The College on the Pill

By Steven Menashi

During last fall's training program for Undergraduate Advisors, all the UCAs divided into teams, and were required to sit at a table a "Community Resource on Campus" fair. There was an assistant dean's table, and one for Aquinas House, among other groups. At the table for Dick's House and Health Services, the students were invited to "get some wacky piece of information. "The woman behind the table held up a condom. She cut off the tip, the bottom ring, and then cut along the side and announced, Void! You can make a dentil dam out of a condom! The demonstrator grinned as she displayed the latex, holding it in front of her face.

UGA Training, which is organized by the Office of Residential Life, imparted more than helpful household hints, however. A September B presentation instructed UCAs on dealing with sexual abuse. Susan Marine, the coordinator of Dartmouth's Sexual Abuse Awareness Program, and Akamu Anamu '01, a Sexual Abuse Peer Advisor and Area Coordinator for ORL, instructed UCAs on the resources available to them on campus. Students who are at risk for pregnancy, they explained, should take "emergency contraception," or "Plan B." -what is commonly known as the morning after pill, though it may be taken up to 72 hours after intercourse.

Marine went on to note that taking Plan B does not constitute an abortion, since the pill only prevents a sperm from connecting with an egg or the embryo from implanting in the uterine wall. Students can obtain the pill at Dick's House. Akumu added that he had some pills in his room, and that other UCAs also kept a supply of Plan B which they made available to students who had problems with regular contraception. Marine noted.

The morning-after pill, however, is a prescription medication; only a doctor (or similarly certified health care provider) can legally dispense it.

We were told that UCAs and people like Aaron could get a hold of Plan B pills for students, and we were given the impression that in fact some of them do keep them in their rooms and that students can get them from Aaron who declined to be identified. Other UCAs confirmed that student UCAs were indicated as sources for obtaining Plan B.

About a month after the presentation, however, Marine apparently realized the legal problem with students distributing Plan B. "I just talked with Jan Sanduska (In women's health department of Dick's House) about the dispensing of Plan B method of emergency contraception," she wrote in an October 3, 2000 e-mail message to UCAs and ORL staff. "By law, Plan B cannot be given to students—staff members or otherwise—for general distribution."

She added that "student staff should be advised against trying to keep the Plan B on hand for their residents. When the drug becomes 'over the counter' they will be able to do that, but as long as it is a prescription drug requiring a prescription from a health care provider it should not be viewed as something to keep on hand."

In response to an inquiry from The Dartmouth Review, Marine, who has since left her position at the College, denied that UCAs had access to Plan B. If a student wants to obtain a dose of Plan B, "she said, "she must go to the college health center be seen by a qualified provider, and receive a prescription for one dose."

Marine has, however, provided UCAs with a copy of an article from Self magazine, which explains that taking a contraceptive control pill 12 hours after intercourse will have the same effect as an emergency contraceptive. So, whether or not student peer advisors are actually distributing the Plan B pill, they are dispensing medical advice on emergency contraception. The article notes, however, that the use of the pill for emergency contraception "is not 100 percent effective" and that it is likely to cause nausea and vomiting.

"The side effects of the morning-after pill are similar, since that pill is simply a much larger dose of the same steroids found in the typical birth control pill," the FDA said that the side effects are significant enough that it [emergency contraception] merits a prescription," says Heather Cimino, a spokesperson for the Washington, DC-based Family Research Council. "These are chemicals. Some women react very strongly to hormones. Possible side effects range from weight gain to infertility to severe emotional problems. Cimino also notes that the "potential for abuse" makes instructions from a doctor regarding the pill's use essential.

At Dartmouth, obtaining plan B, even by prescription, is a relatively simple matter. The Dartmouth Review sent a student to Dick's House to obtain the pill, and she did so after a five-minute consultation with a Physician Assistant. Anne Michaels. "One of the options that we have is if you need an abortion—e.g. even if the student's own convictions might lead to an abortion," she said. "You might have some people on campus who would be married by that," says Cimino. "We feel that the truth should be told about it."

A letter circulated by the anti-abortion American Life League, signed by 106 medical doctors, charges that "the FDA, which is supposed to protect consumers from drug fraud, has authorized such fraud by granting its permission to label drugs such as Preven, Planned Parenthood's Plan B, etc., as contraceptive. These drugs achieve their primary anti-fertility effect by destroying a new and distinct human being—with a unique genetic code different from the mother's and father's—after the process of fertilization has taken place, but before the child has nestled into the mother's womb. These actions of the FDA have, in fact, prevented consumers from learning they were pregnant—and that they may have been committing a crime in an abortion."

It's unlikely that students who approve of abortion would be much troubled by the possible abortifacient properties of the morning after pill. But Health Services is misleading those students who believe that life begins at conception—pushing them toward a choice they might abhor if they had complete information. An June 2000 Los Angeles Times poll found that 53 percent of Americans believe life begins at conception.

Women's health programs are notoriously ideological, and often see moral or religious conviction against abortion as hopeless preached—no matter what personal convictions the providers may have. The Women's Health Project sponsors not only medical care, but also advocacy. But, Cimino says of the morning-after pill, "just because we want to make it so available as possible is not a reason to distribute it without a prescription," especially given the drug's side effects and potential for failure. And a provider's personal politics shouldn't prevent women from making fully informed choices.

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