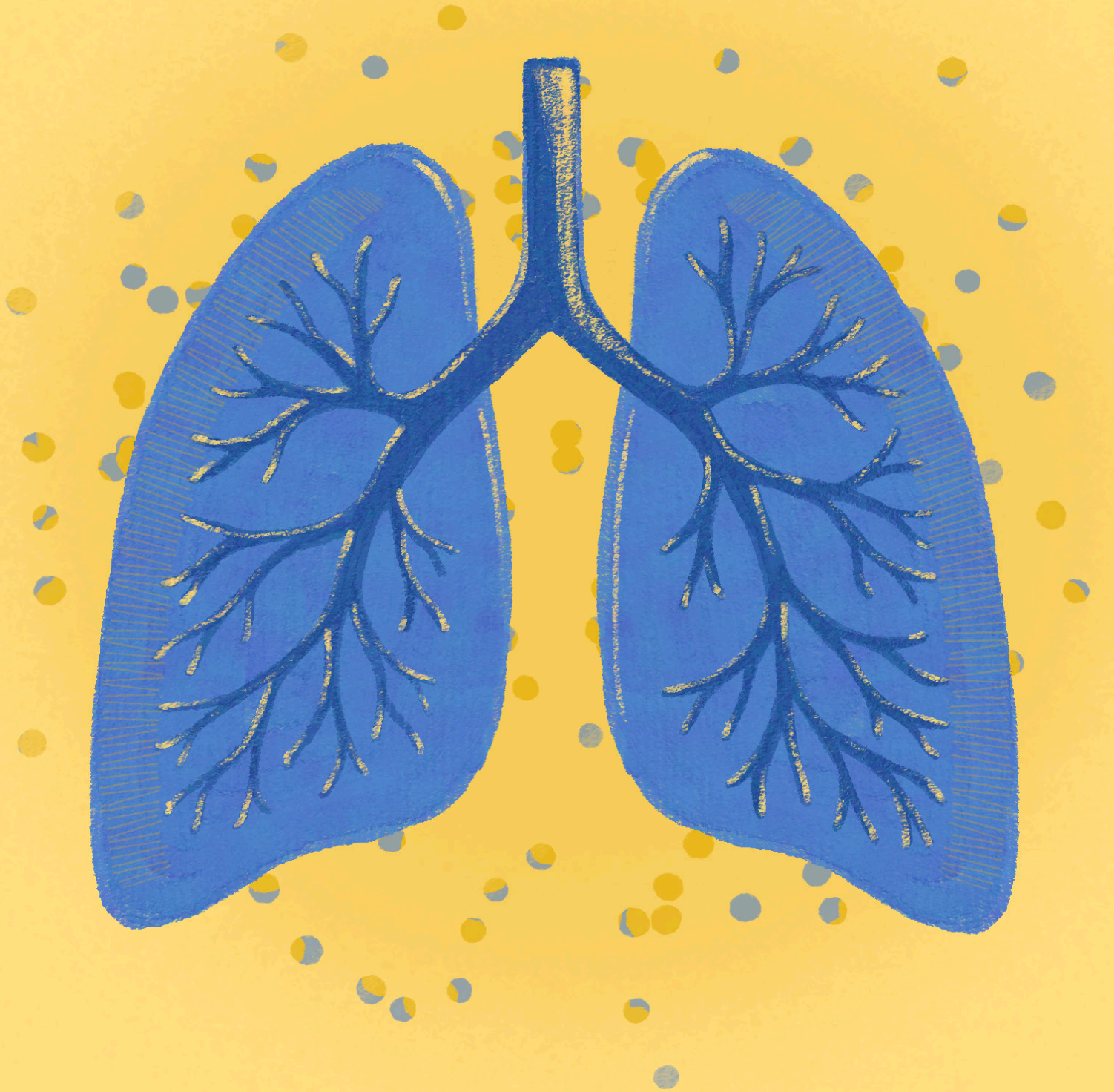
CHOATE PUBLIC HEALTH

Fall 2025



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Public Health Under Attack: What

By Maya Sa

Project 20251 was developed by a prominent conservative think tank, the Heritage Foundation, and a coalition of nearly one hundred conservative organizations. The whopping 920-page policy initiative is widely considered the blueprint for the policies we expect to see in the next four years of the Trump Administration. The guidelines outlined in Project 2025 may adversely affect many issues Americans face, including education, media, and development. This article aims to highlight the specific public health ramifications of Project 2025.

One of the most alarming components of Project 2025 is its prohibition on the Centers for Disease Control and Prevention (CDC) from issuing vaccine guidance.2 Under this plan, vaccination decisions rest entirely with individuals and medical providers. As we enter flu season, we see the potential consequences of dropping CDC involvement. There are ways we can help circumvent the impact of Project 2025, including hosting flu clinics and increasing the accessibility of vaccines. Choate serves as a good example of a private institution that implements its policy in favor of implementing vaccine education and accessibility. Choate is protecting our community from the brunt of this blow to public health.

Moreover, when lowering the prices of highly inaccessible drugs and medical care, Medicare could lose its negotiating abilities, and drug companies may no longer be mandated to reimburse individuals for particularly expensive or inaccessible drugs. In the world of Medicaid, the initiative proposes putting arbitrary caps on health care, threatening nearly 18.6 million low-income Americans. The proposal also encourages families to seek out private health care coverage that often offers fewer benefits and inconsistent coverage that varies year to year. Medicare and Medicaid are two incredibly crucial programs that provide necessary health care to those over the age of 65 and to those with a limited income. These programs should not be considered or treated as a luxury; they provide a fundamental and essential service to Americans who might otherwise be unable to afford it.

Project 2025 Could Mean for America

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Additionally, the proposal outlines a focused attack on the reproductive rights of Americans, an attack that we are already beginning to see develop in front of us.5 Project 2025 seeks to effectively ban or restrict people’s access to Mifepristone, the most commonly used drug for abortions today. Moreover, the proposal aims to criminalize the use of the mail to disseminate abortion drugs. Any states that vowed to protect reproductive rights would be required to report data to the government on pregnant people and their travels from state to state. The proposal also details a rollback on HIPAA guidelines, which specifically seek to protect the privacy of people who seek out reproductive health care.

