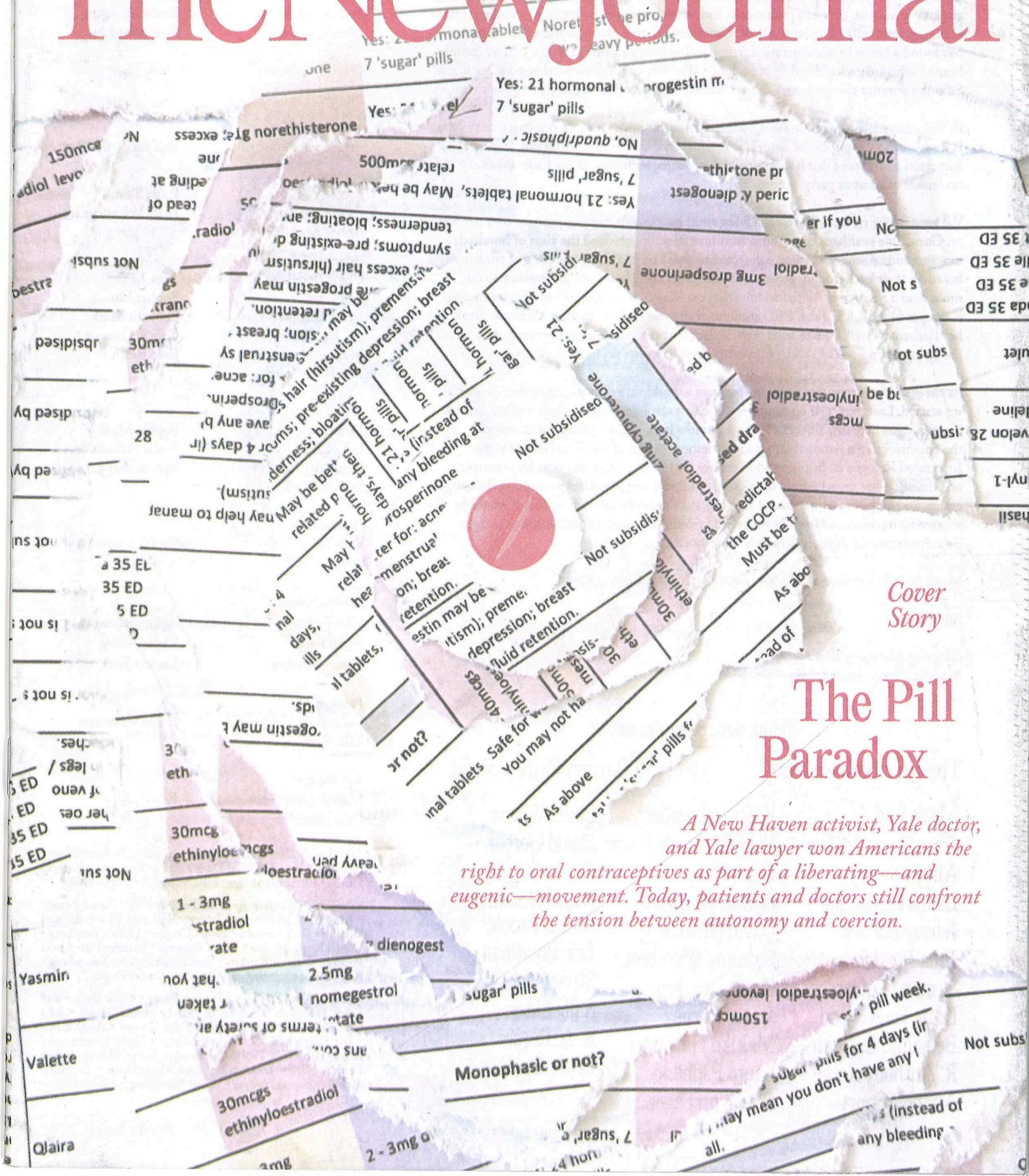


The New Journal



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On Leaving

After a landmark lawsuit, Yale drastically reformed its leave of absence policies for students with mental health crises. Two years out, how far has it come?

