uploads/2022/03/Porcine-Labarotory-Surgical-Tasks-redacted.pdf>

<sup>10</sup>OHSU. Responsive Records. Correspondence re OB/GYN Residency Program. April 28, 2023. Accessed September 18, 2024. <https://www.peta.org/wp-content/uploads/2024/04/email-re-utility-of-pig-lab.pdf>

<sup>11</sup>OHSU. Responsive Records. Correspondence re OB/GYN Residency Program. April 28, 2023. Accessed September 18, 2024. <https://www.peta.org/wp-content/uploads/2024/04/april-28-ohsu-email-caughey.pdf>

<sup>12</sup>OHSU. Responsive Records. Correspondence re Surgical Skills Lab. March 24, 2023. Accessed September 18, 2024. [https://www.peta.org/wp-content/uploads/2024/05/resident-not-participating-in-pig-lab\\_Redacted.pdf](https://www.peta.org/wp-content/uploads/2024/05/resident-not-participating-in-pig-lab_Redacted.pdf)

<sup>13</sup>OHSU. Responsive Records. E-mail re Resident Participation in Simulation Lab. February 14, 2024. Accessed November 5, 2024. <https://www.peta.org/wp-content/uploads/2024/11/no-participation-in-animal-lab.pdf>

<sup>14</sup>OHSU. Responsive Records. E-mail re Resident Participation Simulation Lab. February 17, 2024. Accessed November 5, 2024. <https://www.peta.org/wp-content/uploads/2024/11/no-participation-in-pig-use.pdf>

<sup>15</sup>OHSU. Responsive Records. E-mail re Resident Participation Simulation Lab. February 14, 2024. Accessed November 5, 2024. <https://www.peta.org/wp-content/uploads/2024/11/resident-no-participation-in-pig-use.pdf>

<sup>16</sup>OHSU. Responsive Records. E-mail re Resident Participation Simulation Lab. February 14, 2024. Accessed November 5, 2024. <https://www.peta.org/wp-content/uploads/2024/11/email-re-cadaver-and-pig-use.pdf>

<sup>17</sup>OHSU. Responsive Records. E-mail re Resident Skipping Pig Use. February 14, 2024. Accessed November 5, 2024. <https://www.peta.org/wp-content/uploads/2024/11/want-to-skip-pig-use.pdf>

lab stated that there are “many residents planning to forego the pig lab this year,”<sup>18</sup> and internal discussions reviewing the use of pigs in the OB/GYN residency program reported that, “*The pig lab will not occur this year due to decreased enthusiasm from the Chief resident class*”<sup>19</sup> (*emphasis added*).

### **OHSU Fails to Address Ethical and Scientific Critiques of OB/GYN Training on Live Pigs**

On April 18, 2022, we sent a letter to Dr. Amy Stenson, OHSU’s OB/GYN residency program director, outlining federal provisions that mandate a reduction in the use of live animals when possible, describing the poor translatability of skills from training on animals to performing procedures on human patients and detailing advanced animal-free methods that afford superior OB/GYN training.<sup>20</sup> Despite repeated follow-ups,<sup>21,22,23</sup> we haven’t yet received a response. On March 30, 2023, PETA, along with two board-certified fellows of The American College of Obstetricians and Gynecologists, Dr. Stephanie Singer and Dr. Rixt Luikenaar, also wrote to the OHSU Board of Directors about this matter, requesting that the board take action by ensuring the replacement of the use of live animals in OHSU’s OB/GYN residency program.<sup>24</sup>

On April 17, 2023, representatives from PETA attended a meet-and-greet event featuring then-OHSU Executive Vice President and Dean of the School of Medicine Dr. David Jacoby, at which they had the opportunity to address this issue directly. Dr. Jacoby verbally informed PETA’s representatives that the OB/GYN department chair, Dr. Aaron Caughey, had advised him that continuing to use pigs during OB/GYN residency training is still necessary. However, the evidence described in the enclosed brief confirms that using animals for this purpose is not only unnecessary but also counterproductive and it outlines the prevalence and superiority of animal-free OB/GYN training methods. On April 18, 2023, we wrote to Dr. Caughey about this matter, describing how animal-free methods for OB/GYN training are cost-effective, simulate real medical situations, and provide students with vital opportunities to repeat procedures until they’re proficient.<sup>25</sup> We followed up on August 30, 2023, but haven’t yet received a response.<sup>26</sup>

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<sup>18</sup>OHSU. Responsive Records. E-mail re Residents Forgoing Pig Use. February 13, 2024. Accessed November 5, 2024. <https://www.peta.org/wp-content/uploads/2024/11/residents-forego-pig-use.pdf>

<sup>19</sup>OHSU. Responsive Records. E-mail re Reviewing Pig Use. April 16, 2024. Accessed November 5, 2024. <https://www.peta.org/wp-content/uploads/2024/11/review-of-pig-use.pdf>

<sup>20</sup>Swaminathan S. Letter to Dr. Amy Stenson. PETA. April 18, 2022. Accessed September 18, 2024. <https://www.peta.org/wp-content/uploads/2023/02/2022-04-18-ohsu-ob-gyn-letter-to-end-live-animal-use.pdf>