In addition to these wider-scale policy concerns, the document itself is littered with language that promotes the nuclear family structure, advocates anti-abortion ideologies, and limits protections for LGBTQIA+ individuals. Not only would these bring unprecedented and detrimental effects to the world of medicine and healthcare, but the policies also set a precedent for other sectors. What does this mean for education, museums, national parks, and more? Features of society that we take for granted are at risk of disappearing at a moment's notice, and healthcare resources might just be the starting point.

Or is Project 2025 simply a blueprint for the outline of a fictitious future that we may never truly see come to fruition? The truth is that only time will tell, and we cannot know whether these proposals will come to life. However, at a glance at news articles, we can see that the headlines are reflecting what this 920-page manifesto planned out:

“'CDC is over': RFK Jr. lays off over 1,000 employees in Friday night massacre”3

“RFK Jr hints access to key abortion drug could be cut back”4

The future remains to be seen, but in times of confusion, we must remain aware of what is happening around us. Knowledge is power, and staying informed and educated can be the solution.

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CDC Unc

By Brianna

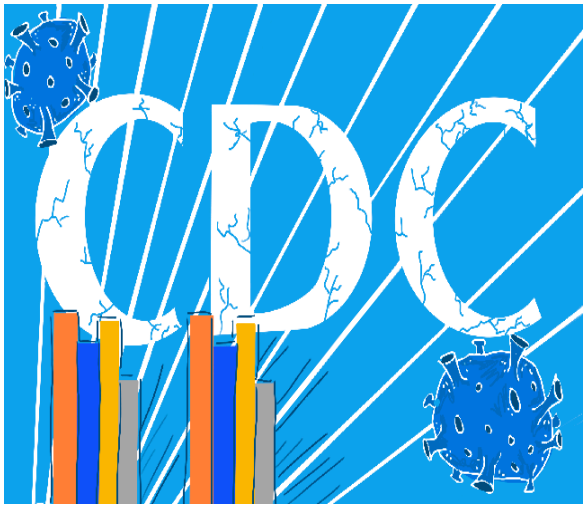
For decades, the Centers for Disease Control and Prevention (CDC) has stood as one of the world's leading public health institutions—its name has been synonymous with expertise, trust, and scientific integrity. From eradicating smallpox to curbing polio, the CDC symbolized the gold standard for disease prevention and health communication. Yet, in recent years, the agency has faced a crisis in confidence, shaped by political polarization, communication failures, and structural limitations that have undermined its authority at a critical moment for public health.

The CDC protects American public health, and thus a weakened CDC would leave America more vulnerable to outbreaks. Early detection and coordinated response require a central authority capable of seeing widely and acting swiftly. The CDC also plays a role in engaging in global health partnerships through collaborations with the World Health Organization, which risks being undermined if the agency's capacity continues to decline. Its guidance influences research, vaccine development, and epidemic responses worldwide, prompting implications far beyond U.S. borders.

A turning point for the CDC came when sweeping restructuring reshaped the agency under President Trump and Health and Human Services (HHS) Secretary Robert F. Kennedy Jr. . Political appointees oversaw leadership changes, layoffs, and a redefinition of the CDC's priorities. The removal of CDC Director Susan Monarez after she resisted politically motivated changes to vaccine policies exemplified a broader pattern of sidelining scientific leadership when it conflicted with administration goals.

The agency's vulnerability became even clearer during the 2025 government shutdown. More than 1,000 CDC staff received layoff notices, including personnel critical to immunization tracking and infectious disease response. While some positions were later reinstated, the disruption revealed how political decisions can derail day-to-day operations and interrupt essential services that protect millions of Americans.

Budget and grant decisions have become another battleground. In 2025, the federal government pulled back $11.4 billion in pandemic-era CDC grants from states and local health departments—funds that were still being used to fight infectious diseases and address health inequities. These grants supported vaccine distribution, outreach to underserved communities, and maintenance of public health infrastructure. Responses varied by political alignment: blue states successfully sued to regain almost 80% of their funding, while red states saw fewer grants restored, resulting in deeper program disruptions. The disparity illustrates how political alignment can shape the resources available for public health and underscores the uneven protection of Americans by residence.



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Beyond politics, the CDC's crisis reflects a faltering relationship with the public. During the COVID-19 pandemic, the agency's messaging became increasingly fraught. Rapidly changing guidelines, internal inconsistencies, and unaddressed contradictions left citizens skeptical rather than reassured. Past statements that were later reversed provided fodder for misinformation, eroding trust. When populations doubt a health authority's integrity or consistency, their compliance with future guidance may weaken, leaving communities more vulnerable to outbreaks.

Even before recent upheavals, structural flaws hampered the CDC's local effectiveness. Antiquated data systems, bureaucratic inflexibility, and limited surge capacity slowed response times. Nearly half of state and local health department budgets depended on CDC funding, so federal cuts resonate directly at the frontlines, particularly in rural areas. Proposed 2026 budget reductions threaten as many as 42,000 job losses nationwide and a $5.4 billion decline in state economies, jeopardizing the ability of local agencies to monitor and respond to disease threats.

To fix the crisis, reorganization efforts are underway, but they may be inadequate. Experts warn that mass layoffs and operational downsizing could render the agency "nonfunctional," decimating units like the Morbidity and Mortality division, which are essential for tracking and responding to emerging threats. Without these resources, outbreaks could go undetected for longer, and public health responses would be lower and less coordinated.

The CDC exists as a public health institution within a political system. With changing politics, it seems that the funding, trust, and organization of the CDC are under threat. The recent events expose several flaws in the institution and highlight the importance of maintaining neutrality in building a functional health system. The CDC in crisis is not just a bureaucratic problem; it's a national vulnerability. Its weakening underscores a simple truth: when the CDC fails, we all pay the price.