By Kelly Kong

ISAAC MONKS VIDEOCALLS ME from his dorm room. Behind him, Yale merchandise—a blue-and-white hockey jersey, a striped scarf, a “Y” pillow—lines the walls.

A member of the Class of 2027, Monks is looking to graduate in two years. However, Monks’ journey here started in 2021. This is both his fourth year, and sophomore year, at Yale.

“And that is my lore,” he laughs.

Monks, 22, is among the last students who took a medical withdrawal for mental health reasons before Yale implemented monumental reforms to absence policies between April 2022 and January 2023. These changes came about after first-year student Rachael Shaw-Rosenbaum’s campus suicide in March 2021 precipitated a class-action lawsuit against the university.

Monks’ mental health struggles in high school escalated to severe depression after arriving at college. Just a month into his first year, his then-residential college dean told Monks that if he couldn’t keep up with his classes, he was not going to “make it” at Yale.

“That, like, broke my spirit entirely. I barely left my room. I never ate,” said Monks. “I had been, you know, basically just starving myself for days and days and days.” Weighed down by the depression, Monks missed more of his classes and deadlines.

Just a few days later, Monks was called into his dean’s office again to discuss his academic difficulties. This time, his dean recommended a “medical

withdrawal” to him. “They kind of presented it as the only option,” Monks explained. “They were like: you don’t want to fail this semester. You don’t want to do this.” His dean then told Monks he had one day to make this decision.

Monks withdrew in fall 2021, in the pre-reform era. At the time, students who withdrew lost all campus access, Yale healthcare, and student jobs. They were also asked to move out within seventy-two hours of processing their withdrawal. During their time away, they were required to complete two credits—classes either at Yale Summer Session Online, or other colleges—and remain “constructively occupied” or else forfeit their right to return as a student. The reinstatement application required transcripts from their outside courses, two letters of recommendation, a statement about the circumstances of their leave and readiness to return, as well as an interview with the Chair of the Committee on Reinstatement and a clinician of Mental Health and Counseling.

Monks applied for reinstatement to return in fall 2022 to be in the Class of 2026, but was rejected for not completing the two credit requirements because he failed his “Intro to Programming” class.

In January 2023, three semesters into Monks’ leave, Yale announced landmark mental health reforms.

Just a few months prior, in April 2022, Yale had removed the requirements to complete coursework and to interview with the committee chair, requirements which had originally prevented

Monks’ return. By 2023, the need for letters of recommendation and the “constructively occupied” requirement were also eliminated.

After the reform, Monks set his eye on returning to Yale in the fall of 2023. This time, his reinstatement application was accepted. But it had already been two years since he first enrolled at Yale, and he struggled to relate to other first-years who were not his age. “I was also at a point in my first semester coming back where I was like, I’m not in any clubs. I don’t have any friends.”

His relationship to school had shifted. “It literally does not matter what I do at Yale, as long as I finish.”

In Yale’s current Medical Leave of Absence policy, students are no longer burdened with a checklist of reinstatement requirements to return.

Rates of depression, anxiety, and suicidal behaviours have increased steadily among young adults in recent decades. The American Psychiatric Association reports that 75 percent of mental health illnesses show up by age 24, meaning that the years students spend in college are hotbeds for mental health crises.

For the past four years, mental health advocacy group Elis for Rachael has called for policy change, and Yale’s decision to comply was monumental. More than two years into the reforms, students continue to see the updates as a significant step in the right direction. Nevertheless, student advocates argue that ongoing policy flaws in housing, deans’ support, and student privacy still

reveal a lack of consideration for its most vulnerable individuals.

The Reforms

LUCY KIM '24 WAS AMONG the last group of students who took leave pre-reform, doing so after struggling with a rare sleep disorder. After Kim's withdrawal was processed in Fall 2021, she immediately lost the top three things she would have needed for recovery—a place to live, a social support network, and healthcare.

She was eventually able to acquire insurance through a working parent in California. However, Kim was unable to return home for multiple reasons, including lack of space. To this day, she still remembers the frantic seventy-two-hour countdown to find temporary housing in New Haven through Facebook groups after her withdrawal was processed. Soon enough, she had spent most of her savings on the apartment, working part-time as a private tutor, essay reviewer, and at a test-prep academy to make ends meet.

