

Silencing Female Sexuality through Restrictive Health Services at Lafayette College
(1970-1991)

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WGS 340: Sexuality Studies
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May 10, 2017

Lafayette College, a prestigious liberal arts undergraduate school located in Easton, Pennsylvania has been built upon a very rich history of white privilege, conservatism, and male power from its founding date in 1826. In observing the historical implications of this institution, the emergence of sexuality and the politics of this changing identity have been rooted deeply in the stagnancy of masculinity and male-centered accommodations. Observing the particular time period of the 1970s through the 1991, the college underwent a series of medical reforms that correlated with the school's addition of female students. Although new forms of the medical discourse emerged as innovations of medical technologies and health education progressed, Lafayette was incredibly slow in implementing accommodations for its female students. In the 1970s-1991 Lafayette effectively silenced female sexuality through institutionally enforced pathology and general disregard for female health services. In order to understand this transformation, the historical implications of the college are needed to further understand how women were systemically undervalued in the health center at the school.

By the early 1970s few single sex colleges remained across the U.S, symbolizing the thriving academic and social change for the youth of America. Historically, higher education had been only for men and most schools were single-sex before the eighteenth and nineteenth century (Lasser 63). Women were originally found to be "incapable of performing at men's intellectual level and that such performance was socially undesirable" (Lasser 67) making coeducation a controversial subject. There was debate that exclusivity and tradition of the college could be seen as an advantage, being one of the select institutions to stay male, however, with the developing times of the decade, it was necessary for Lafayette to make change as well. The faculty focused on looking at the applicant pool, where going coed would further improve the ranking and

academics of the college, disregarding the benefits for women's own intellectual and cultural gains (Report of the Faculty).

Lafayette added a new dimension in June 1969 with the approval by the College Board of Trustees for a resolution to admit women to all degree programs (*Lafayette Coed*). The first female students, 135 freshman and transfer students, entered the college in September 1970 (*Lafayette Coed*). Integrating the institution with the new gender group, Lafayette and its strong value on maintaining traditions struggled with how to best accommodate women and their needs. As Ruther Padawer elaborates in "Sisterhood is Complicated," the missions of adding women to higher education has historically been deeply rooted in gender binary divides, emphasizing and assuming that females entering colleges would proscribe to traditional gender roles and stereotypes. However outside the school during this time period of the late 1960s and early 1970s, the women's sexual liberation movement was well-underway, demanding not only coeducation, but also freedom for their own sexual agency (Johnson). Within the institution, the school was forced as a source of power over sexuality to re-evaluate how the medical services would be handled.

In 1969 the college made its first moves by bringing in The American College Health Association (ACHA) to survey and gauge what should be implemented as well as reformed for the medical center at Lafayette (1970 Report). Foucault describes the importance of how institutions form discourses of power, but also how power forms discourses; in this case how Lafayette as a discourse of power medicalized their students, but also how the medical center as a source of power shaped Lafayette. By bringing in another organization to serve as a validator of what was needed for the school's health services, this cooperate capital group was essentially evaluating if Lafayette had problems needing "fixing," just as the Lafayette health center would

attempt to fix its students through medical diagnoses. In this ironic system of power circulation, the school used the survey and its suggestions to regulate its newest group, female students.

In the survey by the ACHA, the main issues found were in the structure of the building and its faculty and staff, not the direct services for the students. Prior to the surveying the Board of Trustees advised a consideration for evaluating female services needed since they would be in attendance in the fall of the following year, 1970 (1970 Report). However, more mentions of the formal operations and mechanical inspections of the building were described than actual services to be implemented for the students. Although these were all valid contributing factors to the improving of a medical establishment, there was almost no discussion of how to best address female students' needs. The only mention that targeted women was the suggestion for seminars "on sexuality, contraception, and abortion" (1970 Report). These seminars would be conversations about "feminine topics" and aimed solely at the women of the college, not inclusive knowledge for male and female students. This illustrates how even before any accommodations or implementations were made to the Health Center, the school was operating on a heavily gendered binary where women were hyper-sexual, and men, who were already attending the college for hundreds of years, didn't need these conversations to benefit their own sexuality.