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The Impacts of School on Adolescent Circadian Rhythms

By Jaydon Mau '28

Every morning, exhausted Choate students walk across campus, cups of caffeine in hand, preparing themselves for the demanding day of classes ahead. Early morning classes, followed by sports, rehearsals, and work sessions that stretch late into the night, leave many students exhausted. As Dr. Frances E. Jensen, a renowned neurologist, emphasizes, "sleep isn't a luxury. Memory and learning are thought to be consolidated during sleep, so it's a requirement for adolescents and as vital to their health as the air they breathe and the food they eat."[1]

During adolescence, teenagers' biological clocks naturally delay, as melatonin onsets later in the evening. As a result, many teenagers are unable to sleep earlier than 11 p.m. and struggle to have morning alertness due to persistent sleep deprivation. Early mornings and late evenings result in uncontrollable sleep deprivation for students.

Doctors and sleep specialists believe that early school days are an immediate factor in adolescent sleep deprivation. To fix this, they recommend that middle and high schools begin no earlier than 8:30 a.m., allowing teens to get the recommended 8–10 hours of rest.[2] Research has supported this idea; a study in Seattle high schools that delayed start times by nearly an hour demonstrated "significant improvement in the sleep duration of students."[2] Intervention studies show that late starting times as short as 25 - 60 minutes later will improve sleep quality, cut drowsiness when awake, and have spillover effects, such as boosting academic performance. This evidence shows that aligning schools with adolescent biology has a real-world public health impact.

Schedules tailored to teenagers' sleep patterns can impact student life in many ways. Boarding schools, including Choate, have already been paving the path by experimenting with changes that support physiological changes but preserve the academic day. To reduce fatigue, students are advised to advocate for their own personal health by making mindful changes to daily schedules, incorporating consistent bedtimes, and taking naps during the day.

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Athletics as a Public Health Platform: Wellness on and off the Field

By Nana Winston-Ashie '27

Many core memories at Choate can be traced to the field, the court, or the pool, as athletics have long shaped the Choate experience. From flooding the football field at Deerfield to the quiet hustle of 6 am practices, sports at Choate embody teamwork, discipline, and hard work. These experiences are healthy, formative, and promote individual growth, but their implications and relevance in advancing public health are often understated.

When considering the intersections of public health and athletics, it is easy to assume that they only emerge when injuries occur. Yet against the broader definition of public health, "to promote and protect the health of people and communities where they live, work, and play" (The American Public Health Association, n.d.), these overlaps become far more apparent. Traditionally, athletic training has focused on treating individual athletes upon injury.

Outside of injury surveillance, population-based approaches in athletic training have historically been minimal, and athletic training research and practice tend to be heavily skewed toward treating individuals in the 'heat of the moment' (Dompier et al., 2015). This is a problem: such a narrow focus undermines the preventive sector of public health, which focuses on identifying risks early and promoting wellness in communities before injuries or illnesses arise.

If there are no safeguards within communities to address threats before they strike, athletes are left vulnerable to recurring injuries, chronic conditions, and mental or physical strain that were avoidable entirely or could have been mitigated through earlier interventions. At Choate, public health in athletics, specifically preventive care, means looking beyond just emergency response. Steps we can take towards improvement may include workshops on nutrition, sleep, and mental health to reinforce that well-being supports performance; pre-season screenings and education to identify potential risks before the season; and creating and celebrating wellness milestones to promote long-term health in the community.

Beyond Choate, the 2015 Athletic Training and Public Health Summit at Oregon State University was one of the first tangible steps toward improving public health outcomes through athletics. The summit encouraged athletic trainers to adopt a population-based approach to injury and illness prevention and fostered connections among practitioners, educators, and researchers from public health backgrounds to bridge an apparent gap. (Hoffman, et al. 2019) By looking beyond the individual athlete, the integration of public health in athletic training promotes a holistic model for community wellness.

Graphic By: Emilia Stahura '26

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The Truth About Runner's High

By Jill Capasso '27

Have you ever been running and then, out of nowhere, you feel a strange rush of energy and a sense of euphoria? Your breath steadies, your legs feel lighter, and your mind clears. Well, if that sounds familiar, you have most likely experienced what's known as "runner's high." While this term has become mainstream in today's culture, runner's high is actually a rare phenomenon that very few runners experience. For most runners, this phenomenon tends to happen after a long or intense run, after the body and mind are given time to coordinate with one another.

For decades, scientists believed that runner's high was caused by a rush of endorphins, the body's natural pain killers. While endorphins do help with muscle recovery, researchers have discovered that they are not the main reason behind the euphoric and meditative state runners sometimes feel. This is because endorphins are a large molecule that cannot pass through the blood-brain barrier, meaning they cannot affect the brain in the way researchers previously assumed.

New research shows that another type of molecule is responsible for this high. These molecules are called endocannabinoids. They are small, naturally produced molecules that act on your body's endocannabinoid system; the same system that is affected by tetrahydrocannabinol (THC), which is the active compound in cannabis. When you participate in sustained aerobic exercise, your body releases higher levels of endocannabinoids into your bloodstream. Unlike endorphins, these molecules are small enough to cross through the blood-brain barrier, where they can then trigger short-term psychoactive effects that reduce anxiety, dull pain, and encourage short-term happiness. Basically, the body is creating its own natural high.

The discovery of endocannabinoids has changed the way scientists think about exercise and how it relates to mental health. New research shows that the same biochemical process behind runner's high also helps explain why exercise, in general, improves mood and reduces depression and stress.

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Saved from the Screen: The Science Behind Choate's Phone

By Sophie Chung '27

Our phones are with us when we are walking on the path, spending time before and after practice, and even in bed. They're with us right when we wake up and then all the way up until bedtime. This habit permeates our lives in every aspect. Every meal, study session, hang out with friends, everything.

Like many other schools, Choate has recognized the possible downsides to increased phone use and has taken action with the new phone policy. This new policy includes phone-free pathways, common spaces like the dining hall and Colony Hall, as well as during class. You may have heard people talk about the benefits of less screen time being more free time and social connection. However, have you ever wondered what the health benefits are of cutting down on phone usage? A few studies clarify the exact physical effects of cell phone use to better inform us about our time.