Kim points out that the old policies placed significant burdens on students dealing with medical crises. For one, the regulations often left low-income students in a health crisis, working side-jobs to pay for living expenses. The same student was also required to complete coursework and seek recommendation letters, all while trying to focus on their recovery.

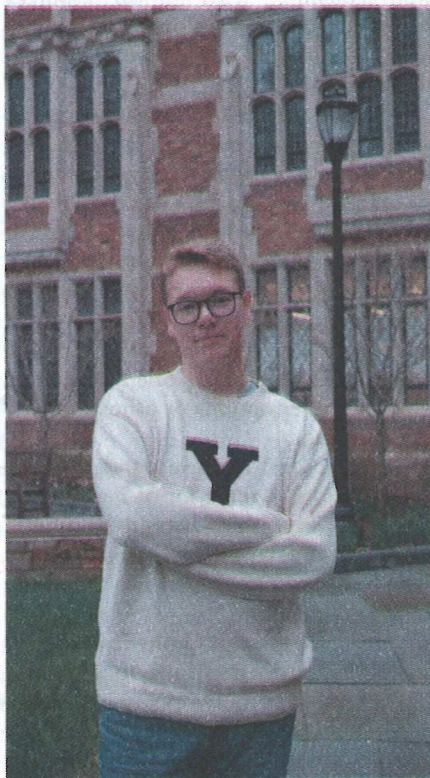
Even before Elis for Rachael formed, there were long-standing frustrations with Yale's inaction. "At least half a dozen different student groups over the past decade had written very well researched reports to the Yale Administration, saying: Here are the problems with your mental health services. Here is what you should do about it," said Paul Johanson '88, an advocate from Elis for Rachael.

In 2013, the Yale College Council (ycc) released a report based on interviews and survey responses of one thousand undergrads, detailing problems in delays of mental health and counseling treatments, insufficient leave policy, and more. In early 2015, a wave of student advocacy for withdrawal policy reform came after the death of Luchang Wang '17, who, in her suicide note, discussed her fears about withdrawing from Yale and not being able to return. In April

2015, Yale College responded with a change of terminology: post-medical withdrawal "readmission" into Yale was renamed to "reinstatement." They also eliminated the application fee of 50 dollars for reinstatement. ycc conducted a similar survey on mental health feedback again in 2018.

Johanson cites bureaucratic lethargy as one main reason for Yale's lack of response. "It's very easy for inertia to set in and for nothing to happen."

But in March 2021, the suicide of Rachael Shaw-Rosenbaum '24 reignited



Isaac Monks was among the last students who took a medical withdrawal for mental health reasons before the reforms.

the ongoing debate of mental health policies at Yale. Johanson and other alumni founded the nonprofit group Elis for Rachael, demanding the university change its approach to students in mental health crises.

Then, in November 2022, the *Washington Post* published the article, "What if Yale finds out?", following the university's withdrawal policies. Yale's attitude toward Elis for Rachael changed "literally overnight," Johanson said. "Within twenty-four hours of his article coming out, the people we had been negotiating with for a year and a half wanted to talk to us in earnest."

Two weeks after the article, Elis for Rachael filed the lawsuit. Two months

later, Pericles Lewis, Dean of Yale College announced the policy change. The lawsuit, as a result, was settled.

Under the new policies, "medical withdrawal" was renamed to "medical leave of absence." The "leave" status conferred benefits not available to "withdrawn" students, including campus access and Yale Health Center coverage. Financial support for the continuing insurance premiums for students receiving the highest levels of financial aid may also be granted. Furthermore, students can continue campus jobs, meet with advisers at the Office of Career Strategy, and use library resources.

As Lewis wrote, the goal of these changes was to make it easier for students to take time off should they ever need to and easier to return. And it has, for the most part, achieved its purpose.

Kim recalls feeling immense relief after hearing the news, especially realizing other students wouldn't have to go through the same isolating experience. "I had kept thinking to myself, 'If only I had gotten sick a semester later or a year later,'" she said.

Moving Out

STILL, SOME REGULATIONS HAVE NOT changed since the reform. Students who take any form of leave of absence today are still expected to "move out within a few days, usually within 72 hours."

