

# A History of Suicide at MIT

Compiled & Designed by Katharyn Jeffreys

## Chemistry major commits suicide by taking cyanide

Stephen L. Reinhardt '87 died of cyanide poisoning October 3 in his room at Besley Hall. He was taken to Mt. Auburn Hospital by the MIT Campus Patrol and was dead on arrival.

Reinhardt, 29, was majoring in chemistry; his academic work had been good and he had not been reported in any difficulty. No note was left, but his roommates reported he had been depressed during the previous few days because of personal problems.

The parents of the deceased are Mr. and Mrs. Robert O. Reinhardt, of 3 Turkey Hill Lane, Westport, Connecticut. Reinhardt's roommates were Robert H. Dornick, '87, of New York City and Abhijit Sen '88, of Calcutta, India.

## Student takes own life

By Susan L. Isalick

Kenneth A. Hamilton '83 took his life on September 30, the Deans' Office announced last week.

The incident is the first suicide of a registered student in almost three years.

Hamilton, a former News Editor for *The Tech*, entered MIT with the Class of 1981. He hanged himself in his Somerville apartment, leaving no note.

Associate Dean for Student Affairs

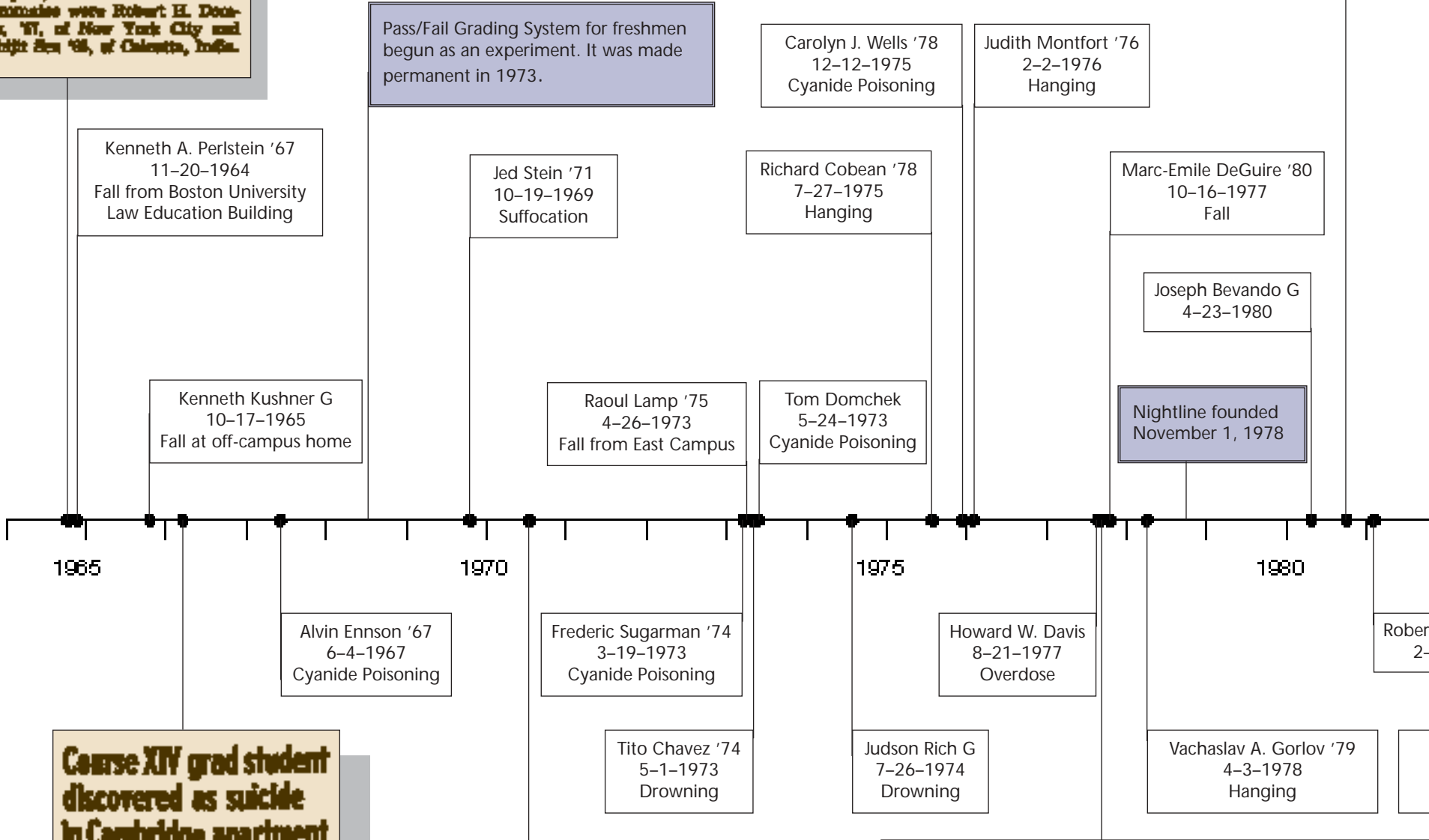
Robert Randolph, head of the counseling section of the Deans' Office, said that Hamilton had been seeking aid there and with the Medical Department. "The ultimate conclusion is that the aid wasn't enough," Randolph said, "but why this was so is hard to say. It's a very difficult situation."

