PEOPLE FOR
THE ETHICAL
TREATMENT
OF ANIMALS

Washington
1536 16th St. N.W.
Washington, DC 20036
202-483-PETA

Los Angeles
2154 W. Sunset Blvd.
Los Angeles, CA 90026
323-644-PETA

Norfolk
501 Front St.
Norfolk, VA 23510
757-622-PETA

Info@peta.org
PETA.org

November 19, 2026

Brad D. Smith
President
Marshall University

Dear President Smith:

Thank you in advance for your time. I am writing on behalf of People for the Ethical Treatment of Animals—PETA entities have more than 10.4 million members and supporters worldwide—and the undersigned obstetrics and gynecology (OB/GYN) physicians. **Based on the information presented below and the enclosed brief, we respectfully urge Marshall University to replace the use of live animals in its OB/GYN physician residency training program with more effective, ethical and economical human-relevant simulation models, as other peer programs have already done.**

Records and Photos Confirm Live Animal Use in OB/GYN Residency
On September 28, 2026, PETA wrote to Marshall University's OB/GYN residency program director, Dr. Ally Roy, regarding this issue;[1] however, since there has been no reply yet, we are now informing the public and our supporters.

Public records that PETA received from Marshall University in response to our February 11, 2026, and March 25, 2026, requests, confirm that since 2025, at least 16 OB/GYN physician residents at your institution have participated in training exercises involving numerous invasive procedures on live female pigs, after which the animals were killed.[2] Additionally, Marshall University's OB/GYN residency website states, "Our residents also participate in an annual pig lab to further hone their laparoscopic skills."[3]

PETA has also obtained disturbing photos of Marshall University OB/GYN residents operating on pigs and smiling for the camera while holding what appears to be a pig's reproductive tract. Some of these photos are shown below:

[1]Swaminathan S. Letter to Marshall University from PETA. September 28, 2026. Accessed October 8, 2026. https://www.peta.org/wp-content/uploads/2026/10/2026-09-28-letter-to-marshall-university-re-obgyn-residency.pdf
[2]Marshall University Responsive Records. April 28, 2026. Accessed October 8, 2026. https://www.peta.org/wp-content/uploads/2026/09/2026-04-28-responsive-records.pdf
[3]Marshall University Joan C. Edwards School of Medicine. Simulation. Accessed October 8, 2026. https://jcesom.marshall.edu/residents-fellows/programs/obgyn/overview/

Entities:
- PETA Asia
- PETA India
- PETA France
- PETA Australia
- PETA Germany
- PETA Switzerland
- PETA Netherlands
- PETA Foundation (U.K.)



Peer OB/GYN Residency Programs Do Not Use Live Animals

According to PETA's ongoing survey of all OB/GYN residency programs accredited by the Accreditation Council for Graduate Medical Education,[4] numerous reputable programs have directly confirmed to PETA that they do not use any live animals in their training, including participation in live animal labs hosted at a third-party facility. For example:

- The David Geffen School of Medicine at the University of California, Los Angeles (UCLA) wrote to PETA: "We do NOT use live animals for training purposes in our Residency Program."[5]
- The University of Texas Southwestern Medical Center wrote to PETA: "Please note that living animal models are no longer utilized in OB/GYN residency training program simulation activities."[6]

---

[4]Animal Use in OB/GYN Physician Residency Training Programs in the U.S. Accessed October 8, 2026. https://www.peta.org/action/animal-use-in-ob-gyn-physician-residency-training-programs/

[5]Email correspondence. PETA and UCLA OB/GYN Residency. August 20, 2026. https://www.peta.org/wp-content/uploads/2026/09/ucla-email-no-animal-use.pdf

[6]UT Southwestern. Response Confirming No Live Animals Used. August 15, 2023. Accessed October 28, 2026 https://www.peta.org/wp-content/uploads/2023/08/2023-08-15-no-live-animals-used.pdf

OB/GYN residency training programs at Rush University[7] and Aurora Sinai Medical Center[8] switched to non-animal methods after hearing from PETA. Additionally, the U.S. military has prohibited the use of live animals for its OB/GYN physician residency training, stating that "there are sufficient simulation models available to meet medical education and training needs in the … Obstetrics/Gynecology Residency" and instructing that all such programs must "fully transition to the use of simulations … by no later than January 1, 2015."[9]

Request for Action
Medical education should advance based on new technology and ethical standards, including replacement of live animal trainings with modern, superior animal-free models. We urge you to align Marshall University's OB/GYN residency with the growing shift toward human-relevant training.