At Columbia University, student residents who take a leave of absence have thirty days to move out of their housing, from the day of their student eligibility status change. Students with "exceptional health care needs resulting from critical, acute conditions," may also request to remain in housing beyond the thirty-day period.

But Yale's move-on policy appears to solely take "enrollment regulation" into consideration, not acknowledging the fact that many low-income students in health crises may need more time to secure stable housing before departure.

After his seventy-two-hour move-out, Monks returned home to Oklahoma. But his family was upset with him over his decision to take a medical leave of absence. Monks was eventually left without stable housing. A first-generation, low-income student, he moved to Providence, RI, and worked over forty hours a week as a casino dealer to pay for rent and living expenses. "My family

is not necessarily in the position to just give me everything that I need so I can go to therapy and just live a chill life," said Monks.

Chloe Hong '25, who has also taken leave both before and after reform, believes that Yale does not want to change its move-in policy because it wants to avoid liability for student incidents.

"[The policy] makes it very obvious that their intention is: We don't want you to die on this campus—we want you to die somewhere else," said Hong.

The move-out policy pertains to students on mental health leaves, but the Mental Health and Counseling Office (MHC) does not have any involvement with the housing regulations, according to Paul Hoffman, Chief of MHC. When asked about the move-out policy, the Yale College Dean's Office wrote in an email that only students who are enrolled are eligible to live on campus. "Almost always, students have already made their transition plans before they take leave. The college can provide assistance, when necessary, in packing and shipping belongings and in making travel plans, and usually can be flexible in the exact departure schedule."

Hubert Tran '27, co-president of the Yale Student Mental Health Association, points out that students in mental health crises do not always have open volition or clarity on whether they take leave or not. In many cases, college administration or medical providers recommend leave of absence to students, and leave them alone to apply for leave by themselves without guidance or knowledge on the outcome.

"[Taking a leave] is not out of the fact that they just want to take a vacation," said Tran.

In Monks' case, he felt that the leave was, in some way, "pressured" onto him.

Neither Kim nor Monks knew whether their leave request was going to be accepted or rejected. With the seventy-two-hour deadline ticking away, they were not sure if it would be cost-effective to make plans before leaving, nor where exactly to go after the leave gets processed.

"If [Yale] had an ability to offer, like, maybe some sort of temporary housing, at least, like, a week, right? Give me a week to calm down and figure out how I'm going to get home. That would be good," said Monks.

Advisors and Providers

Another point of contention in Yale's mental health support is students' inconsistent experiences with residential college deans.

Deans often serve as the first point of contact both for students exploring mental health support, as well as those considering time off. Paul McKinley, Senior Associate Dean of Strategic Initiatives and Communications, wrote that while deans provide no clinical care themselves, they are trained to "become well acquainted with clinical resources" to guide students seeking professional help. Deans also participate in mental health first aid.

Several students, however, express a wide range of experience in discussing mental health with their respective deans.

Jaimee Nguyen '26.5, who also took leave post-reform, has had two different deans during her time at Yale. When she went to her first dean in her freshman year for support in her declining mental health, the dean offered one option: to take a leave of absence. "She didn't really offer me other options or other support," said Nguyen.

Her second dean responded differently: "He gave me a lot of reassurance that, like, everything would be fine if I needed to take a leave," said Nguyen. "And he's very pro-mental health, which is definitely helpful."

Beyond serving as holistic academic advisors, deans often introduce mental health support networks and experience at Yale. Yet, just as residential college assignments are randomized, each dean's perception and leniency towards mental health issues seem like a matter of luck. Hong notes that students' inconsistent experiences may be caused by inadequate understanding of mental health struggles.

James, who asked to only be referred to by his first name for privacy reasons, made an appointment with his dean to get an extension for mental health struggles. In that meeting, his dean asked him to use Google Calendar to schedule out his life. "I was like it's a little hard because I can't really plan out say an anxiety attack or a panic attack," said James.

His dean's response, however, shocked him. "You just kind of block out some time on your GCal. You can kind of work around the attacks," James recalled her saying. "I was like:

this is the most unhelpful conversation I've had."