In a meta-analysis with over 100 citations, Yehuda Wacks and Aviv Weinstein analyzed different studies focusing on cell phone use and its physical/psychological consequences.3 The results show widespread agreement on the negative impacts that cell phone use has. First, excessive phone use has been linked to cognitive decline, anxiety, depression, alcohol use disorder, OCD, and ADHD. Other associations have been found between phone usage and medical complications, such as sleep disturbance, eyesight, pain, migraines, and physical fitness and phone usage.3

Another study run by Muhammed Daniyal et. al used semi-structured questionnaires to evaluate factors impacted by cell phone usage in university students.1 Students with high cell phone use (HCPU) had more complaints of neck pain, eye strain, back pain, low mood, and weight gain compared to students with low cell phone use (LCPU).1

Finally, research done by Devi and Singh demonstrates how prolonged screen time can lead to more serious musculoskeletal conditions, such as "tech neck", back pain, shoulder pain, and vision problems long-term.2

We might feel like we don't get enough time with our phones. We wish we could call or text people on the path, scroll in the dining hall, or even just check the time near the end of class. However, Choate's phone policies could be saving us from previously unrecognized problems in the future. Choate's phone policies and recognition of screen time impacts put it at the head of a larger movement within the boarding school community. Not only is this policy fulfilling another aspect in which the school can care for students, but it's also leading a long-term change. Peer schools such as Blair and Middlesex are also implementing similar policies. Let us keep in mind not only the duty our school is doing for us, but also how we can educate and support others in decreasing their phone usage.

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The Luxury

By Neil Ale

For millions of low-income Americans, a simple visit to the doctor's office is about to become a luxury. On Independence Day 2025, President Donald J. Trump signed the "One Big Beautiful Bill Act" into law after it passed both chambers of Congress.[2] Among its many controversial provisions was a $1 trillion reduction in Medicaid funding over ten years, which supporters said was necessary to reduce the national debt.[4] However, questions have arisen about whether these changes will genuinely benefit the American people. As policymakers weigh the long-term economic effects of federal spending, the immediate human impact remains undeniable.

Signed into law by President Lyndon B. Johnson in 1965, Medicaid is an insurance program that provides free or low-cost health coverage to many low-income people nationwide.[8] Currently, over 76 million Americans rely on these programs for hospital stays, vaccinations, prenatal care, and other essential healthcare services.[5] Each state administers its own Medicaid program within federal guidelines, which means eligibility and benefits vary across the country. In Connecticut, for example, Medicaid is known as HUSKY Health, and it covers low-income children, parents, older adults, and people with disabilities.[6] What was once a safety net designed to guarantee basic medical access is unraveling, leaving millions vulnerable to preventable suffering and long-term health consequences.

These cuts are part of a broader trend of changes to Medicaid and other health-related government programs in recent years. In 2023, states began the practice known as"Medicaid unwinding." During the COVID-19 pandemic, federal policy allowed people to stay enrolled in Medicaid without renewing their eligibility each year. This continuous coverage provision prevented millions from losing insurance during a national health emergency. When that policy ended in spring 2023, states were required to review every enrollee's eligibility again. The goal was to remove people who no longer qualified, but in practice, the process has caused widespread loss of coverage.[1] According to the Kaiser Family Foundation, more than 20 million Americans have been disenrolled from Medicaid since the unwinding began. Notably, about three-quarters of those losses were due to procedural reasons—for example, missing a form, not receiving a mailed notice, or being unable to verify income in time—not because individuals were ineligible. Some states have also reduced optional benefits, shortened the time between eligibility reviews, or added new work or reporting requirements.[7] These changes vary by state, but share a common outcome: fewer people will be covered under Medicaid.

The recent cuts to Medicaid have already begun to ripple through communities nationwide. Many states report rising rates of uninsured residents, and healthcare providers are seeing more patients delay care until conditions worsen, leading to higher emergency room visits and long-term health costs.[3]

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These trends highlight how reductions in Medicaid have already begun to affect and will continue to affect a wide range of people. Children may miss vaccinations, checkups, and early treatment for illnesses. For pregnant women, disruptions to prenatal care may increase the risk of complications and contribute to higher rates of infant mortality. Disabled and older adults may lose access to home health services, physical therapy, or specialized equipment, which makes it harder to manage long-term conditions. Hospitals may even be forced to close, particularly in rural and low-income areas that depend heavily on Medicaid reimbursements. When these communities lose their coverage to pay for treatment, they are less likely to check into hospitals or attend regular visits, causing these rural hospitals to lose their funding and potentially shut down.[5] As coverage shrinks, public health experts warn that preventable illnesses and untreated chronic conditions could become more common, widening existing health disparities in the United States.

Politicians on both sides have expressed concern over the Big Beautiful Bill. While supporters argue it will reduce federal spending and encourage efficiency, critics warn it could undermine decades of progress in expanding healthcare access. As the new law's effects begin to unfold, millions of Americans may soon find themselves navigating a healthcare system with fewer protections than before. For many, Medicaid is not just a government program but a lifeline that keeps them healthy, employed, and able to care for their families. Whether reforms or restorations lie ahead, these decisions will shape not only the healthcare system but also the well-being of the country for years to come.

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John Green's Everything is Tuberculosis

By Nana Winst

Whether it's the cowboy hat, Taylor Swift, or even the concept of boarding schools, John Green convinces the Choate readership that everything is, indeed, Tuberculosis, or at least, can be connected to it. In talks of the All-School-Read for the summer of 2025, an attentive Choate community welcomed New York Times bestselling author, educator, and acclaimed YouTuber John Green. His visit served as a reminder that the world's deadliest infectious disease is also a disease of injustice; one perpetuated and healed through what he referred to as "vicious and virtuous cycles" (Green, 2025).

Tuberculosis, Green shares, is a lens through which we can view the human condition, one where the disease is not merely an invisible rod-shaped bacterium but a paragon of how power, social health determinants, access, and empathetic systems shape the conditions of human life; how where you live often determines whether you live. The connection between societal inequities and poor health outcomes invited Choate to examine public health through a new lens: storytelling. Green described storytelling as "magical", a powerful way to reveal injustice and inspire empathy..

Before a captivated audience of Choate readers and fans, many of whom were witnessing the virtual figure in person for the first time, John Green participated in a panel led by sixth-form student moderators. He spoke candidly about how and why he became an advocate for a disease that receives so little attention, making his words personal as he recounted his trip to Sierra Leone. His human-focused Choate address, rooted less in statistics and more in stories, anecdotes, and emotions, made his message accessible, personal, and deeply resonant with a largely teenage audience. The resonance of his talk extended beyond Colony Hall, to the point where he joined the sixth-form Advanced Creative Writing class to explore how dominant narratives and stories shape human perceptions of health, justice, and one another.

