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# CHOATE PUBLIC HEALTH

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# BIRTH CONTR

By Semilola

The earliest form of birth control dates back to 1850 BCE in Ancient Egypt.[1] During that time, honey, acacia leaves, and lint were used to create an early version of the condom. These ancient forms of birth control were often potentially dangerous but worth the risk for women without modern medical interventions to prevent death by childcare and pregnancy. Thousands of years later, birth control became highly developed with the first hormonal contraceptive created in 1960, Enovid. From that point forward, many other forms of birth control were developed and often fell into three different categories: the pill, sterilization surgery, and long-acting reversible contraceptives. However, these methods of pregnancy prevention mainly applied to women. To this day, the only reliable and effective forms of birth control for men are condoms and vasectomies, a form of sterilization surgery. For decades, this vast disparity has troubled many, but a clinical trial for a new form of male contraception has raised hope.

On March 23, researchers from the University of Minnesota announced a non-hormonal birth control pill for male mice, which proved 99% effective in preventing pregnancy.[2] This compound, referred to as YCT529, targets the retinoic acid receptor alpha protein (RAR- ) that binds vitamin A. Retinoic acid, a metabolite of vitamin A, plays a key role in sperm formation and fertility. By disabling the RAR- receptor, the mouse became sterile and showed lower sperm counts for the four weeks of trial. After four to six weeks of nonconsumption the mice were able to impregnate female mice again, demonstrating the important reversibility of this birth control. Despite this trial's effectiveness and promising results, it still faces several complications that will make it difficult to apply to humans and become commercially available. This is a common downfall in many non-hormonal male contraceptives, primarily due to the key differences between the reproductive systems of humans and mice. However, there have been attempts at making a different type of birth control for males – hormonal contraceptives –which has proven to be difficult for different reasons.

Hormonal contraceptives are birth control methods that act on the endocrine system. These are difficult to produce for men due to the millions of sperm they produce daily, each of which needs to be stopped for successful contraception. There are currently no birth control pills available for men, largely due to the devastating side effects that come with altering testosterone levels. In the 1990s and 2012, trials for male birth control using testosterone and progesterone were halted due to taxing side effects such as weight gain, depression, and pain.[2] These side effects are only some of the numerous ones that women report from hormonal birth control pills. Discontinuing male birth control trials due to this is evidence of a clear double standard. Research shows that 83% of men are willing to undergo various types of birth control. Despite this, the lack of research and funding that exists in this area contributes to a lack of progress in creating a safe, reliable, and effective male birth control pill.

If the University of Minnesota researchers can accomplish successful human trials of their new non-hormonal contraceptive, a big step would be taken in unburdening women with the responsibility of pregnancy prevention. Historically, this is where most trials fail, but the new compound from the pill could be used to develop future successful male birth control.[2] Either way, there is a long path towards evening the burden



Graphic from

# ROL FOR MEN

Obayomi '23

of contraception for women. When it does occur, it will be one step in the right direction of promoting gender equity.