Monks comments that non-medical professionals may also have an outdated understanding of mental health struggles as polarizing, life-or-death situations, which ignores a students' nuanced needs for recovery.

"I was being treated as if it was going to be the end of my life. Like it's either you leave Yale to save your life, or you're going to stay here and end your life," said Monks.

He suggests that beyond training deans to properly deal with mental health crises, Yale should consider implementing "leave advisors" who professionally make recommendations to students on whether or not to take leave, and guide them through their term of absence.

Johanson, an Elis For Rachael advocate who has interacted with several students who were treated at Yale for mental health reasons, says that he has heard of several cases in which students believe deans have acquired information not at their discretion: "Medical information often filters into places where [students] felt it shouldn't have been filtered," he said.

C., who has requested to be identified by a pseudonym to protect her privacy



Mental Health Record—for their health care providers to communicate with residential college deans.

Yale Health similarly states that medical records are “strictly confidential, stored in a restricted area and available only to individuals involved in your care and authorized administrative personnel on a need-to-know basis.” C., however, expresses that Yale Health does not make clear to students what reportable, “need-to-know” mental health crises are, leaving her at a loss to what she can comfortably share with her providers without worrying about external involvement, or being asked to take a leave.

Kim recalls that when she mentioned to her Yale provider about taking a medical leave, her provider, unprompted, offered to email her dean. It was unclear to Kim whether her provider was only communicating her medical leave considerations, or sharing her health information as well.

“As students, we are consumers of Yale Health. Our clinicians are connected to the Yale Health system,” said Kim. “The system is not transparent. It’s unclear to us as students what communication goes on between our medical providers and our academic faculty and deans.”

This uncertainty, coupled with fears of being “recommended” or forced to leave campus, has deterred C. from seeking further mental health treatment at Yale. She still feels the paranoia of “being watched” by Yale Health and her residential college administration—the anxiety of everyone knowing her private medical information, though she only disclosed it to one provider.

The lack of transparency has not prevented her from communicating to her dean and providers when she experienced much more severe crises, but made her lose trust in all mental health services’ ability to protect her information.

Kim and C. demand more transparency to who is currently able to access medical information at Yale Health. Beyond that, however, they ultimately hope for more privacy enforcements on medical data.

Next Steps

Johanson recognizes the precedent Elis for Rachael set for effective student activism. He continues to believe that beyond its bureaucratic inaction, Yale

cares. The Dean’s Office and MHC, for one, cared enough to not let the lawsuit drag on and continue to delay changes.

“Are they only [making changes] because they know somebody is paying attention? I don’t think so. They do seem genuine and sincere, and, as I said, it certainly wouldn’t have happened in under a year,” said Johanson. “Yale finally decided: they wanted to do something.”

He cautions that the campus must continue to pay attention to current issues for student voices to be heard. Otherwise, Yale’s opaque decision-making processes will retreat into dormancy again.

Monks highlights that student perspectives may be the most valuable resource for administrative change.

Kim, now pursuing a joint master’s in public policy at Yale, remains optimistic that the university will listen, as long as students raise their voices.

“My hope is that Yale is prepared to educate and nurture a population of students that face these mental health issues without being discriminatory and without placing stigma,” said Kim. “Ultimately, I want to believe that Yale would like to change in the direction that its student body wants it too.” ■

Kelly Kong is a first-year in Morse College.

around her medical history—told me that after telling a MHC clinician about occasional thoughts of self-harm, she started getting calls from various staff at Yale Health asking for her location. They also asked whether she is safe or “has a safety plan.” Soon after, her residential college dean also started scheduling unprompted meetings with her to discuss her mental health.

Three days after that counseling session, C. says she returned to her dorm to find metal bars installed over windows on her floor (she lived on the fourth). She says no one offered an explanation to her for why the bars were installed. As of early April, only one bar appears to remain, in the hallway.

These meetings, calls, and protective bars, reportedly installed at other universities for suicide prevention purposes, made C. suspect that her medical information had not only traveled throughout clinicians at Yale Health, but also to her residential college administration without her permission.

“I find it very hard to trust [people here] now,” she said. “I don’t feel comfortable telling anyone anything.”

McKinley, however, writes that students need to “give consent”—likely by signing an Authorization for Release of