During an interactive read-aloud segment in his address, he emphasized, "Vicious cycles are common. Injustice and unfairness permeate every aspect of human life. But virtuous cycles are also possible" (Green, 2025, p. 167)

Green explained that tuberculosis represents a failure of social systems rather than a failure of science, and that community engagement is a step in a virtuous cycle. Hearing this from a beloved, history-loving internet personality made his point feel both urgent and relatable: the biological and societal dimensions of health cannot be separated.

His anecdote of Henry, a tuberculosis patient and friend with "spindly legs and a big, goofy smile" (Green, 2025), resonated with many in the audience. They were painfully reminded that despite the availability of "shorter drug regimens, better diagnostics, and even vaccines" (GatesNotes, 2024), tuberculosis continues to dominate in the Global South. We live in a world where TB is curable and preventable, yet it still kills because lifesaving tools fail to reach those who need them most. Green hopes not to let TB become a disease of the past.

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As John Green put it, social determinants of health are inextricably linked to individual health and healthcare systems. Tuberculosis persists not because of biology or race but because of inequity and factors such as air and water pollution, education, job opportunities, income, and transportation. (Office of Disease Prevention and Health Promotion [ODPHP], n.d.) These conditions dictate who becomes sick with tuberculosis, who dies a curable death, and who recovers. (World Health Organization, n.d.)

After inquiries from the student moderators and questions from specific classes and faculty, a long-awaited question arose for John Green: Can you connect Choate itself to tuberculosis? Green smiled, accepting the challenge. He explained that boarding schools were once used as tuberculosis sanatoria, especially for children, and that the unsanitary conditions of Native American boarding schools had inadvertently incubated tuberculosis. Green's answer served as a wake-up call: even boarding schools, which can sometimes feel like a bubble, exist within larger social and health systems that can either worsen or halt cycles of inequity.

In his familiar voice, Green provided a deeply human address that framed public health not only as a medical issue but as a story with amplified and silenced voices. Public health crises, specifically the spread of curable diseases, simultaneously reveal our failures and our capacity for empathy and efficiency as a human race. Green left our community with a challenge: to use storytelling as a cure, and a way to dismantle vicious systems and sustain virtuous ones.

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Staying Healthy While

By Ha Jin

While traveling internationally can bring exhilarating new experiences, infectious diseases can be rampant. It is essential to be cautious about the various health risks and concerns that come with traveling abroad to prevent illnesses.

To take precaution against potential disease outbreaks while people are traveling internationally, the Centers for Disease Control (CDC) uses Travel Health Notices (THNs) to provide updates and advice to travelers regarding health risks.1 The four reasons why a THN may be posted include a disease outbreak, cases of a disease in a new location, natural disasters that may prevent access to healthcare services, and mass gatherings that can lead to disease transmission.1

When examining THNs, there are four main levels of notices that travelers should be aware of. Level One notices encourage travelers to take usual precautions as noted in the THN. Level Two notices suggest taking enhanced precautions. Level Three notices prompt travelers to reconsider their travel if it is not necessary, as potential outbreaks could be threatening. Finally, Level Four notices strongly encourage travelers to avoid travel, as there are extreme health risks and no precautions are in place.1

Currently, there are no posted Level Three or Level Four THNs released by the CDC. However, travelers should take enhanced precautions based on notices listed under Level Two and Level One categories.

Graphic By Leah Han '27

Traveling Internationally

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For instance, in Cuba and China, there have been recent outbreaks of chikungunya, a viral disease transmitted by mosquitoes that causes fever and joint pain.2 The illness particularly causes swelling of the wrists, joints, ankles, and feet, and pain. While symptoms typically relieve in a couple of days, in severe cases, they can persist for up to years.2 While there are no antiviral drugs or widely available vaccines against the disease, travelers are advised to use insect repellents (specifically repellents containing DEET, IR3535, or icaridin), wear long-sleeve clothing, and set up mosquito screens in their residences to prevent disease transmission.2

When vaccines are available for certain diseases, they can be very helpful, and at times mandatory when traveling to outbreak-prone areas. For instance, there has been an increasing number of yellow fever cases in Colombia. Yellow fever is another disease transmitted through mosquitoes, causing symptoms that could include fever, vomiting, or muscle pain. In rare cases, some patients may enter a second, toxic phase after recovering from initial symptoms, where they experience high fever and severe issues with their liver and kidney function.3 Vaccinations are one of the most effective and important ways to prevent yellow fever. The yellow fever vaccine is a single dose that provides lifelong protection against the disease, conferring immunity within 30 days in 99% of vaccinated individuals.3 Based on the International Health Regulations, some countries have mandated travelers to have vaccinations for yellow fever.

In addition to yellow fever, vaccinations are essential to preventing poliovirus (polio). Polio, which causes flu-like symptoms but can in serious cases lead to paralysis and death, continues to circulate in several countries, including Germany, Indonesia, Kenya, Nigeria, the United Kingdom, and Poland, among others.4 Polio is very contagious, spreading through contaminated food, water, and person-to-person contact.4 Practicing good hygiene and vaccinating children is the best way to prevent the risk of contracting polio when traveling abroad. For optimal protection and to prevent severe, life-threatening symptoms, children should receive all four doses of the inactivated polio vaccine.4

Another Level Two THN are confirmed cases of diphtheria in regions of Guinea and Nigeria.1 Diphtheria is caused by toxin-producing bacteria and is contagious through coughing and sneezing, causing fever, sore throat, and neck gland swelling.5 The disease can be prevented by receiving the three doses of the primary series of vaccine and three booster shots; however, vaccine coverage remains low, as the COVID-19 pandemic has sporadically impacted immunization and health services. Therefore, the disease has become more common in certain countries, and travelers should take precautions and the necessary vaccinations to prevent the disease when traveling abroad.

As traveling internationally for business, work, and pleasure has become increasingly common, it is essential to understand current disease outbreaks and the precautions that should be taken to avoid contracting potentially life-threatening diseases when traveling abroad. THNs and vaccinations for recently emerging diseases are essential sources of information and protection.