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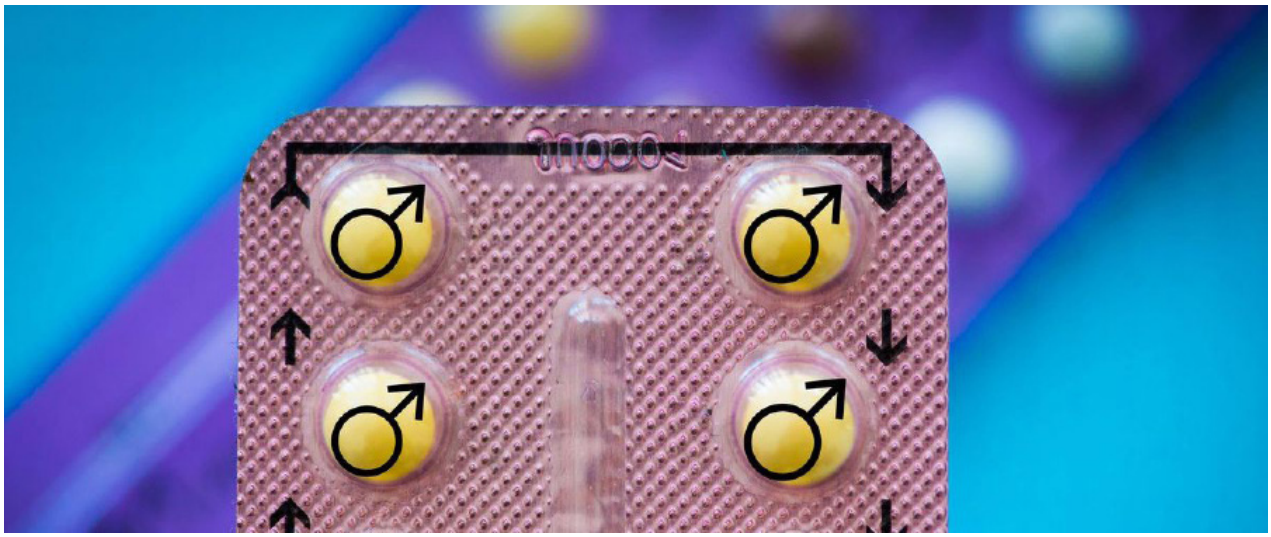

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# TEXAS SENATE BILL 8 PR
# FOR WOMEN'S REP

BY TATUM

On September 1, 2021, the Texas legislature passed Senate Bill 8, effectively overturning the pre-existing conditions of Roe v Wade – a landmark decision of the Supreme Court in 1973, which granted any woman the right to a safe abortion without facing overabundant government restrictions. Senate Bill 8 bans the practice of abortion after six weeks, a time at which many women are unaware of their pregnancy.1 The law does not make exceptions for cases of incest or rape, but does grant abortions to women whose pregnancies pose serious threats to their lives or could result in significant and irreparable harm to their bodies.

Any person suspected of aiding a woman in getting an abortion after six weeks of pregnancy, including those administering the abortion, those involved in transporting a woman seeking an abortion, and couselors, is subject to be prosecuted and sued for a minimum of $10,000 by any civilian living in Texas.[2]

Shortly after the law was approved, the Supreme Court decided not to take action on the legislation, and since then, the rate of abortions in Texas has plummeted.[3]

Although Senate Bill 8 does not entirely ban the administration of abortions, it has made abortions significantly less accessible. Due to these newfound financial risks that come with performing abortions, abortion providers may have to increase the price of their service or be forced to entirely cease their practice. While women in Texas can still seek out-of-state abortions, not all women in need of an abortion have the financial resources to be able to pay for transportation and a hotel or they might be in a situation where they cannot afford to miss workdays to travel. Therefore, the inacessability of abortion will disproportionally affect women of lower socioeconomic statuses, women of color, and women without documentation status, because, as reproductive justice attorney and advocate Shyrissa Dobbins states, "women who do not have those resources will not have that that opportunity."[1] The abortion law will also significantly impact and restrict a minor's ability to obtain an abortion. In Texas, if a minor is to obtain an abortion, they must do so through a judicial bypass, a process in which a minor must prove to a judge that they are mature enough to make the decision to get an abortion, before getting a waiver allowing for an abortion. However, Senate Bill 8 makes it practically impossible for a minor to obtain an abortion; to do so, they would have to both discover their pregnancy and obtain a judicial bypass within a six week time period.[4] Bill 8 poses a life-endangering threat to these groups of women, as they will most likely seek out