Taking these evaluations into account, the Board of Trustees and a newly elected Health Advisory Committee the following term in January 1972 consisting of President Bergethon and several all male appointed faculty and staff, wrote a report with new recommendations for the college. With the school underway with its recent coed initiative, it encountered some issues with a lack of health services for women and saw the need to expand. However, in the report, the committee did not see this as overall support for women's health, but rather care for special

medical problems pertaining to women like vaginal infections, and to provide care but add a fee for routine medical treatments like pelvic exams and blood tests. The only revisions for the Health Center would be to provide "minor gynecological services" which would supplement the gender disparity (1972 Health). In this initial committee report, the sexual agency of female students was becoming increasingly trapped in a system of power. Women could not simply request health services since their needs were classified as medical problems or things that were abnormal. Although women were asking for these initiatives, and the ACHA was being used to evaluate the school, their desire for control over their own fertility and health needs was continually defined in a heterosexist institution that placed them in a subordinating position. Lafayette, being a deeply rooted patriarchal institution, prevented this progress as the sexual liberation of women was "developing in a dual context: of male definitions of sexual need and pleasure, and of capitalist organization of the labor market and consumption" (Weeks).

This dual context can be illustrated through the attempt in the 1972 Committee Health Report before its meetings that briefly proposed an idea of employing on a consultation-basis a gynecologist from the local medical community. The services, however, would be "borne by the student" (1972 Health). Disregarding the intersectional issues of this proposal, given the class demands of required payment for health services in an academic institution, Lafayette needed to focus specifically on how it would be more inclusive of its student body. A sub-committee chaired by the Dean of Students Herman Kissiah attempted to look more closely at special services the college should provide for its medical accommodations. Some of the positive efforts of this sub-committee illustrated how the college needed more literature pertaining to common health problems and lectures on subjects such as sex and drug education. However, the school

continued to characterize contraception as a "common health problem" instead of useful protective care for both male and female students (1972 Sub Committee).

In the actual committee meeting on March 11, 1972, after the report had been published in January, President Bergethon asked for clarification on some of the recommendations mentioned regarding contraception, particularly in dispensing advice or prescriptions. Dr. Feinburg, the doctor of the Health Center at the time, responded by saying that the college would advise a consulting and referral process before giving prescriptions or contraceptive devices and this would be fully financed by the student not the school (1972 Health). In regards to the gynecologist, President Bereghthon was worried about potential lawsuits that would incur from these female services, as if any other medical doctor's presence did not also have this possibility. Reinforcing the notion of abnormality of women's health and medical treatments, President Bereghthon's comment displays how the college postulated excuses to delay the process of equalizing its services.

The 1972 committee also debated how much of a role the school should play in educating its students about sex and sexuality. In the proposal, there was mention of having more programming and lectures on medical treatments and health problems, but President Bereghthon questioned the need for informational sessions about sex, asking "one can say that education about ones health is imperative, but is this a particular responsibility of a college?" (1972 Health) Instead, the committee proposed lectures on subjects such as marriage, family living, and human growth development to avoid discussing sex. Silencing these narratives, Lafayette worked against its goal, and instead this furthered conversations amongst students on sexuality and the role of the Health Center, particularly the accessibility disparity between male and females on campus.

During the same time that the committee met to discuss implementations to the new Health Center, female students were resisting and complaining about the shortage of female health services. In a letter directed to the Dean of Students Herman Kissiah, an anonymous female student, Miss X, elaborated on the inadequacy of the health services offered at Lafayette (Miss X). Explaining how she contacted the Health Center to schedule a gynecologist appointment, she was "surprised and appalled" (Miss X) to learn there was no gynecologist directly affiliated with the school and they instead suggested she contact Planned Parenthood. Although during this time the school was lucky to have a local Planned Parenthood center for its students' use, Miss X explained how extensive care was provided for male students on campus, particularly athletes, but not the same comprehensive care for women (Miss X). Furthering this notion, Miss X also pointed to cost differences, noting in her letter how male students were provided with free health care because their problems could be treated within the college medical center, while "female problems, by their very nature, require[d] extraneous care" (Miss X). More disconnect between students and the faculty/staff was seen through national issues of the time around questions of sexuality within collegiate medical facilities.