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I Can't Hit My Pro

By: Etha

The age-old saying goes: "Dude, protein is just optimal for getting absolutely swole." Similarly, a very wise man said to me, "If you're not getting your one gram of protein per pound of body weight, you're basically never gonna get big." It seems like more and more people are talking about protein ALL THE TIME. In fact, a survey amongst amateur athletes revealed that 40% of participants list social media as their main source of information about supplements. Now, I don't always eat my ten chicken breasts every day, but what does protein even mean for the body, and is it really necessary? Oh, and stick around to find out why your favorite chocolate-flavored ultra-filtered milk might be evil.

You may have learned in biology class that protein is one of the four major nutrients. Protein serves as a building block for growth and repair of our tissues, supports immune function, carries oxygen, provides energy (specifically, 4 calories per gram), and forms enzymes and hormones that are crucial to our bodies. In the context of sports and exercise, muscle strength and recovery depend on adequate protein intake. When you engage in exercise, especially resistance training, protein can rebuild muscle fibers that are damaged during the workout. Unfortunately, that means that simply eating more protein won't build muscle if no training happens. Exercise remains the key to increasing muscle mass (or more scientifically, GAINZ), not extra protein.

So, getting enough protein is important for normal development and recovery for student athletes, but how much should students really eat, and is more protein really better? Most dietary guidelines recommend 0.8 grams of protein per kilogram of body weight a day, but this may not be adequate for athletes doing resistance training. A review found that higher levels of protein supplementation were associated with higher strength and muscle size, but consuming more than 1.6 grams per kilogram of body weight a day provided no further benefits. The timing of protein fueling also matters, as the Academy of Nutrition and Dietetics recommends that individuals consume 0.25–0.3 grams of protein per kilogram of body weight within 0–2 hours after exercise to optimize protein synthesis.

Getting enough protein can seem hard at first, but protein is abundant in a well-balanced diet. In an 85-gram serving (3 ounces), lean meats like chicken, turkey, lean cuts of steak, pork, and fish have around 20–25 grams of protein. An egg has around 6 grams of protein, a glass of milk has around

Graphic By: Kate- Park

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an Sun '27

8 grams of protein, and a cup of Greek yogurt can have as much as 15-20 grams of protein. In addition, plant-based proteins like tofu, beans, lentils, and peas, as well as nuts and whole grains, can also add to protein numbers throughout the day. It should be noted that animal proteins contain all essential amino acids that the human body cannot produce on its own, whereas students on a plant-based diet should eat a wide variety of plant foods to receive all essential amino acids.

What about supplements? After all, we all love our Christmas Treecake flavored protein powder (yes, that actually exists). Protein supplementation, such as from protein bars, protein snacks, protein powders, and protein shakes, can be convenient and quick sources of protein for student athletes. Although they can be part of a healthy diet, protein supplements should not substitute whole food sources of protein, because whole foods can also provide healthy fats and micronutrients like iron, zinc, and vitamins. Thus, it's preferable to prioritize whole foods, but protein shakes can fill a gap in a pinch.

In addition to protein owders, however, ultrafiltered milk has become an increasingly popular beverage for protein supplementation. Brands like Fairlife advertise their products as having extra protein and less sugar than regular milk. These ultra-filtered milk products come from a special filtration process that concentrates nutrients from cow's milk. The milk is pushed through fine membranes that separate out molecules like water, lactose, and some minerals while retaining the protein and fat molecules, resulting in a product with higher protein and calcium content, and free of lactose. Although some claim that such a process produces an unhealthy beverage, from a nutritional perspective, there is no scientific evidence that any ingredients or processes in ultrafiltered milk will cause direct harmful effects on the human body. It certainly is not a mandatory upgrade, but ultrafiltered milk products like Fairlife can be a helpful option, especially for those with lactose intolerance.

Why then, should you think twice before buying Fairlife? Fairlife has repeatedly faced legal claims about animal abuse and environmental wrongdoings. In 2019, Fairlife dealt with two federal class action lawsuits over animal rights abuse, which were settled in 2022. More recently, Fairlife has been accused of mistreatment of cows, water pollution, and other irresponsible practices.

In short, you can achieve a toned physique and meet your protein goals by eating a relatively balanced diet. Adequate protein is essential for growth and repair, but training and exercising are the most crucial. Student-athletes should be conscious of a balanced diet, focus on whole foods, and use supplements as occasional tools to fill nutritional gaps. Just like any other supplement, ultrafiltered milk isn't the holy grail, but it is another way to add some extra protein. Most importantly, a well-informed Choate student-athlete should know that more isn't always better, making informed choices about products from brands like Fairlife that could harm animals and the environment. In hitting our protein goals, let's not miss our principles.

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Why Illness Spreads So F

By: Ethan Sun '27 and

You dance the night away with your friends, jumping up and down to "Fe!n", sweating through the mosh pit. A few days later, however, you're wiped out in class. Diseases love school dances and boarding schools like Choate just as much as you do. Here's how diseases spread, the most common illnesses, and how to prevent getting more students sick.

The most common ways in which illness spreads vary from respiratory droplets to direct contact. Every cough, sneeze, or even conversation releases tiny droplets of spit or mucus that fly from the mouth and nose. Larger droplets fall within a few feet; smaller ones, aerosols, travel farther distances, especially in poorly ventilated rooms. 5 That is why spaces like a packed Student Activity Center (SAC) dance can be breeding grounds for airborne viruses. Illness also spreads through physical contact: hugs, handshakes, sharing drinks, and similar behavior can be direct ways to spread pathogen-laden droplets. Bacteria can linger on high-touch surfaces like door handles, sports equipment, or devices, and when people touch their face afterward, it increases the risk of infection. All of these risks are amplified in boarding school settings. Think about large spaces like Colony Hall or the dining hall. With hundreds of people in close proximity, it's easy to brush against others, touch shared surfaces, breathe in droplets, or spread illnesses yourself.