# RESENTS A DIRE FUTURE
# PRODUCTIVE RIGHTS

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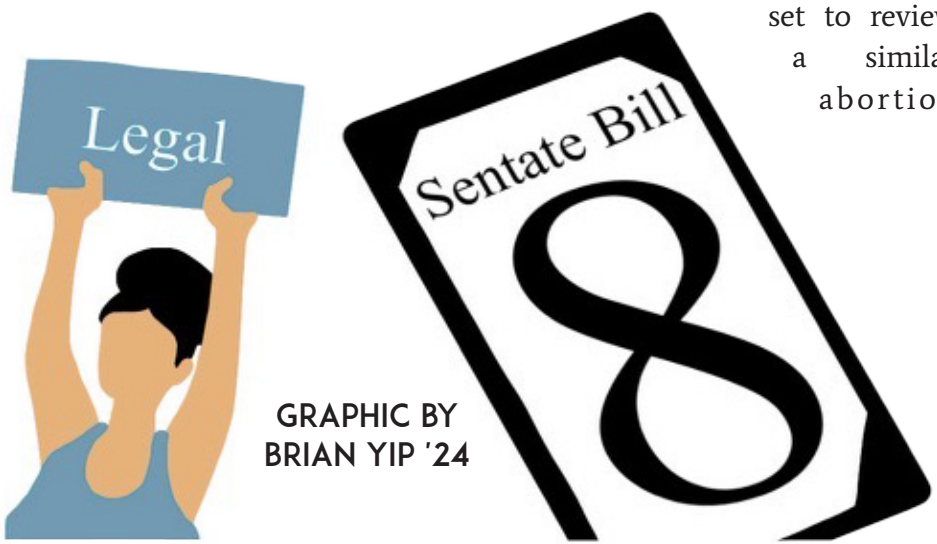
an unsafe abortion that could result in permanent injury or death.[1] Although this abortion law is a threat to the reproductive rights of all women in Texas, the impacts of the ban are least felt by white women and women of higher socioeconomic statuses since they have the resources to seek out safe abortions.

To many, Senate Bill 8's approval is a alarming warning for the future of women's health care, as the strategies used to implement the bill could influence other abortion legislations and make it easier for abortion restrictions to be implemented in the future. The terms and restrictions within Senate Bill 8 differ greatly from those in previous, unimplemented legislation, with the most significant change being that it gives the public the right to prosecution. This difference makes the law hard to challenge. In previous instances of attempted abortion restriction laws, abortion providers would sue the government on the basis that the laws violated a woman's rights as provided in the Constitution. However, because Senate Bill 8 allows anyone the right to prosecute abortions, it makes it extremely difficult for abortion providers to sue because there is no single person assigned to enforce the law. This tactic makes it difficult for abortion groups to fight against legislation and, as Harvard constitutional law expert Laurence Tribe explains, "that's what makes this really dangerous. It's a kind of vigilante justice, circumventing all the mechanisms we have for making sure that the law is enforced fairly, and that it's not enforced in a way that violates people's rights."[3]

Senate Bill 8's approval sets a precedent for a multitude of other states to advance more abortion legislation. The Supreme Court is set to review a similar abortion ban proposed by the Court of Mississippi in late 2022 – a decision which could permanently impact the standing abortion legislation in numerous other conservative states.[5]




GRAPHIC BY
BRIAN YIP '24

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# HOW DISCRIMIN

# LGBTQ+ HE

BY ERIN

Access to sexual and reproductive healthcare is a human right, regardless of a person's sexuality. However, the United States healthcare system has not recognized the needs of the LGBTQ+ community, leading to significant disparities in access to LGBTQ+ sexual health resources. Understanding LGBTQ+ health starts with learning about the history of oppression and discrimination these communities have faced, which have been further exacerbated by the racial, socioeconomic, and religious identities of this community.[1]

The rising crisis of lack of education resources and support for LGBTQ+ youth has led to a higher risk of negative health outcomes and mental illness. LGBTQ+ identifying teens have a greater chance of being bullied at school, feeling suicidal and hopeless, misusing substances, and being victims of sexual assault. According to the CDC, LGBTQ+ youth have difficulty finding access to resources due to social stigmas surrounding education on LGBTQ+ sexual health and the potential reprecutions against these actions—harrassment, bullying, and familial disapproval.[2]

LGBTQ+ people face inhumane treatment and discrimination in healthcare centers, including abuse, harrassment, and rejection of care by providers. This unjust treatment leads to the fear of seeking help in times of critical need. The 2015 U.S. Transgender Survey found that nearly 1 in 4 transgender people (23%) avoided seeking necessary healthcare in the past year due to fear of discrimination or mistreatment based on their gender identity.[3] For many members of sexual minorities, it can be difficult to seek alternative providers due to lack of accessibility and affordability. For some, LGBTQ+ community centers are available and a safer option, but they have not yet reached the level of necessary convenience.[3]