<sup>21</sup>Swaminathan S. E-Mail Follow-Up With Dr. Amy Stenson. PETA. June 8, 2022. Accessed September 18, 2024. <https://www.peta.org/wp-content/uploads/2023/03/2022-06-08-follow-up-ohsu.pdf>

<sup>22</sup>Swaminathan S. E-Mail Follow-Up With Dr. Amy Stenson. PETA. October 11, 2022. Accessed September 18, 2024. <https://www.peta.org/wp-content/uploads/2023/03/2022-10-11-follow-up-ohsu.pdf>

<sup>23</sup>Swaminathan S. Letter to Dr. Amy Stenson. PETA. March 2, 2023. Accessed September 18, 2024. <https://www.peta.org/wp-content/uploads/2023/03/2023-03-02-letter-to-ohsu-re-obgyn-training-on-animals.pdf>

<sup>24</sup>Swaminathan S. Letter to OHSU Board of Directors. PETA. March 30, 2023. Accessed September 18, 2024. <https://www.peta.org/wp-content/uploads/2023/04/2023-03-30-letter-to-ohsu-bod.pdf>

<sup>25</sup>Swaminathan S. Letter to OHSU OB/GYN Chair. PETA. April 18, 2023. Accessed September 18, 2024. <https://www.peta.org/wp-content/uploads/2023/04/2023-04-18-letter-to-ohsu-ob-gyn-chair-with-brief.pdf>

<sup>26</sup>Swaminathan S. Follow-Up Letter to OHSU OB/GYN Chair. PETA. August 30, 2023. Accessed September 18, 2024. <https://www.peta.org/wp-content/uploads/2023/08/2023-08-30-follow-up-with-ohsu-re-ob-gyn.pdf>

We also wrote to the new dean of OHSU's medical school on March 8, 2024,<sup>27</sup> and the new OB/GYN residency program director on May 28, 2024,<sup>28</sup> neither of whom have responded.

### **Funds Wasted on Pig Lab at OHSU for OB/GYN Training**

According to records we received from OHSU, at least \$13,691.50 was spent to purchase and kill 14 female pigs between March 24, 2022, and April 20, 2023, for its OB/GYN physician residency training.<sup>29,30,31</sup> The records also make it apparent that the pigs at OHSU who are being used for the OB/GYN "Skills Lab" are experiencing discomfort and distress.<sup>32</sup> The medical records document numerous cases of scratches and abrasions on their bodies,<sup>33</sup> a fighting incident between pigs who were caged together,<sup>34</sup> "social incompatibility" among pigs,<sup>35</sup> and their inability to "coexist peacefully."<sup>36</sup> A "Surgery Anesthesia Log" reports that a pig experienced cardiac distress,<sup>37</sup> and another pig is reported to have had high levels of potassium in her serum, which likely caused her to experience arrhythmias. She also had a "large amount of urine" reported in her abdomen, likely due to a ruptured urinary system.<sup>38</sup> One of the pigs was "euthanized" before the OB/GYN skills lab ended due to "sustained arrhythmia."<sup>39</sup> In another instance, a pig assigned to the OB/GYN skills lab was bled out from the abdomen and ultimately killed.<sup>40</sup>

### **Evidence That Peer OB/GYN Residency Programs Do Not Use Live Animals**

In an e-mail dated March 23, 2023, a member of the OB/GYN department asks, "Do we have accurate data from other programs that we are truly one of the last programs to still utilize pig models? Could we survey other program directors to see if we are truly deviating from the norm?" Furthermore, Caughey states in an e-mail from April 23, 2023, "I am thinking about doing an assessment of ... programs (nationaly) [*sic*] to guage [*sic*] opinions, experience, etc" regarding the use of live animals in OB/GYN physician residency training.<sup>41</sup>

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<sup>27</sup>Swaminathan S. Letter to New OHSU Med School Dean. PETA. March 8, 2024. Accessed September 18, 2024. <https://www.peta.org/wp-content/uploads/2024/03/2024-03-08-letter-to-new-ohsu-med-dean-with-alts.pdf>

<sup>28</sup>Swaminathan S. Letter to New OB/GYN Program Director. PETA. May 28, 2024. Accessed September 18, 2024. <https://www.peta.org/wp-content/uploads/2024/05/2024-05-28-letter-to-new-obgyn-residency-chair-ohsu.pdf>

<sup>29</sup>OHSU. Responsive Records. April 6, 2023, Invoice. Accessed September 18, 2024. <https://www.peta.org/wp-content/uploads/2024/02/2023-04-06-invoice.pdf>

<sup>30</sup>OHSU. Responsive Records. April 20, 2023, Invoice. Accessed September 18, 2024. <https://www.peta.org/wp-content/uploads/2024/02/2023-04-20-invoice.pdf>

<sup>31</sup>OHSU. Responsive Records. March 24, 2022, Invoice. Accessed September 18, 2024. <https://www.peta.org/wp-content/uploads/2024/02/2022-03-24-invoice.pdf>

<sup>32</sup>OHSU. Responsive Records. Animal Medical Records. Accessed September 18, 2024. <https://www.peta.org/wp-content/uploads/2024/02/Animal-Medical-Records-ohsu-obgyn.pdf>

<sup>33</sup>*Id.* Pages 5, 12, 20, 61, 67.

<sup>34</sup>*Id.* Page 5.

<sup>35</sup>*Id.* Page 20.