Randolph said Hamilton "had many friends" and was close to his family but added that, ultimately, "he felt very alone."

Hamilton had taken more than a year off from MIT. He lived at East Campus and moved to Besley last year before moving off campus. He was majoring in computer science at the time of his death.

In addition to serving as News Editor, Hamilton was elected as a Contributing Editor of *The Tech*. He had also worked for the MIT News Office.

Pass/Fail Grading System for freshmen begun as an experiment. It was made permanent in 1973.



## Course XIV grad student discovered as suicide in Cambridge apartment

J. D. Freudenfial, a graduate student in economics, was found dead in his apartment room at 111 Harvard Street Tuesday night. According to the medical examiner, he had shot himself.

## Runge, asst. professor, commits suicide in E40

By David B. Koretz  
Dale Runge, a young assistant professor of management, committed suicide yesterday in the basement of the Energy Laboratory building (E40) according to Middlesex County Medical Examiner David C. Dow.

Runge, who died of several self-inflicted knife wounds, was found in the boiler room of the building at 5:13 p.m. The workman who discovered the body notified the Campus Patrol, who in turn informed the Cambridge Police Department. The Cambridge Police arrived on the scene at 5:29 but had to wait more than two hours before Dow arrived.

As a result, for more than two hours the "homicide of an unidentified man" was being reported on police and commercial radio broadcasts. Building E40 employees were taken down to the basement during this period in an attempt to identify the body, but returned, visibly shaken by the sight, without an identification.

During the wait for the medical examiner, about fifteen MIT and

Cambridge policemen were on the scene at one time or another, well as several State Police officers and detectives. Shortly after 6 p.m., the body was transported to the Watson Funeral Parlor in Cambridge.

Runge, who lived in Arlington, Mass., was appointed assistant professor of management after a short tenure as research associate in the department of management. He recently received his doctorate in management from MIT's Sloan School.

A Cambridge Police spokesman said that there was no apparent motive for the suicide.

Building E40 is an old structure at the corner of Amherst and Wadsworth Streets, a block away from the Sloan School. The boiler room of the building in which the body was found is being emptied as the occupants of the suite of offices have been moved to Building E3.

The boiler room is not often used — there was apparently some time between the time of death and the discovery of the body, according to a Cambridge Police officer who was one of the first on the scene.

## Mental Health Resources at MIT

The following resources are accessible by MIT students for mental health care.

### MIT Medical Mental Health Service

E23-368, (617) 253-2916  
No referral necessary. Call for more information or to arrange a confidential appointment. Appointment hours are weekdays from 8:30 a.m. - 6:00 p.m. Urgent services are available 24 hours a day, seven days a week by calling (617) 253-1311.

### Counseling and Support Services

5-104, (617) 253-4861  
Offers confidential counseling for all students and consultations to any member of the MIT community who may be worried about a student.

### Nightline

(617) 253-8800  
Hours: Every day, 7:00 p.m. - 7:00 a.m.  
Student run hotline that provides counseling by student peers and is supervised by the Dean's Office of Counseling and Support Services.