Not having access to healthcare is also due to a lack of health insurance. LGBTQ+ people are less likely to obtain health insurance due to mistreatment in the workplace. Discrimination or harassment in the workplace makes it more difficult for members of the community to keep a stable job and obtain insurance. A study by the National Gay and Lesbian Task Force and the National Center for Transgender Equality shows that 97% of transgender people report being mistreated at work because

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# NATION IMPACTS EALTHCARE

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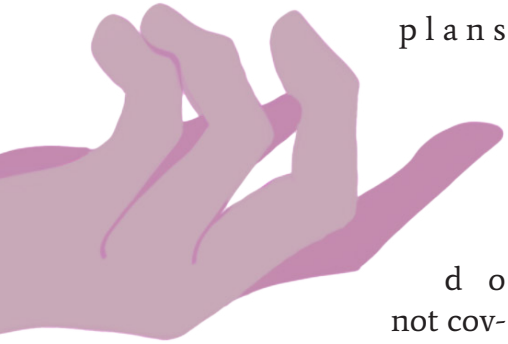
of their gender identity or expression. In addition, it is more difficult for people of a sexual minority to be hired due to their gender identity or expression. With the high price of health insurance, many members of this community just live without it. Most insurance plans do not cover the care that LGBTQ+ people need. Those who identify as queer or bisexual are more susceptible to transmitting diseases such as AIDS, as well as developing certain types of cancer. Discrimination against LGBTQ+ people in the healthcare field makes them particularly vulnerable to these diseases; the United States healthcare system lacks the resources needed to combat the sexually transmitted disease epidemic. Insufficient funding exists for HIV prevention, treatment, and care in communities impacted most by HIV.[6]



For those who are struggling to find healthcare providers due to lack of accessibility or fear of discrimination, there are resources available that offer support and fair treatment. GLMA (Health Professionals Advancing LGBTQ Equality) is an organization of over 1000 members and allies of the LGBTQ+ community who are healthcare providers. Their organization aims to ensure health equity regardless of sexual identity or orientation. GLMA has become a leader in public policy advocacy concerning LGBTQ+ health. GLMA believes that all health professionals hold a role in improving the health and well-being of LGBTQ+ people and welcomes everyone who shares that belief.[7]

Though the fight for equality in healthcare for members of the LGBTQ+ community has been difficult, there has been greater advocacy and progress in recent years. With the Affordable Care Act, healthcare providers are prohibited from engaging in discriminatory activity based on sexual identity. The Obama Administration passed legislation that explicitly protected LGBTQ+ people against discrimination in healthcare on the basis of gender identity and sex stereotypes. Although the disparities faced by this community are still severe, with the support and awareness of the greater population, hopefully members of the LGBTQ+ community will one day receive the equal treatment they deserve.[2]