The Dean of Students Herman Kissiah wrote a memo to faculty residents and resident assistants in 1973 about a *New York Times Article*, "What about the right to say no?" that front-lined national debate on the role of medical centers on college campuses when responding and educating its students about healthy sexuality. The article started with a case study of male college students who feared talking to school doctors about their sex life because of negatively imposed gender norms about being a virgin. These discussions were not only becoming medical in the sense that they needed to be diagnosed, but they all were enforced through a normal/abnormal binary of sexual desire in a world of heteronormativity. Regarding the issues

of contraception and its dispensation on campuses, the doctor used a particular example of counseling a female student out of wanting to take the morning after pill, explaining how he “was relieved not to have to prescribe the high doses of estrogenic hormones, with their unpleasant side effects” (Kissiah). What makes this situation worse was the doctor’s encouragement for the female student to receive validation from her boyfriend before taking the pill, disregarding her own desires.

The *New York Times Article* and the trend of collegiate doctors during this time was to counsel and advise its female students before proscribing contraceptive devices or emergency contraception pills. Going through this process of confession gave power to the medical establishment and silenced its female students by intervening, in addition to the power of denying access to treatments. Although some of the advice that the doctors were giving was useful education about contraception and its purposes as well as side effects, it also served as a gendered channel of initiating power over female students’ sexuality. The doctor in the article even referenced a particular colleague who suggested a female student “needed a good lay” in order to feel happier with her peers when discussing sexual interactions (Kissiah). This sets up power dynamics for the future where doctors in authoritative positions could communicate what was acceptable, leaving students reliant on validation from doctors to gain control over their sexuality.

In following years, student groups at Lafayette wanted to bring light to these continuing issues regarding the deficient of services by compiling a questionnaire for the student body. In 1979 the Health Services Committee, along with Student Government, distributed approximately 2100 surveys (1979 Health). 48% of males and only 29% of females responded to using the Health Center of the average 5-10 times a year (1979 Health). When asked if the Health Center

was lacking in gynecologist services, 11% of males and 67% of females said yes (1979 Health). In addition, 89% of males and 94% of females were in favor of bringing a Planned Parenthood program onto campus, which at the time was the only provider for information on contraception and specific medical services for females (1979 Health). Looking at the Health Center's brochure from the same year, the pamphlet listed this memo about gynecologist services: "students desiring information regarding family planning and contraception may receive counseling from the Health center physician" showing that the only way to gain access to contraceptive use was not through a gynecologist since that didn't exist, but instead physician consultant where females were required to talk about their sexuality as a pathology. Comparing this to other medications that were not gendered unlike contraceptive pills, the pamphlet stated, "most medications are stocked in the health center and are available at no cost to students" (Lafayette College).

By the 1980s, a monumental Health and Security Report from Student Government to President Ellis led to more campus wide discussions on women's health and the other weaknesses of the medical center. Surveying the student body to explore recommended changes, the general positions suggested the need for more investigating on what areas needed improvement, given that "of those students given a general physical examination at the Health Center, 53% though it was inadequate" (Student Gov.). The committee specifically focused on women's health in a separate questionnaire solely on their health needs and lack of services on campus. At this time, the college was proscribing the contraceptive pill, but did not supply the pill directly on campus (Student Gov.). Given that 70% of students reported being sexually active on campus, the lack of contraceptive devices and education on safe sex was astonishing. Only 27% overall felt the Health Center met the needs of women and 78% saw the need for gynecologist care at Lafayette. In addition, 75% of students wanted to see other forms of birth

control prescribed at the Health Center, including IUDs, diaphragms, and condoms (Student Gov.). Taking these statistics into consideration, the report outlined major areas that needed to be addressed, especially when compared to surrounding institutions' health centers.

Looking at higher education and other surrounding school's medical access to contraception and female medical services, Lafayette during the 1980s was already significantly behind. What put the pill in high demand, and what drove its rapid diffusion, was the degree of autonomy and control it offered women over their reproductive lives and sexual status, especially with the timing of their fertility during their years in college. The most common way that women both in colleges and outside of academic institutions received the pill was through gynecologist services (Hock). In the 1982 Health Report, the committee notes from a survey of four-year colleges in the U.S, 67.3% of all academic institutions provided gynecologist services nationwide and 60% of all private liberal arts colleges provided gynecologist services while Lafayette was one of few that did not meet this standard (1982-83 Response).

