# Congress of the United States

Washington, DC 20515

January 13, 2005

Diane M. Stuart, Director
Office on Violence Against Women
Department of Justice
810 Seventh Street, N.W.
Washington, DC 20531

Dear Ms. Stuart,

We write to express our serious concern about the Department of Justice's failure to include information about emergency contraception (EC) from its newly released National Protocol for Sexual Assault Medical Forensic Examination. We strongly urge you to amend this protocol to include information about EC.

As the first ever national protocol for sexual assault treatment, this detailed 141-page document takes an important step toward ensuring that all sexual assault victims receive high quality medical and forensic services. However, by failing to even mention EC as a potential option for sexual assault victims, the Department ignores a crucial opportunity to provide vital and time-sensitive healthcare to victims of rape and sexual assault.

The American College of Emergency Physicians includes EC in its sexual assault protocols, and the American College of Gynecology explicitly recommends that EC should be offered to all victims if they are at risk of pregnancy. We are very concerned that the lack of widely-accepted EC information in national protocol may significantly reduces or altogether eliminates the chance of avoiding unwanted pregnancies for thousands of rape victims.

Women who have been sexually assaulted have a compelling need for quick access to EC. To be effective, EC must be administered within 72-120 hours of unprotected intercourse, but experts agree that it is more effective the sooner it is taken–making timely access to EC critical. In turn, the protocol should explicitly state that treatment of sexual assault victims must include routine counseling about and offering of EC.

Additionally, many hospitals around the country do not have clear protocols on the treatment of sexual assault patients, thereby heightening the need for this national protocol. Only five states have laws requiring hospitals to inform rape victims about the availability of EC. As a result, many hospitals simply do not provide this important service. In fact, according to a 2002 study of emergency rooms nationally conducted by the University of Medicine and Dentistry of New Jersey, only 21 percent of rape victims received emergency contraception. It is clear that the need for sexual assault victims to have access to EC is not being met.

We urge you to protect the health and rights of victims of sexual assault and by ensuring that they receive all available information as well as the best medical care. In order to do so, we

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include EC.

Sincerely,

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Member of Congress

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Member of Congress

NANCY PELOSI
Member of Congress

MARK STEVEN KIRK
Member of Congress

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