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GRAPHIC BY
MELODY QIAN '24

# THE HEALTH CENTER CARES ABOUT OUR SEXUAL WELLNESS, AND YOU SHOULD TOO

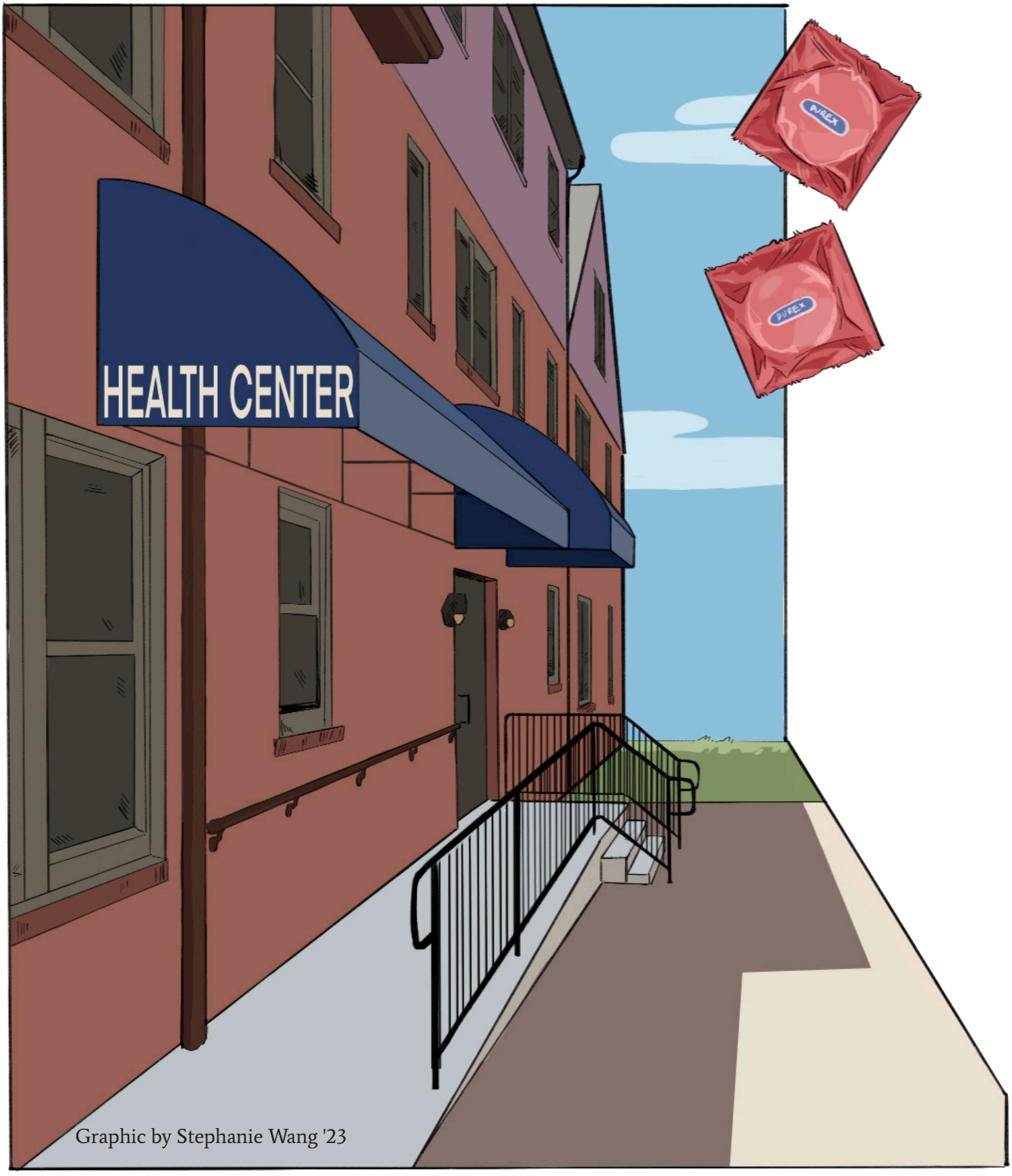
By Deven Huang '23

Everyone's seen the basket of condoms in the Health Center waiting for you in the lobby. What might not be known is that this is a deliberate action taken by the Health Center towards normalizing talks about sexual education. Sex-ed is obviously an awkward and uncomfortable topic of conversation for most teenagers, especially when its with an employee at the Health Center that you may have never met before. But in an interview with Dr. Miriam Cohen the Medical Director at the Health Center and Ms. Karen Klein the Director of Nursing at the Health Center, both emphasized the importance of these conversations with high schoolers. They believe that conversations about sexual health can help "demystify and destigmatize" an important part of adulthood.

Before Dr. Cohen came to Choate, the Health Center took a more direct approach towards sexual education—holding traditional sex-ed classes for the community, a practice that has since been stopped. To replace those programs, sexual wellness and health has been added as a part of the 3rd and 4th form Wellness Education programs. Unfortunately, due to the COVID-19 pandemic, these programs have also been put on hold, as the school administration didn't think it would be appropriate to hold such sensitive conversations over Zoom. Luckily, under the guidance of Ms. Copeland, Director of Health and Wellness Services, the Wellness Curriculum is currently being revamped, and the health center is hopeful for Sex-ed's return to student life. It should also be noted that relationships and sexual health are a part of the Prefecting Education Program, making Prefects a source of information and guidance if students are more comfortable asking a peer instead of an adult.