<sup>36</sup>*Id.* Page 63.

<sup>37</sup>*Id.* Page 80.

<sup>38</sup>*Id.* Page 79.

<sup>39</sup>*Id.* Page 87.

<sup>40</sup>*Id.* Page 51.

<sup>41</sup>OHSU. Responsive Records. Correspondence re OB/GYN Residency Program. April 28, 2023. Accessed September 18, 2024. <https://www.peta.org/wp-content/uploads/2024/04/april-28-ohsu-email-caughey.pdf>

To address both items, I'd like to direct you to PETA's ongoing survey of OB/GYN residency programs that are accredited by the Accreditation Council for Graduate Medical Education, more than 100 of which have confirmed to PETA that they *do not* use live animals in their OB/GYN physician residency training.<sup>42</sup> Animal-free methods offer various benefits to the residency training, including practicing on human-relevant anatomy, serving as economical tools for repeated and long-term use as opposed to single use animals, allowing residents to practice in their own time rather than lab times dictated for them. Furthermore, after hearing from PETA, various institutions have taken action, including the following:

- The University of Texas Southwestern Medical Center wrote to us that “living animal models are no longer utilized in OB/GYN residency training program simulation activities.”<sup>43</sup> According to records we've received, that school had previously used at least 13 pigs in recent OB/GYN training to perform laparoscopic hysterectomies, retroperitoneal dissections, and tissue morcellations.<sup>44</sup>
- Aurora Sinai Medical Center<sup>45</sup> and Rush University<sup>46</sup>—the latter of which received virtual reality software donated by PETA—both ended their use of live animals for OB/GYN physician residency training.
- Henry Ford Hospital published a new public policy on its webpage, stating, “The OB/GYN residency program at Henry Ford Hospital does not use animals for training purposes, and instead uses advanced human patient simulators and other non-animal methods.”<sup>47</sup>

The U.S. Department of Defense has also banned the use of live animals for its OB/GYN physician residency training, instead using superior, human-relevant simulators.<sup>48</sup>

Clearly, there's a large and growing shift in the field away from relying on crude training methods using live animals and toward using more human-relevant, effective, ethical, and economical animal-free models. The fact that numerous OB/GYN residency programs offer quality education and training without using live animals empirically refutes OHSU's claim that “technology currently does not exist to recreate some of the most complex procedures surgeons

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<sup>42</sup>PETA. Animal Use in OB/GYN Physician Residency Training Programs in the U.S. Accessed September 18, 2024. <https://www.peta.org/action/animal-use-in-ob-gyn-physician-residency-training-programs/>

<sup>43</sup>UT Southwestern. Response Confirming No Live Animals Used. August 15, 2023. Accessed September 18, 2024. <https://www.peta.org/wp-content/uploads/2023/08/2023-08-15-no-live-animals-used.pdf>

<sup>44</sup>UT Southwestern. Responsive Records. December 14, 2022. Accessed September 18, 2024.

<https://www.peta.org/wp-content/uploads/2023/08/2022-12-14-responsive-records-ut-southwestern.pdf>

<sup>45</sup>PETA. Hospital Swaps Live Pigs for Tech in OB/GYN Training After PETA Talks. July 29, 2021. Accessed September 18, 2024. <https://www.peta.org/blog/victory-aurora-sinai-medical-center-wisconsin-replaces-live-pigs-high-tech-simulators/>

<sup>46</sup>PETA. OB/GYN Residents Trade Practice on Live Pigs for High-Tech Simulators. June 28, 2016. Accessed September 18, 2024. <https://www.peta.org/blog/obgyn-residents-trade-practice-live-pigs-high-tech-simulators/>

<sup>47</sup>Henry Ford Health. Obstetrics & Gynecology Residency. Accessed September 18, 2024. <https://www.henryford.com/hcp/med-ed/residencies-fellowships/hfh/ob-gyn>

<sup>48</sup>Woodson J. Memorandum: Determination for the Use of Animals in Medical Education and Training. Department of Defense. May 15, 2014. Accessed September 18, 2024. <https://www.peta.org/wp-content/uploads/2023/03/jonathan-woodson-2014.pdf>

must regularly perform in humans.”<sup>49</sup> Enclosed is our detailed brief, which we have previously shared with OHSU, outlining published studies on the efficacy of animal-free OB/GYN training methods that are currently and widely available.

**We’d welcome an opportunity to discuss how PETA could assist OHSU with obtaining animal-free, human-relevant simulations to replace—completely and permanently—all use of live animals in OHSU’s OB/GYN residency training program.**

You can contact me directly at [ShriyaS@peta.org](mailto:ShriyaS@peta.org). Thank you for your consideration. We look forward to your reply.

Sincerely yours,



Shriya Swaminathan  
Science Policy Advisor  
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#### **Enclosure**

Letter From Physicians

Supplemental Brief: Replacing Animal Use in OB/GYN Residency Training at OHSU

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<sup>49</sup>Pettigrew J. PETA Tells OHSU to Stop Using Live Pigs for OB/GYN Surgical Training. KOIN.com. Updated September 27, 2023. Accessed September 18, 2024. <https://www.koin.com/news/oregon/peta-tells-ohsu-to-stop-using-live-pigs-for-ob-gyn-surgical-training/>

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November 12, 2024

Chad Paulson  
Chair  
Board of Directors  
Oregon Health & Science University

Steve Stadum  
Interim President  
Oregon Health & Science University

Dear Mr. Paulson and Interim President Stadum:

As obstetrics and gynecology (OB/GYN) physicians and other medical doctors, we're writing to urge you to adopt a public policy ending the use of live animals in the OB/GYN physician residency training program at Oregon Health & Science University (OHSU) in favor of cutting-edge human-patient simulators and other superior, animal-free models.