You can contact me directly at ShriyaS@peta.org. Thank you for your consideration of this important issue, and we look forward to your swift response.

Sincerely yours,



Shriya Swaminathan
Science Policy Advisor—International Laboratory Methods
PETA

Co-signatories:



Stephanie M. Singer, DO, FACOG
Park City Gynecology
Park City, UT



Wendy Amblo, MD
Hartford, CT

Enclosure: Supplemental Brief—Replacing Animal Use in OB/GYN Residency Training

cc: Ally Roy, MD, FACOG; OB/GYN Residency Program Director
Amanda Pauley, MD, FACOG; OB/GYN Residency Associate Program Director
Kevin Conaway, MD; OB/GYN Residency Associate Program Director
Hisham Keblawi, MD; Interim Chair OB/GYN Department

---

[7]PETA. OB/GYN Residents Trade Practice on Live Pigs for High-Tech Simulators. June 28, 2016. Accessed October 28, 2026. https://www.peta.org/blog/obgyn-residents-trade-practice-live-pigs-high-tech-simulators/
[8]PETA. Hospital Swaps Live Pigs for Tech in OB/GYN Training After PETA Talks. July 29, 2021, Accessed October 28, 1016. https://www.peta.org/news/victory-aurora-sinai-medical-center-wisconsin-replaces-live-pigs-high-tech-simulators/
[9]Woodson J. Memorandum: Determination for the Use of Animals in Medical Education and Training. Department of Defense. May 15, 2014. Accessed October 8, 2026. https://www.peta.org/wp-content/uploads/2023/03/jonathan-woodson-2014.pdf

Supplemental Brief—Replacing Animal Use in OB/GYN Residency Training
November 19, 2026

Prepared by:

Shriya Swaminathan, MA
Science Policy Advisor—International Laboratory Methods
PETA

Many 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), dozens of leading institutions have reported that they *don't* use live animals in their training. Instead, such programs, including those at Rush University[1] and Aurora Sinai Medical Center,[2] use advanced, human-relevant simulators, which are reported in the medical literature to be equal or superior to using live animals. Additionally, the U.S. military 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."[3]

Federal Provisions Require the Replacement of Animal Use When Possible
Federal ethical provisions require institutions to minimize 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.*"[4] [*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

[1]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/
[2]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/
[3]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
[4]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

procedure should be of an appropriate species and quality and *the minimum number required to obtain valid results.*"[5] [*Emphasis added.*]

- 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."[6] [*Emphasis added.*]

Combining the ACGME's requirement for "ethical, humanistic training" that uses "simulation,"[7] the numerous OB/GYN physician residency training programs that have already shifted away from animal use, and the aforementioned federal provisions that compel the minimization of animal use, we urge Marshall University to prohibit the use of animals in its OB/GYN residency training.

Anatomical Differences Between Species Restrict 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.

Differences in other organs, such as the shape and arterial supply of the spleen,[8] orientation of the pelvis, and the shape of the liver,[9] limit the realism and utility of animals like pigs in surgical training for physicians.

With respect to the genitourinary structures, pigs possess a "bicornuate" uterine structure, wherein the uterine body elongates into two uterine horns.[10] 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

---

[5]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/
[6]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.
[7]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
[8]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.
[9]Nykonenko A, Vávra P, Zonča P. Anatomic peculiarities of pig and human liver. (2017). *Exp Clin Transplant*, 15(1), 21–26.
[10] Usami T, Fujioka T, Yoshida A, et al. Assessment of laparoscopic training for gynecological malignancies using Thiel-embalmed human cadavers. Mol Clin Oncol. 2018;9(5):511-514. doi:10.3892/mco.2018.1715

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.[11]

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.