The Health Center also provides STD screening for any student who asks for it, regardless of symptoms or sex. The results are confidential, meaning that instead of using a name, identifiers like birthday and sex are used to keep track of the test. The only ones who would know your identity are the Health Center employee who administered the test and Dr. Cohen in the event that action needs to be taken. The urine test is sent to the Connecticut Department of Public Health where it is tested for chlamydia and gonorrhea, two of the most common STDs found in teenagers. The best part about this process is that parents never find out about it.

As per CDC guidelines, the Health Center recommends STD screening for its students and is also a part of the Get Yourself Tested (GYT) Campaign . For any more information, you can email Dr. Cohen, Ms. Klein, or visit the GYT website.




Graphic by Stephanie Wang '23

# THE AIDS EPIDEMIC: A PREJUDICIAL HISTORY AGAINST THE LGBTQ COMMUNITY

BY ISABELLA WU'24

The HIV virus reached the United States in the late 1970s. The virus had a disproportionate impact on gay males than any other demographic group, due to the fact that HIV is spread most easily through anal contact. Gay and bisexual men made up an estimated 2% of the U.S population, but 55% of the HIV cases in 2013.[1] The emergence of the AIDS epidemic and the activism that accompanied it helped to bring attention to multiple systems of injustice against the LGBTQ+ community.

From the very beginning of its discovery, AIDS was commonly referred to as GRID (Gay-Related Autoimmune Disease).[2] This created lasting associations between homosexuality and AIDS. People most likely to contract HIV/AIDS were among the most stigmatized populations in American society: gay men, injection drug users, and immigrants. Due to the disease's association with these marginalized groups, the government was reluctant to develop prevention and treatment strategies.

AIDS patients had difficulty finding medical care and treatments. As the disease, along with the surrounding social stigma, continued to spread with no response from the government, the LGBTQ community became angry. Discrimination against LGBTQ people grew as the disease was coined the "gay plague". In many states, it was legal to discriminate against someone based on sexual identity or gender. AIDS activists across the country emerged and fought for protections against discrimination in public employment.[3] Despite their efforts, a political action group, called the Moral Majority, emerged in the 1970s that pushed a Christian, conservative, and anti-gay rights agenda. The anti-gay reaction grew when Ronald Reagan, a Moral Majority ally, became president. The LGBTQ movement was ignored as they tried to spread acknowledgment of the growing medical crisis.

It wasn't until 1985 that Reagan publicly uttered the word "AIDS" for the first time, after the death of 12,000 Americans. The government remained stubborn, refusing to distribute treatments. Many AIDS activists took matters into their own hands and began to organize and provide care for patients through organizations. The oldest HIV/AIDS service organization in the world, Gay Men's Health Crisis, was founded in 1982. In 1987 the AIDS Coalition to Unleash Power, or ACT UP, was founded in New York City.[3]

The first and largest AIDS Walk took place in San Francisco that same year in July, raising $667,000 for the fight against HIV/AIDS. Many of those that participated were driven by concern for their friends and family who were dying at alarming rates under the irresponsible response of the Reagan administration. Today, the San Francisco AIDS Walk has raised more than $90 million across the Bay Area.

The work of these activists is known for speeding up the government's response to the AIDS crisis, allowing for quicker testing and treatment of experimental treatment drugs and the abolishment of homophobic public health policies. The Food and Drug Administration (FDA) denied most AIDS patients

GRAPHIC BY BRIAN YIP'24

access to experimental drugs. In October of 1988, "Seize the FDA" was organized nationally by ACT UP – it became the most significant demonstration of the AIDS activist movement's first two years, credited for changing the course of the AIDS epidemic. The protesters fought for the right to self-medicate in front of FDA headquarters and expressed the frustration of all of their dead loved ones who died at the hands of those who denied them the medication needed to live. The protest represented a turning point in the government's recognition of the severity of the disease and demands. It shifted the blame from the marginalized gay and trans community to the government agency that allowed thousands to die under the guise of "consumer protection". It challenged the FDA's moral authority and changed public opinion, leading to faster approval of HIV-AIDS drugs and more freedom in individual access to medicine.