For its current training, OHSU forces live pigs to endure numerous invasive procedures, during which the animals are cut into and their organs are mutilated. The pigs who survive these cruel procedures are ultimately killed. These animals—who have complex cognitive abilities, rich emotions, and the capacity for suffering—have vastly different anatomy and physiology from those of humans, yet the university still squanders its resources on this inhumane and irrelevant training.

Dozens of accredited OB/GYN physician residency training programs—including those at Texas A&M University, the University of California–Los Angeles, the University of North Carolina, and the University of Washington—have abandoned live-animal training. Instead, such programs use advanced, human-relevant simulators, which are equal or even superior to training on live animals. Importantly, the American College of Obstetricians and Gynecologists (ACOG) has also confirmed that “[p]rogramming offered by ACOG does not involve the use of live animals or animal parts.”

For the sake of physicians, patients, and pigs, it's time OHSU joined other institutions by ending the use of live animals in its OB/GYN physician residency training program. Thank you for your consideration.

Sincerely,

Dr. Pauline Fani

Dr. Lisa Philbrook

Dr. John Pippin

Dr. Naomi Van Dyk

Dr. William Grant

Dr. Miriam Lagunas Fitta

Dr. Alexia Quaranta

Dr. John Munro

Dr. Natalie Burkley

Dr. Suzanne Scarola

Dr. Thomas Valente

Dr. Konstantina Karadima

Dr. Nikhil Kulkarni

Dr. Margarita Camacho

Dr. Jacob Dijkstra

Dr. Dyan Osborne

Dr. Elsa Knutson

Dr. Robert Hoogstra



Dr. Terri Minford	Dr. Michael Zelig	Dr. Karen Hoover
Dr. Edward Markushewski	Dr. Robert Fairfull Smith	Dr. Ira Kaplan
Dr. Lisa Tichenor	Dr. Barbara Daxer	Dr. Tricia Mahoney
Dr. Audrey Urbano	Dr. Lara Pleasence	Dr. Barbara Perlmutter
Dr. Debbie Smit	Dr. Carolyn Lee	Dr. Sandy Hoyte
Dr. Baher Massoud	Dr. Carol Dingee	Dr. Gaetano Aquilino
Dr. Lee Ann Skaff	Dr. Vivy Phan	Dr. Jessica Malki
Dr. David Jenkins	Dr. Elina Tuovinen	Dr. Lori Dolinski
Dr. Gord Preston	Dr. Renato Zamora Flores	Dr. Shilpa Mehta
Dr. Lisa Rosa	Dr. Maureen Howard	Dr. Mike Baach
Dr. Anna Alberici	Dr. Amina Abu Ghazaleh	Dr. Anne Houff
Dr. Kumar Nagarajan	Dr. Hadel Toma	Dr. Claudia Kroker-Bode
Dr. Jane Herrmann	Dr. Marjorie Chorness	Dr. Bonnita Buonocore
Dr. Carey Vaughan	Dr. Deborah Wilson	Dr. Kellen Dunn
Dr. Bjoern Mannsfeld	Dr. Margherita Delogu	Dr. Sheril Stansberry
Dr. Nancy Sabat	Dr. Nichola Rymes	Dr. Christine Cofer
Dr. Cora Tompkins	Dr. Anne Greist	Dr. Stephanie Spano
Dr. Stephen Powell	Dr. Robyn Muehlberger	Dr. Kerstin Herrmann
Dr. Joan Wikler	Dr. Paige Rielly	Dr. Piet Calkhoven
Dr. George Sakakini	Dr. Katie Doktor	Dr. David Link
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Dr. Karen Richard	Dr. Natascha Tuznik	Dr. Michelle Gibson
Dr. Rodney Dunetz	Dr. Hiedi Tan	Dr. Emmanuel Aydin-Ghormoz