What are some of the most common illnesses seen at boarding schools? At Choate, we frequently see the common cold, influenza, Covid-19, strep throat, and gastrointestinal bugs. The common cold, often caused by rhinovirus or enterovirus, typically causes symptoms such as sore throat, coughing, and a runny nose. Influenza varies in severity but often includes fever, body aches, and cough, keeping students out of class for days.5 Covid-19 is a viral respiratory disease with similar symptoms to the common cold and may include muscle aches and loss of taste or smell.2 Strep throat is a bacterial infection spread via respiratory droplets, thus making it another rapidly spreading illness at boarding schools.6 Finally, gastrointestinal illnesses such as stomach bugs and norovirus are not typically spread by droplets, but can spread through shared bathrooms and unclean surfaces.

Knowing all of this, how can we prevent the spread of these illnesses? A study of a 2016 boarding school flu outbreak found that at least 13% of students fell ill in a short period, which disrupted academics, sports, and several events.8 The good news is that several practices help. Vaccination reduces rates of illness. Flu vaccination programs in boarding schools have cut infections by about 50%, 2 and can create herd immunity, which is when the spread of illnesses is interrupted by vaccinating a large population. Centers for Disease Control and Prevention (CDC) advises that children with improving symptoms should

Fast At Boarding School

l Sophie Chung '27

respiratory symptoms are improving.7 Staying home, or in the Health Center, when you're ill, lowers the risk of spreading infections. When you return, precautions should still be taken, such as wearing masks in common areas. Everyday habits also make a difference, like avoiding close contact when sick and limiting visitors, disinfecting communal surfaces, and washing hands with soap regularly. Better ventilation helps too, so open windows when possible, step outside for air breaks, and avoid packed, stagnant rooms. Lastly, good respiratory etiquette should be practiced by covering the mouth and nose with a tissue when coughing or sneezing.

As a boarding school, Choate faces unique challenges when it comes to infectious diseases. Students are in constant contact and live in shared spaces. However, we can follow public health guidance and practice good hygiene to significantly reduce the spread of disease. Nobody wants a weekend in the Health Center or days of makeup work, so be responsible, look out for each other, and take that flu shot!

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Strength with Caution: The Sci

By: Callie

As Choate students, we all have ways of decompressing. For some students, hitting the gym and lifting weights is a way to loosen up nerves and keep fit.

Lifting weights improves upon many aspects of health. Researchers at the Harvard T.H. Chan School of Public Health have reported that just 30 to 60 minutes per week of strength training constitutes long-term health benefits. It is most commonly known that lifting weights strengthens and promotes muscle growth, but there are some overlooked factors that create a basis for a positive lifestyle.

Weightlifting improves bone density, reducing the risk of osteoporosis, a disease that thins the bones, leaving them more vulnerable to fracture. Weightlifting also regulates metabolism, helping the body break down and convert food into energy much more efficiently.

It isn't just physical effects, weightlifting has significant mental benefits too. In lifting weights, endorphins, the natural "feel-good" hormones that our brains produce, are released, boosting mood and reducing stress. In increasing blood flow and oxygen to the brain, weightlifting also brings cognitive benefits, increasing memory function and growth.

However, when improperly practiced, weightlifting can have negative effects on health. Using improper form and technique can lead to severe strain and pressure on the body, and can even result in more serious, long-lasting injuries such as ligament tears or disc herniation. Though an increased blood flow can help with faster healing and cognition, it also may increase blood pressure, damaging blood vessels and increasing the risk of cardiovascular issues. When trained too often, muscles constrict and fatigue, having the opposite effect as intended. Overtraining wears down muscles, and heavier loads can only worsen the result. It is extremely important to stay vigilant and educated on how to properly train weights, as incorrect procedure may only cause incapacitation.

Some common mistakes that novice weightlifters make are not stretching before and after exercise, neglecting strain or other early signs of injury, and leaving no room for breaks or rest in a routine. A long training session does not always equate to a superior performance; The National Library of Medicine reports that practicing a structured workout 2-3 times per week is more efficient than working out every single day. This goes to show just how much volume and technique matters over frequency. As a beginner, focusing more on technique rather than intensity will better guide a steady, positive, slope of progress for the future.

ience Behind Safe Weightlifting

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A structured workout does not have to be extremely definitive. Creating a structured workout simply means finding what is best for oneself. For example, some prefer to abide by certain splits, meaning for each day in a routine a different part of the body is focused on. The popular Push-Pull-Legs split is preferred by many, as it separates days into chest, back, and leg workouts, creating a manageable, straightforward gym schedule. Others prefer to plan out their entire workout, customizing each and every aspect of their time in the gym. Throughout all varieties of workouts, one factor oversees it all; repetition. Repetition is the number one necessity in all gym routines, as it influences muscle strength and growth, ultimately allowing a lifter to take on a higher load.

In order to avoid injury brought on by weightlifting, there are some simple guardrails that help keep the body on track, and they only require some minor adjustments to a routine. In exercise, the most important factor in staying fit is finding a balanced split. Taking the time to exercise the whole body can improve posture and reduce tension buildup. Not only that, but also giving the body time to recover and incorporating off-days into a routine is needed to sustain muscle growth. Without breaks in workouts, muscles become burnt out and lose function. Finding an organized, balanced routine is the best way to maximize benefit and minimize risk.

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The Vaccine

By: Isa

Vaccine policy is a complex intersection of public health needs and individual rights. There are ongoing debates about the scope and implementation of mandates applied in settings like schools and workplaces. The United States has historically been a leader in vaccine distribution and advocacy by creating institutions that ensure public health, regulate exemptions, and compensate injuries. Here's an inside view of how these vaccine policies are developed, enforced, and effective.