By 1995, AIDS was the leading killer of men ages 25-44 in the United States, and millions more were infected around the world.[3] That same year, the government approved the first protease inhibitors, a class of antiretroviral drugs that effectively halted and reversed the progression of the disease. The AIDS epidemic eventually ended, but the fight for HIV is still ongoing. Today, the disease thrives in the poorest regions of America and the world, and millions of people are in need of more effective and accessible treatment.

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# HOW DOES PLA
# MORNING AFTE

BY LINDA

Birth control can take on many different forms, such as ingesting pills on a regular basis and employing single-time use condoms. Some of these contraceptive methods require a period of preparation like the installation of an intrauterine device (IUD), which necessitates clinic visits and consultations. However, there are also emergency contraceptive methods that people may find useful if they find themselves having unprotected vaginal sex or if their preferred method of birth control fails. For example, if the condom breaks, there is a possibility that an unplanned pregnancy may happen.[1]

In scenarios like those, people may opt for morning-after pills. These pills are typically taken within days of unprotected vaginal sex although different brands may recommend different dates the pill must be ingested by for maximum effectiveness. Typically, morning-after pills are more effective when they are taken within 72 hours sex occurred.[1] This contraceptive method uses levonorgestrel, an artificial hormone called progestin that binds with the body's receptors for the natural hormone progesterone. Progestin temporarily halts ovulation, or the process in which one of the ovaries releases an egg that would then travel to the uterus and wait for an encounter with sperm cells. Sperm cells, which can stay in the uterus for about five days, then have the opportunity to fertilize the egg.[2] While people may have varying experiences after the morning after pills, some side effects include nausea, fatigue, cramps, and a heavier menstrual cycle than usual. Additionally, these morning-after pills may not be as effective for people who weigh 155 pounds or more.[1]

Another option for morning-after pills is ulipristal acetate, which is only available by prescription. These pills are highly effective if taken within five days of unprotected sex and work for people up to 195 pounds, a higher weight limit than other OTC brands.[1]

Within five days of unprotected sex, people may also choose to visit a healthcare provider to insert an IUD since this method has been noted as the most effective emergency contraception with more than a 99% chance of preventing pregnancy. Unlike morning-after pills, IUDs work regardless of the weight of the patient. The IUD can also become an ongoing form of birth control that remains effective for several years although the duration varies between different IUDs. While there are many IUD brands, they fall under two different categories: hormonal and copper.

Hormonal IUDs work by releasing progestin into the uterus, the same hormone that morning-after pills utilize. Progestin also thickens the mucus in the cervix, which makes it more difficult for sperm to get to the egg. However, they don't work immediately to pre-


GRAPHICS BY RAJEEV

# N B AND OTHER ER PILLS WORK

PHAN

vent pregnancy and may require up to a week to be effective.

Copper IUDs, on the other hand, work right away, which makes them suitable as a form of emergency contraception. They consist of plastic and copper, a material that acts as a spermicide by killing any sperm cells


that try to enter the uterus. The natural properties of copper also initiate an immune response in the body so that even if the egg develops, it would be destroyed. Copper IUDs have an efficacy rate of 99.2% and can be effective for ten years or more. Their side effects include heavier bleeding during the menstrual cycle and more menstrual pain.

Comparing these forms of emergency contraception, OTC morning-after pills are more acce ssible due to their wide availability. Additionally, OTC morning-after pills are significantly cheaper than IUDs with prices falling in between the $10 and $50 range. In contrast, IUDs require one or even multiple visits with a gynecologist, and their installation can be expensive for those without health insurance. Copper IUDs can cost about $1200, and hormonal IUDs can cost about $1500. However, IUDs last several years compared to the single-time uses of morning-after pills or even birth control pills taken on a regular basis. If these emergency contraception methods present financial difficulties, community centers and clinics can assist by offering them for free or at significantly lower prices.

To further understand how all of these methods work or resolve confusion about them, resources, such as articles from Planned Parenthood, may help. The health center on campus is also available to help students. With many options available, make sure to carefully consider which one is the most suitable for the situation at hand.

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