Dr. Ivan Lo Vecchio	Dr. Danny Hardy	Dr. Maureen Hackett
Dr. Judith Jeske	Dr. Robert Collette	Dr. Jerrold Terdiman
Dr. Sapna Rathi	Dr. Leah Mintz	Dr. Laura Long
Dr. Cynthia Cerciello	Dr. Gabriella Errico	Dr. Alfred Jonas
Dr. Susan Calkins	Dr. Teresa Mynko	Dr. Kenneth Ruby
Dr. Celina Crisman	Dr. Marvin Retsky	Dr. Stephanie Skow
Dr. Rose Hayet	Dr. Cynthia Schandl	Dr. Debra Ressler
Dr. Margaret Byrne	Dr. Ari Joffe	Dr. Marita Henriksson
Dr. Andrea Milbourne	Dr. Gloria Kennedy	Dr. Tina Kosnar
Dr. Lisa Loehrke-Sichart	Dr. Marge Peppercorn	Dr. Phillip Grob
Dr. Carmen Alfonso	Dr. Teresa Keller	Dr. Cristobal Nogues
Dr. Priyanka Pujol	Dr. Courtney Johnson	Dr. Geraldine Mayor
Dr. Helen Otteno	Dr. Gina Montion	Dr. Amanda Moore
Dr. Rixt Luikenaar	Dr. Alexia Flangini	Dr. Jeremy Spiegel
Dr. Sophie Dojacques	Dr. Tracy Ouellette	Dr. Jeanette Sarbo
Dr. Khairul Nazim Abu Hasan	Dr. Andrew Berkson	Dr. Heide Coppotelli
Dr. Kristina Kozak	Dr. Susana Barata	Dr. Vicky Taylor
Dr. Jason Nakagawa	Dr. Robert Campbell	Dr. Julia Manzerova
Dr. Brandon Burr	Dr. Jane Sproul	Dr. Phyllis Ager
Dr. Robert Armstrong	Dr. James Santos	Dr. Swati Bhatnagar
Dr. Peter Vezeridis	Dr. Andrew Dickson	Dr. Claudia Chapek
Dr. William Harris	Dr. Chiara Berni	Dr. Ruth Feldman
Dr. Peter Mathews	Dr. Barbara Lampert	Dr. Soniya Pinto

Dr. Jann Johnson

Dr. Margarita Charlin

Dr. Leonardo Incerti  
Vecchi

Dr. Anabela Neves

Dr. Iva Stankovic

Dr. Karanvir Bhinder

Dr. Patricia Fleuranceau  
Morel

Dr. Elizabeth Pepe

Dr. Stacy Loeb

Dr. Loreta Golubovskaite

Dr. Zachary Whitlow

Dr. Aaron Singh

Dr. Paul Beach

Dr. Luisa Mirone

Dr. Madhuri Pydisetty

Dr. Jennifer Rahman

Dr. Christiane Leibold

Dr. Sherifa Iqbal

Dr. Beth Bollinger

Dr. Pablo Martinez

**Supplemental Brief: Replacing Animal Use in  
OB/GYN Residency Training at Oregon Health & Science University**  
November 12, 2024

Prepared by PETA

**Most OB/GYN Residency Programs Use Animal-Free Training Methods**

Based on PETA’s ongoing survey of all OB/GYN residency programs accredited by the Accreditation Council for Graduate Medical Education (ACGME), an overwhelming majority of them have reported that they *don’t* use live animals in their training. Instead, such programs, including those at Rush University<sup>1</sup> and Aurora Sinai Medical Center,<sup>2</sup> use advanced, human-relevant simulators, which are reported in the medical literature to be equal or superior to using live animals.

The U.S. Department of Defense (DOD) issued a policy on May 15, 2014, that bans the use of animals for OB/GYN residency training and several other medical education areas by all branches of the military, unequivocally, stating that “suitable simulation alternatives can replace the use of live animals.”<sup>3</sup>

**Federal Provisions Require the Replacement of Animal Use When Possible**

Federal ethical provisions are in place regarding minimizing the use of animals in experiments and training:

- The eighth edition of the *Guide for the Care and Use of Laboratory Animals* states, “The *Guide* ... endorses the following principles: *consideration of alternatives (in vitro systems, computer simulations, and/or mathematical models) to reduce or replace the use of animals.*”<sup>4</sup> [Emphasis added.]
- The *U.S. Government Principles for the Utilization and Care of Vertebrate Animals Used in Testing, Research, and Training* (1985) states, “The animals selected for a procedure should be of an appropriate species and quality and *the minimum number required to obtain valid results.*”<sup>5</sup> [Emphasis added.]

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<sup>1</sup>People for the Ethical Treatment of Animals. “OB/GYN Residents Trade Practice on Live Pigs for High-Tech Simulators.” June 28, 2016. Accessed March 18, 2022. <https://www.peta.org/blog/obgyn-residents-trade-practice-live-pigs-high-tech-simulators/>

<sup>2</sup>People for the Ethical Treatment of Animals. “Hospital Swaps Live Pigs for Tech in OB/GYN Training After PETA Talks.” Accessed March 18, 2022. <https://www.peta.org/blog/victory-aurora-sinai-medical-center-wisconsin-replaces-live-pigs-high-tech-simulators/>

<sup>3</sup>Department of Defense. “Determination for the Use of Animals in Medical Education and Training.” May 15, 2014. Accessed March 18, 2022. <https://www.peta.org/wp-content/uploads/2023/03/jonathan-woodson-2014.pdf>

<sup>4</sup>U.S. National Research Council Committee for the Update of the *Guide for the Care and Use of Laboratory Animals*. (2011). *Guide for the Care and Use of Laboratory Animals*. <https://grants.nih.gov/grants/olaw/guide-for-the-care-and-use-of-laboratory-animals.pdf>

<sup>5</sup>U.S. National Research Council Committee for the *Update of the Guide for the Care and Use of Laboratory Animals*. (2011). Appendix B: U.S. government principles for the utilization and care of vertebrate animals used in testing, research, and training. <https://www.ncbi.nlm.nih.gov/books/NBK54048/>