The Advisory Committee on Immunization Practices (ACIP) develops recommendations on how to use vaccines to control disease in the United States. These recommendations then become the official policy of the Centers for Disease Control and Prevention (CDC) once accepted by the agency's director. Next, they are published in the CDC's Morbidity and Mortality Weekly Report (MMWR), where the CDC issues final recommendations for health care providers to follow.1

Once the CDC puts out recommendations, it is up to the individual state legislators to consult state health agencies and expert committees to draft, debate, and vote on bills.2 These bills become legal vaccination requirements and set the standards and exemptions for school entry and healthcare workers. Both state and local vaccination requirements are important tools for maintaining high vaccination coverage rates, and in turn, lower rates of vaccine-preventable diseases (VPDs). All states provide medical exemptions from vaccination, with some offering exemptions for religious and/or philosophical reasons. However, there is a rigorous application process to receive a vaccination exemption in order to ensure low rates of VPDs.3

Another result of this effort to maintain low rates of VPDs was the CDC's partnership with the United States Office of Management and Budget (OMB) to create the Vaccines for Children Program (VFC). The goal of the VFC is to ensure the vaccination of children whose parents or guardians may not be able to afford them. The VFC operates in all US states and territories and provides publicly purchased vaccines to these children, their guardians, and their healthcare providers at no cost. Serving as one of the nation's most important contributors to vaccine access and the eradication of VPDs, the program ensures that all children ages 18 and under are eligible for and have access to vaccines recommended by the ACIP and approved by the CDC.4 This gives these children a better chance of getting their required vaccinations on schedule and keeping them and their community healthy.

public health action by reducing VPD spread and increasing immunization rates. IIS combines immunization information from different sources into a single record and provides official immunization records for school, day care, and camp entry requirements.5 This helps immunization programs identify populations at a high risk for VPDs so that they can target resources efficiently.

Immunization Information System records are also helpful in rare cases of vaccine injuries. Vaccines, like any medicines, can cause side effects. Most health complications, which are rare and mild, are not caused by vaccines. However, there are cases in which a vaccine can cause a serious problem, such as a severe allergic reaction. For this reason, the Health Resources and Services Administration has established the National Vaccine Injury Compensation Program (VICP). The VICP is a no-fault alternative to the traditional legal system

Policy Pipeline

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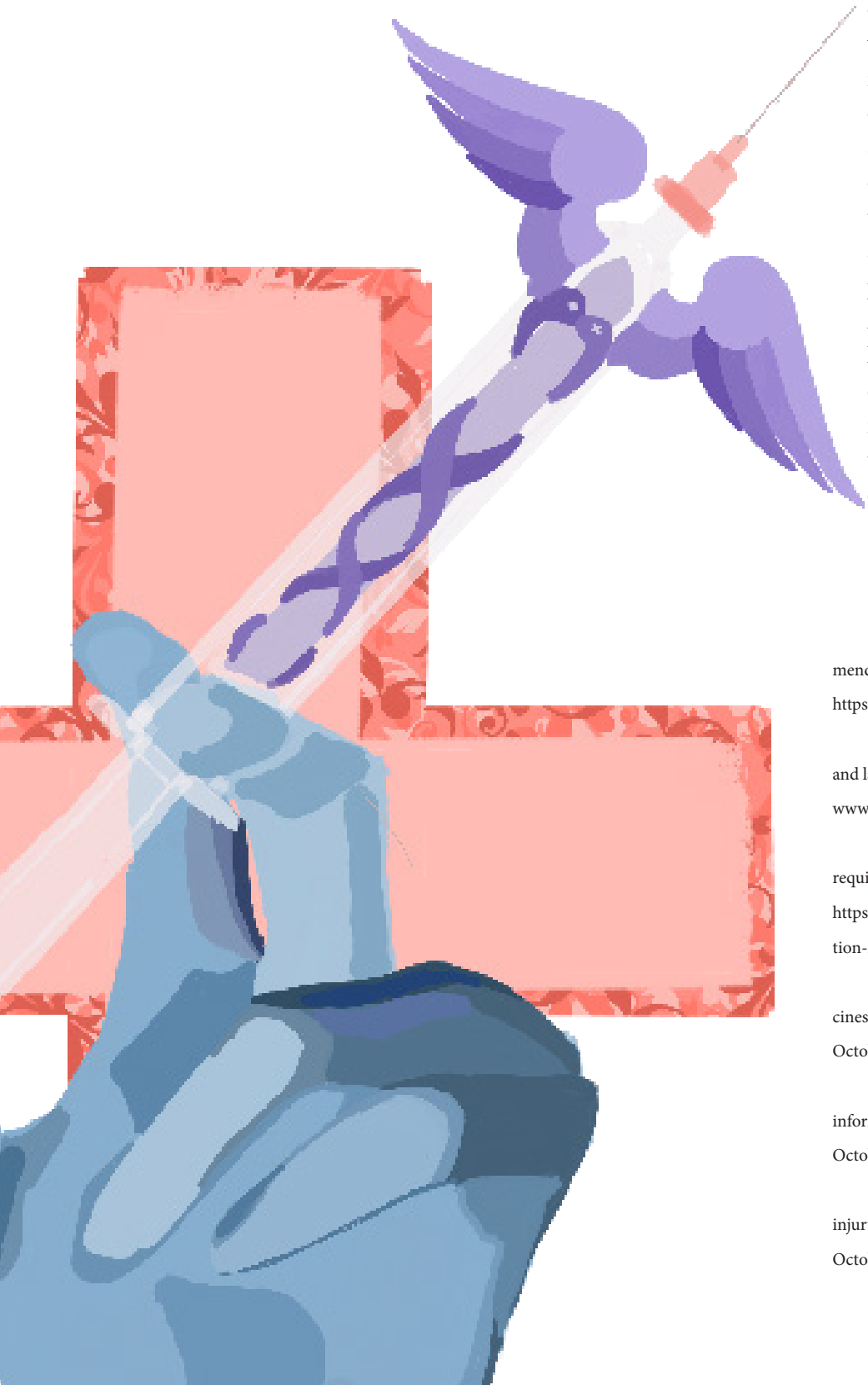

In the wake of the COVID-19 pandemic, an international resurgence of VPDs, caused by declining vaccination coverage, has been induced via disruption in public health services and the spread of misinformation. United States data reflects this concerning trend, with the repeal of vaccine legislation and an increase in vaccine exemptions leading to outbreaks of VPDs. For example, such measles increased in size and frequency after the disease was declared eliminated in the country in 2000. Ultimately, vaccine policy will always reflect the ongoing battle between public responsibility and personal freedom. As misinformation continues to fuel public distrust, effective policy will rely on clear communication, public cooperation, strong infrastructure, and equitable access. By maintaining this balance, the U.S. can continue to ensure that vaccine-preventable diseases remain preventable.

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