In its comments post-survey in 1982, the Health Advisory presented a thorough report with clear and concise demands for women's health care. First and foremost, the committee asked for an overall increase in hours of the health center's operation, but to also have designated hours specific for women's health care. This was suggested since women commented on the hours of waiting in order to talk to doctors to even have the possibility of being proscribed contraceptive devices (1982-83 Response). The highest responded question, which led to the most important demand, was for a gynecologist on campus. The committee suggested continuing its positive relationship with Planned Parenthood in Easton, but to also hire a female physician to supplement the existing staff. At the time, Planned Parenthood could help female students with health services like pap smears, and STD testing, but there was no transposition to their offices

(1982-83 Response). Therefore, they demanded van service to and from the women's health facilities in the area until the college could supply the gynecology services for its students on campus. Significantly behind other schools, "Lafayette College only proscribe[d] the pill and [was] the only institution which proscribe[d] the pill and offer[d] no alternative method of birth control," which was supported not only from the student government's research on surrounding schools' accessibility, but also on a larger national level (1982-83 Response).

In a study completed by Heinrich Hock on "The Pill and College Attainment of American Women and Men," Hock narrows in on female students and how the pill was critical during this time period in the 80s, when contraception was becoming a symbol of sexual autonomy. The pill by its very nature helped substantially reduce the likelihood of an unwanted pregnancy since "the pill acted as a catalyst in allowing women to implement a more optimal fertility plan" (Hock). This resulted in women's ability to concentrate on more important issues like their education, while not worrying about getting pregnant and having to repress their sexuality as Hock notes that "out of the approximately 43 million women represented in the analysis of college completion, almost four hundred thousand more of them were able to finish a BA a result of unrestrictive contraceptive" (Hock). With these data in mind, the college proceeded and produced thoughtful comments on the condition of the women's health at Lafayette after looking at national statistics as mentioned in Hock's analysis, in addition to the communal questionnaire completed by the student government.

In response to the student government survey, some women's health services recommendations were made. Driving this catalyst of change was the initiation of two new education programs run by students, one on alcohol and substance abuse, and the other, Students Educating on Reproductive and Contraceptive Health (SERCH) which consisted of student

educators knowledgeable in contraception, reproductive health, and sexually transmitted diseases as well as trained in counseling and communication skills. SERCH was a turning point at Lafayette since the previous committee consisting of the Board of Trustees, health center physicians, and male faculty were the only proponents of change for health care reform within the college. Having a student representative group, specifically on issues of sexuality and women's health, would help transform the college and hopefully add more diverse discussions on these prominent issues, while directing advocacy in the hands of the student body.

SERCH's main outreach dimensions aimed to lead groups in discussions and informational sessions for social living groups, dorm floor meetings, and club events. They would also hold office hours for counseling and provide a hotline number for students to call with questions regarding reproductive and contraceptive help. In February 1983 in *The Lafayette*, the newspaper front lined the new peer counseling group and outlined how the student representatives would be trained by a doctor at the Women's Medical Office downtown, since Lafayette still did not have a physician specifically for women's health services. Some of the lectures that SERCH brought in its first year were very successful, including a talk run by Dr. Michael Carrera, a prominent U.S sex educator at the time about the importance of integrating the college community, explaining how "sexuality should suggest our full human character—not only our genital nature" (Gulick). Similarly other sexuality theorists like Audre Lorde during this time in the early 80s were emphasizing the redefining meaning of sexuality as a form of desire and happiness at its core and a form of internal power. SERCH radicalized this notion for the conservative school and used this evolving conception of sexuality to push further for reform.

Along with SERCH, the school planned to have a new health services brochure to distribute clear options available for the "meeting of women's health concerns and needs" (1982-

83 Response). The brochure had extensive general information about the various services and special treatments available at the center with catchy graphics. The options available for women consisted of two subunits, one on birth control that explained that students may receive counseling from the health center physician or planned parenthood, and the second on gynecological services that said the college physician would direct them to specialists in the community ("Health Services"). Even with the initiatives by student programs and surveys that showed the desire to expand women's health resources, the college was still overwhelmingly behind, well after women had first come to the school ten years prior.

By the 1990s, Lafayette was still having trouble equalizing its medical practices by continually disregarding female students' sexuality. On December 3, 1990 in a letter written to Dean Herman Kissiah, Dr. Alan Johnson wrote an extensive memo discussing other schools services in comparison to Lafayette. Dr. Johnson began the letter explaining how outrageous it was that Lafayette in 1990 did not have the equivalent services as three of its partner colleges, Lehigh, Bucknell, and Colgate. This was particularly interesting given that Lehigh, Bucknell, and Colgate students averaged between 3.3 to 5.3 visits per students per year at their health centers, while Lafayette had an average of 6 visits per students per year, leaving Lafayette with highest utilization. Taking this into consideration it was especially disappointing that Lafayette had the highest amount of student visits, while the "staffing with nurses is equal across all schools, but other personnel vary considerably with Lafayette at a deficit" (Johnson). Dr. Johnson went on to explain that Lehigh had three full time physicians, Bucknell had one full time physician, two half-time physicians, and a nurse whose sole responsibility was gynecology, Colgate had one full-time physician and two full time physician assistants with one's total responsibility in

gynecology, and Lafayette had only one full time physician (Johnson). Seeing this massive disparity, it was clear that Lafayette was significantly behind with personal.