- The federal Animal Welfare Act was enacted to ensure minimal protection of animals in laboratories and to prevent redundant experimental studies, which waste precious resources and harm animals. Section 2143(e)(3) of the act calls for “improved methods of animal experimentation, including methods which could reduce *or replace animal use,*” and section 2143(d)(2) states the need for scientific training using “methods that minimize or *eliminate the use of animals* or limit animal pain or distress.”<sup>6</sup> [*Emphasis added.*]

Combining the Accreditation Council for Graduate Medical Education’s (ACGME) requirement for “ethical, humanistic training” that uses “simulation,”<sup>7</sup> with the federal provisions that compel the minimization of animal use—and in the case of OB/GYN residency training, the number of animals used should be zero, given the precedents set by the DOD, Rush University, Aurora Sinai Medical Center, and others in fully replacing their use of animals for this purpose—we urge Oregon Health & Science University (OHSU) to prohibit the use of animals in its OB/GYN residency training.

### **Anatomical Differences Between Species Restrict the Transferability of Clinical Skills**

There are significant differences in anatomical structures and vasculature between humans and other animals. In medicine, where lifesaving decisions must often be made within seconds, familiarity with human anatomical structures is crucial. Pigs and other animals can’t accurately mimic human anatomy, and major anatomical variances exist between humans and other animals due to the differences between quadrupeds and bipeds.

For example, humans’ bipedal nature results in a thorax that’s vertically oriented and appears quite different from other mammals. A pig’s heart, as it sits in the thorax, is rotated counterclockwise as compared to a human heart, resulting in different locations for key structures, such as the left ventricle and atrium. The vasculature of the heart and lungs is also significantly different between pigs and humans, with pigs having a left azygous vein that drains into the coronary sinus and only two pulmonary veins, by comparison with up to five in humans.<sup>8</sup>

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<sup>6</sup>U.S. Department of Agriculture Animal and Plant Health Inspection Service. (2017). *USDA Animal Care: Animal Welfare Act and Animal Welfare Regulations*. U.S. Department of Agriculture Animal and Plant Health Inspection Service.

<sup>7</sup>American Council for Graduate Medical Education (n.d.) *ACGME Program Requirements for Graduate Medical Education in Obstetrics and Gynecology*. [https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/220\\_ObstetricsAndGynecology\\_2020.pdf](https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/220_ObstetricsAndGynecology_2020.pdf)

<sup>8</sup>Lelovas, P.P., Kostomitsopoulos, N.G., Xanthos, T.T. (2014) A comparative anatomic and physiologic overview of the porcine heart. *Journal of the American Association for Laboratory Animal Science*, 53(5), 432–438. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4181683/>

Differences in other organs, such as the shape and arterial supply of the spleen,<sup>9</sup> orientation of the pelvis, and the shape of the liver<sup>10</sup> limit the realism and utility of animals like pigs in surgical training. A 2016 study in the *Journal of the Royal Army Medical Corps* states the following regarding the use of pigs: “Training courses based on animal models and cadavers have been used extensively to prepare surgeons for deployment in recent conflicts. However, they are expensive and provide a one-off opportunity to practice advanced techniques in models that are either anatomically incorrect (pigs) or have altered tissue characteristics with no vascular perfusion (cadavers). [Instead, a]bdominal multivisceral organ retrieval [in clinical settings] is the ultimate laparotomy and takes the surgeon to parts of the retroperitoneum and thorax otherwise not seen during standard surgical training.”<sup>11</sup>

With respect to the genitourinary structures, pigs possess a “bicornuate” uterine structure, wherein the uterine body elongates into two uterine horns. This increases the distance from the cervix to the entrance of the fallopian tubes when compared to the distance observed in women. Key structures, such as the cervix, vagina, and fallopian tubes, also have different lengths in pigs compared with humans. Pigs have a longer urogenital sinus that connects to the external genitalia through a common opening. However, adult women have only vestiges of the urogenital sinus, which is considered to be part of the external genitalia, and the urethra and vagina have separate external openings. In addition to these prominent differences, there are also many microscopic anatomical differences between pigs and humans within each organ.<sup>12</sup>

### **Human-Relevant OB/GYN Simulators Offer Many Benefits**

Over the past several decades, technological advances in the medical simulation field, heightened institutional financial constraints, educators’ need for better teaching and assessment tools, and growing concerns about animal use in invasive and terminal laboratory experiments have all contributed to a paradigm shift in biomedical education, where simulation-based learning has become the medical best-practice standard. Unlike animal-based laboratories, innovations in biomedical simulation technology ranging from high-fidelity human-patient simulation to computer-assisted learning software and virtual reality programs for OB/GYN training have created important new cost-effective ways to model human anatomy and physiology accurately,<sup>13</sup> create

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<sup>9</sup>Pereira-Sampaio, M.A., Marques-Sampaio, B.P. (2006). Anatomical study and proportional analysis of the pig spleen arterial segments. *Cells Tissues Organs*, 182(1), 32–34.

<sup>10</sup>Nykonenko A, Vávra P, Zonča P. Anatomic peculiarities of pig and human liver. (2017). *Exp Clin Transplant*, 15(1), 21–26.