There have been numerous innovations in biomedical simulation technology ranging from high-fidelity commercial human-patient simulators, 3-D printed models, and virtual reality programs for OB/GYN training. Unlike animal-based laboratories, these animal-free models do not carry the ethical concerns so frequently cited with live animals and many have allowed for cost-effective ways to model human anatomy and physiology accurately,[12] create immersive scenarios that mimic real-world medical cases,[13] provide students with vital opportunities to repeat medical procedures until proficiency,[14] improve provider confidence and transference of learned skills to clinical practice,[15] and allow educators to receive objective performance feedback.[16]

In gynecology training, simulators ranging from partial task trainers, highly realistic synthetic organs, to virtual reality systems are available.[17] For instance, researchers have validated a cost-effective non-animal simulation model to teach vaginal hysterectomy,[18] and another study found that high-fidelity simulators were "cheaper than practicing on

---

[11]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

[12]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.

[13]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.

[14]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 obstetricia et gynecologica Scandinavica*, 91(9), 1015–1028.

[15]Pliego, 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.

[16]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.

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

[18]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.

laboratory animals" in the long term.[19] A low-cost, low-fidelity, animal-free simulator was also shown to have significantly improved OB/GYN trainee confidence in performing abdominal hysterectomies.[20] 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."[21] 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.[22] For more advanced training, commercial models are available, such as those provided by IMRA Surgical for not only laparoscopic gynecologic training, but also robotic.[23]

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."[24] 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.[25]

A 2026 review conducted by the European Society for Gynaecological Endoscopy (ESGE) at the University of Leeds in the United Kingdom, details the merits of cadaveric dissection in gynecological surgery and robotic simulations, stating, "The whole purpose is to educate future surgeons. You simply cannot get a better model than a cadaver with

---

[19]Van de Ven J., Houterman S., Steinweg R.A., Scherpbier 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.

[20]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

[21]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

[22]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.

[23]IMRA Surgical. Gynaecology. Accessed November 6, 2026. https://imrasurgical.com/collections/gynaecology

[24]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

[25]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

real human tissue."[26] The report describe how fresh, soft-embalmed human cadavers offer a highly realistic training model that preserves human anatomical variation, tissue planes, and tactile feedback, enabling surgeons to develop and refine surgical skills in a controlled setting, and how, "No matter how many models you use, you cannot get a better model than a cadaver with real tissues." The core message emphasized by the authors was that a strong understanding of human anatomy is the foundation of safe surgery.[27]

Perfused human cadavers can also provide highly realistic surgical training without the use of live animals. For example, Maximum Fidelity Surgical Simulations (MaxFi), with support from Baxter International Inc., is helping implement perfused cadaver training in OB/GYN residency education at the University of Colorado Anschutz Medical Campus.[28] Because the cadavers retain human anatomy while incorporating perfusion, residents can practice laparoscopic procedures involving active bleeding and learn to manage surgical complications in a realistic, human-relevant setting. Furthering the benefits of perfused cadavers over using live pigs, "Porcine models can incur substantial cost and require anesthesia and special- ized facilities. The perfused cadaver model combines the advantages of both human cadavers and live porcine models, enabling surgery on human anatomy while maintaining perfused blood vessels."[29]

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 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

[26]EMJ. 2026; https://doi.org/10.33590/emj/8261CWB2
[27]EMJ. 2026; https://doi.org/10.33590/emj/8261CWB2
[28]Maximum Fidelity Surgical Simulations (MaxFi). LinkedIn Post. November 3, 2026. Accessed November 9, 2026. https://www.linkedin.com/posts/max-fi_maxfisurgicalsimulations-beyondsimulationintoreality-activity-7523385896394686464-4Vp0?utm_source=share&utm_medium=member_desktop&rcm=ACoAABFPVQ8Bz-4ipE37TvZT_AYeeIHII_1aWq4
[29] Carmain M, Ulrich A, Tunitsky-Bitton E. Perfused Cadaver: Augmentation of Cadaver-Based Surgical Simulation Obstetrics & Gynecology. 2026;147(4S):37S-37S. doi:10.1097/AOG.0000000000006207.1

> human simulation meet or exceed the standard set by those trained using live animals for coursework in … obstetrics and gynecology.[36]

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

[36]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.