Dr. Johnson mentioned that there was vital need for more medical staff looking at these comparisons, and this individual should ideally be female and have duties in gynecology (along with other general medical responsibilities). Pointing out how he saw the need for these services as an increasing number of female students were asking for services, the health center due to time limits and sheer numbers was limited to only 2-3 pelvic examinations per day and was "not keeping up with the demand" but could attract other women who needed exams but were reluctant to see a male physician (Johnson). Explaining that he knew of at least four pregnancies within the past year and probably more that he was unaware of, Dr. Johnson elaborated on the dire need to have physicians educate students and to provide them with easy availability for examinations. The following year in 1991, a Task Force was formed on the quality of coeducation at Lafayette, and part of this committee looked specifically at health services.

The members of the Task Force in 1991 consisted of alumni and professors of the college that focused on the status of coeducation since its first female enrollment in 1971. All the members of the task force did not sign the report since some of the minority did not want to have their names associated with the findings, as they did not believe them to be an accurate representation of the college (Task Force). The report included a number of successes like admissions criteria and a number of weaker areas such as meal plans along with more important issues like sexism, sexual harassment, and sexual assault. When looking specifically at evaluating health services, the Task Force reported positive findings, including the percentage of total visits by women rising 5%, from 40% in Fall of 1988 to 45% to Fall 1989 (Task Force). The report, however, did not explain why these women were coming more often, or if they were

able to receive the services that they sought. Continuing along this trend the report claimed that each gender was making equal use of the health services, but again not explaining how this may have been general medical needs instead of women's services that were still not offered and therefore not reported. Interestingly, the Task Force noted that the number women seen by counseling center psychologists was more than twice as great as the number of men, but this could also be compensated by the fact that women still had to consult a doctor about their sexuality before receiving contraceptive devices.

In the same year, 1991, the Health Advisory Committee also reported from new surveys that the school was in fact still struggling with serving the needs of its students. The main focus of the surveys explained how the majority of students wanted more training for Resident Advisors on reproductive and mental wellbeing, given that the overall feeling was of dissatisfaction "with the choices of contraception available to them and with the quality of the devices" (1991 Health). There was also a strong agreement that the college should make these devices more accessible, like condoms, and to have them in the health center and in dorm halls for students. In a brochure published by the Health Center during the Task Force initiative and the 1991 Health Committee, there was an extensive section on education for women and condom use. The brochure, designed to educate women specifically on the prevalence of AIDS and HIV, had a panel on condom usage, with language very gendered and directed towards female students. On the panel, the list of tips outlined helpful ways to be safe and avoid sexually transmitted diseases. However, the syntax heavily put the duty of safe sex only on the women, stating that "a man can temporarily lose his erection when first using a condom, but you can help him get it back" ("Women & AIDs") referring to the specific duties of the female. Not only does this set up the heterosexual norms of the school, but it is another example of how the school

continually relies on a gender binary for the medial treatment of its students, and suppresses women's sexual agency.

Looking at this progression from the 1970s when females first enrolled at Lafayette, to 1991, the Health Advisory Committees periodically made the same suggestions about women's health services but never implemented them, showing that the college was consistently silencing female students and their sexuality over time. Even when doctors and student government officials, along with faculty and staff, advocated for a transformation of the schools services to include more comprehensive health care options, specifically gynecology services and contraceptive devices, the school did not adjust its policies nor did it compensate for having availability of treatments and medications for its male students but not its female ones. It is clear that enacting change in higher education is a process of transferring of power, and often maintaining historical implications of an institution, but the school did not make any substantial changes in the twenty year span examined. This is also concerning given the similar schools in academic rank and vigor that were much more advanced with their options for female students. When the school would try to give females services like contraception, it consistently silenced their sexual agency through forced counseling that created boundaries and limitations of what they could and could not do with their own bodies.

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