<sup>11</sup>O’Reilly, D., Lordan, J., Streets, C., Midwinter, M., Mirza, D. (2016). Maintaining surgical skills for military general surgery: The potential role for multivisceral organ retrieval in military general surgery training and practice. *J R Army Med Corps*, 162(4), 236–238. <https://pubmed.ncbi.nlm.nih.gov/26243807/>

<sup>12</sup>Lorenzen E, Follmann F, Jungersen G, Agerholm JS. A review of the human vs. porcine female genital tract and associated immune system in the perspective of using minipigs as a model of human genital Chlamydia infection. *Vet Res*. 2015;46:116. Published 2015 Sep 28. doi:10.1186/s13567-015-0241-9

<sup>13</sup>Cook, J., Rao, V.V., Bell, F., Durkin, M., Cone, J., Lane-Cordova, A., Castleberry, L. (2020). Simulation-based clinical learning for the third year medical student: Effectiveness of transabdominal and transvaginal ultrasound for elucidation of OB/GYN scenarios. *Journal of Clinical Ultrasound*, 48(8), 457–461.

immersive scenarios that mimic real-world medical cases,<sup>14</sup> provide students with vital opportunities to repeat medical procedures until proficiency,<sup>15</sup> improve provider confidence and transference of learned skills to clinical practice,<sup>16</sup> and allow educators to receive objective performance feedback.<sup>17</sup>

In obstetrics training, there are low- and high-fidelity hybrids composed of human simulators and computer software that can be used to simulate an operative vaginal delivery,<sup>18</sup> breech vaginal delivery,<sup>19</sup> shoulder dystocia,<sup>20,21</sup> eclampsia,<sup>22</sup> postpartum hemorrhage,<sup>23</sup> amniocentesis and fetal blood sampling,<sup>24,25</sup> and more. A non-animal simulation curriculum has also been developed to address deficiencies in managing obstetric emergencies.<sup>26</sup>

In gynecology training, simulators ranging from partial task trainers to virtual reality systems are available.<sup>27</sup> For instance, researchers have validated a cost-effective non-animal simulation model to teach vaginal hysterectomy,<sup>28</sup> and another study found that

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<sup>14</sup>Nitsche, J., Morris, D., Shumard, K., Akoma, U. (2016). Vaginal delivery simulation in the obstetrics and gynaecology clerkship. *The Clinical Teacher*, 13(5), 343–347.

<sup>15</sup>Larsen, C.R., Oestergaard, J., Ottesen, B.S., Soerensen, J.L. (2012). The efficacy of virtual reality simulation training in laparoscopy: a systematic review of randomized trials. *Acta obstetrica et gynecologica Scandinavica*, 91(9), 1015–1028.

<sup>16</sup>Pliengo, J.F., Wehbe-Janek, H., Rajab, M.H., Browning, J.L., Fothergill, R.E. (2008). OB/GYN boot camp using high-fidelity human simulators: enhancing residents' perceived competency, confidence in taking a leadership role, and stress hardiness. *Simulation in Healthcare*, 3(2), 82–89.

<sup>17</sup>Madsen, M.E., Konge, L., Nørgaard, L.N., Tabor, A., Ringsted, C., Klemmensen, Å.K., et. al. (2014). Assessment of performance measures and learning curves for use of a virtual-reality ultrasound simulator in transvaginal ultrasound examination. *Ultrasound in Obstetrics & Gynecology*, 44(6), 693–699.

<sup>18</sup>Dupuis O., Moreau R., Pham M.T., Redarce T. Assessment of forceps blade orientations during their placement using an instrumented childbirth simulator. *BJOG*. 2009 Jan;116(2):327–32.

<sup>19</sup>Deering S., Brown J., Hodor J., Satin A.J.. Simulation training and resident performance of singleton vaginal breech delivery. *Obstet Gynecol*. 2006 Jan;107(1):86–9.

<sup>20</sup>Fahey J.O., Mighty H.E. Shoulder dystocia: using simulation to train providers and teams. *J Perinat Neonatal Nurs*. 2008 Apr–Jun;22(2):114–22.

<sup>21</sup>Deering S., Poggi S., Macedonia C., Gherman R., Satin A.J. Improving resident competency in the management of shoulder dystocia with simulation training. *Obstet Gynecol*. 2004 Jun;103(6):1224–8.

<sup>22</sup>Ellis D., Crofts J.F., Hunt L.P., Read M., Fox R., James M. Hospital, simulation center, and teamwork training for eclampsia management: a randomized controlled trial. *Obstet Gynecol*. 2008 Mar;111(3):723–31.

<sup>23</sup>Deering S.H., Chinn M., Hodor J., Benedetti T., Mandel L.S., Goff B. Use of a postpartum hemorrhage simulator for instruction and evaluation of residents. *J Grad Med Educ*. 2009 Dec;1(2):260–3.

<sup>24</sup>Pittini R., Oepkes D., Macrury K., Reznick R., Beyene J., Windrim R. Teaching invasive perinatal procedures: assessment of a high fidelity simulator-based curriculum. *Ultrasound Obstet Gynecol*. 2002 May;19(5):478–83.

<sup>25</sup>Tongprasert F., Tongsong T., Wanapirak C., Sirichotiyakul S., Piyamongkol W., Chanprapaph P. Experience of the first 50 cases of cordocentesis after training with model. *J Med Assoc Thai*. 2005 Jun;88(6):728–33.

<sup>26</sup>Maslovitz S., Barkai G., Lessing J.B., Ziv A., Many A. Recurrent obstetric management mistakes identified by simulation. *Obstet Gynecol*. 2007 Jun;109(6):1295–300.

<sup>27</sup>Hart R., Karthigasu K. The benefits of virtual reality simulator training for laparoscopic surgery. *Curr Opin Obstet Gynecol*. 2007 Aug;19(4):297–302.

<sup>28</sup>Greer J.A., Segal S., Salva C.R., Arya L.A. Development and validation of simulation training for vaginal hysterectomy. *J Minim Invasive Gynecol*. 2014 Jan-Feb;21(1):74–82.

high-fidelity simulators were “cheaper than practicing on laboratory animals” in the long term.<sup>29</sup> A low-cost, low-fidelity, animal-free simulator was also shown to have significantly improved OB/GYN trainee confidence in performing abdominal hysterectomies.<sup>30</sup> The use of pigs to teach *in utero* stenting has been described as “cumbersome,” but a non-animal trainer constructed out of simple materials was concluded to be “efficient,” it was “reutilised more than 30 times,” and it “replicate[d] the sensation of piercing through the uterine cavity during a clinical scenario.”<sup>31</sup> A laparoscopic training curriculum for gynecology residents has also been developed to teach common surgical tasks, such as bead and peg manipulation, passing of a specially designed “key,” cutting of lines and circles on a two-layer latex glove, suturing, and intra- and extracorporeal knot tying.<sup>32</sup>

A retrospective study at the Department of Obstetrics and Gynecology at the University of Texas Medical Branch at Galveston reported that “simulator-based training may play an integrative role in developing the residents’ surgical skills and thus improving the surgical outcomes of hysterectomy.”<sup>33</sup> This conclusion arose from clinical outcomes of patients who had undergone total abdominal hysterectomy, vaginal hysterectomy, total laparoscopy-assisted hysterectomy, or robot-assisted hysterectomy that was performed by residents before and after a simulation lab training. This animal-free simulation training included the dV-Trainer (Mimic Technologies) for robotic surgery, the 3-Dmed Trainer platform as a laparoscopy trainer, and the Surgical Female Pelvic Trainer with Advanced Surgical Uterus (Limbs & Things) as an open surgery trainer. Furthermore, an abdominal laparotomy training curriculum using exclusively non-animal methods demonstrated construct validity and improved the performance of residents in the study.<sup>34</sup>

### **Request for Action**

PETA and physicians from Harvard Medical School noted the following in a 2018 paper published in the journal *Simulation in Healthcare*:

Scientific, legal, ethical, and economic factors have prompted curricular reforms around the world that have led to a dramatic decrease in the use of

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<sup>29</sup>Van de Ven J., Houterman S., Steinweg R.A., Scherpier A.J., Wijers W., Mol B.W., Oei S.G. TOSTI-Trial Group. Reducing errors in health care: cost-effectiveness of multidisciplinary team training in obstetric emergencies (TOSTI study); a randomised controlled trial. *BMC Pregnancy Childbirth*. 2010 Oct 8;10:59.

<sup>30</sup>Stickrath E., Alston M. A novel abdominal hysterectomy simulator and its impact on obstetrics and gynecology residents’ surgical confidence. *MedEdPORTAL*. 2017;13:10636. Published 2017 Sep 29. doi:10.15766/mep\_2374-8265.10636

<sup>31</sup>Codsi E., Nitsche J.F., Faksh A., et al. Op13.09: Development of a non-animal task trainer for in utero stenting. *Ultrasound in Obstetrics & Gynecology*. 2015;46:93. doi:10.1002/uog.15226

<sup>32</sup>Kirby T.O., Numnum T.M., Kilgore L.C., Straughn J.M. A prospective evaluation of a simulator-based laparoscopic training program for gynecology residents. *J Am Coll Surg*. 2008 Feb;206(2):343–348.

<sup>33</sup>Asoğlu M.R., Achjian T., Akbilgiç O., Borahay M.A., Kılıç G.S. The impact of a simulation-based training lab on outcomes of hysterectomy. *J Turk Ger Gynecol Assoc*. 2016;17(2):60–64. Published 2016 Jan 12. doi:10.5152/jtgga.2016.16053

<sup>34</sup>Greenawald L., Uribe J., Shariff F., et al. Construct validity of a novel, objective evaluation tool for the basics of open laparotomy training using a simulated model. *Am J Surg*. 2017;214(1):152–157. doi:10.1016/j.amjsurg.2015.12.022



live animals for training in biomedical fields in favor of simulation-based education. Facilities that continue to use animals for these purposes will have less ethical and legal justification given that comparable courses are taught in many locations elsewhere without animal use.

The choice of which medical training modalities to use should be based on key metrics such as what method improves provider knowledge, confidence, proficiency, and accuracy and for all of these criteria studies and government regulatory decisions confirm that providers trained via human simulation meet or exceed the standard set by those trained using live animals for coursework in ... obstetrics and gynecology.<sup>36</sup>

**Based on the information we've presented, we urge OHSU to replace its use of live animals for OB/GYN residency training with more effective, ethical, and economical non-animal methods.**

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<sup>36</sup>Pawlowski, J.B., Feinstein, D.M., Gala, S.G. (2018). Developments in the transition from animal use to simulation-based biomedical education. *Simulation in Healthcare*, 13(6), 420–426.