### Health Education Office

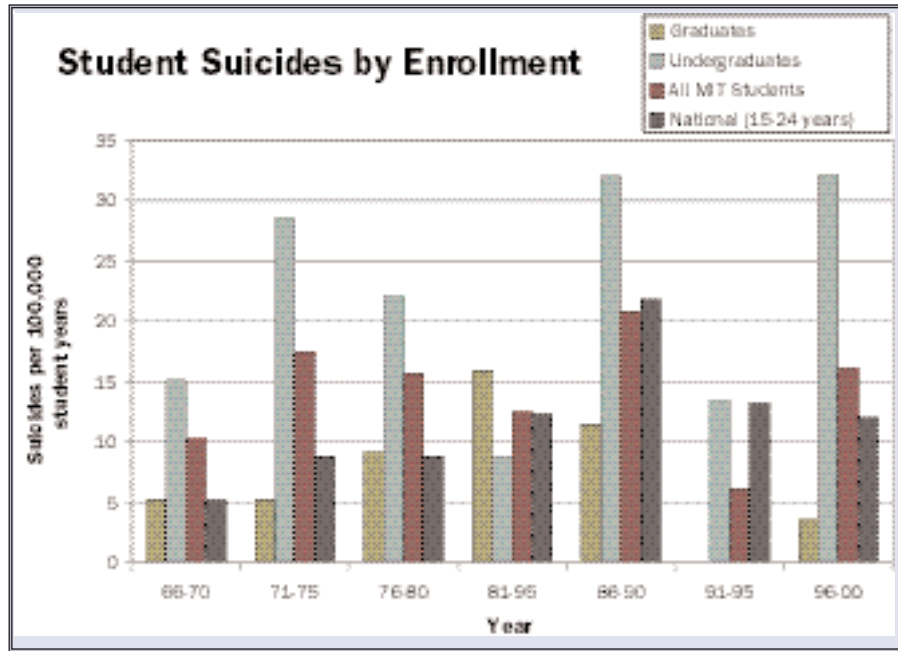
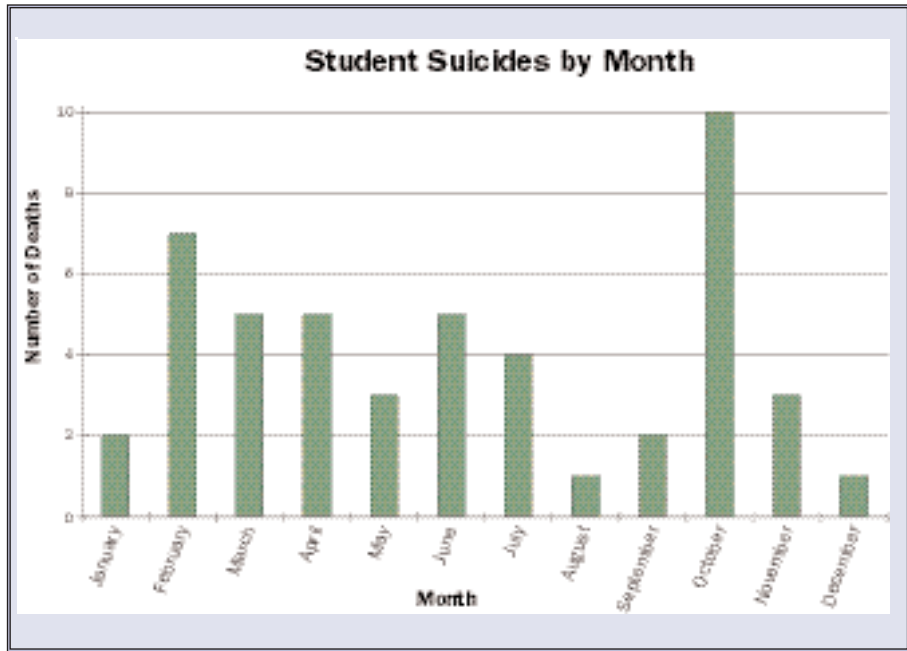
E23-205, (617) 253-1316  
Hours: Weekdays, 9:00 a.m. - 5:00 p.m.  
Provides personal, confidential assistance to help find information on health issues. Also provides help in connecting with other resources at MIT and off-campus. Offers private consultations for students with a health educator to answer questions, by phone, e-mail or appointment.

### MedSTOP

W20-540A  
A satellite student health information resource center in the Student Center. Open all hours.

### MedLINKS

E23-205, (617) 253-1318  
A group of volunteer undergraduates who can answer basic health related questions and connect students to MIT Medical's services and other helpful resources. MedLINK representatives live in most campus and off-campus residences.



John A. Lomanto G  
6-13-1982  
Asphyxiation

Hilbert B. Pompey '85  
2-8-1983  
Hanging at Next House

Peter T. Reid '88  
5-15-1986  
Chemical Ingestion

Asit Sarkar G  
6-21-1984  
Cyanide Poisoning

Keith T. Ennis '84  
2-29-1984  
Asphyxiation at TEP

Jeffrey Leibman '88  
10-2-1987  
Hanging off-campus

Randolph G. Wei '87  
10-5-1986  
Chemical Ingestion

Daniel J. O'Day '87  
10-17-1986  
Asphyxiation

David Yanni G  
3-1-1987

Thomas F. Trobaugh G  
10-22-1987

Kent D. Anderson G  
10-3-1987  
Fall

Clifford A. William '90  
7-24-1988

Mark R. Kordos '89  
4-8-1988  
Fall from MacGregor

Edward B. Hontz '92  
6-4-1991  
Fall

Younes Borki '92  
10-1-1990  
Fall

Melissa N. Ronge '98  
2-26-1996  
Fall from MacGregor

Douglas P. Rodger '93  
6-20-1991  
Asphyxiation

Edward B. Hontz '92  
6-4-1991  
Fall

Festus M. Moore '94  
1-29-1993  
Fall from Boston University School of Law

Douglas P. Rodger '93  
6-20-1991  
Asphyxiation

Mark E. Sitton G  
1-24-1998  
Shooting

Lucy Crespo da Silva '99  
11-19-2000  
Fall from Westgate

Elizabeth H. Shin '02  
4-14-2000  
Burn

Christopher Millard '98  
3-24-2000  
Fall from PBE

Seth L. Karon '01  
2-13-2000

Michael P. Manley '02  
2-6-1999  
Fall from MacGregor

Window restraints in the lounges of the upper twelve student floors of MacGregor House were reinforced in order to make the windows safer for residents during the summer of 1996. Latches that limit the windows' opening were installed in response to the suicide of Younes Borki '92 in 1990, one of three students who have jumped to their deaths from MacGregor's tower in the past several years. Since then many restraints have been removed or damaged. The 1996 repairs were prompted by the death of Melissa N. Ronge '98. The restraint had been removed from the 14th floor window from which Ronge jumped.

# Gale Falls to Death from Green Building Classroom



RICH FLETCHER—THE TECH

Scraps of wood and broken glass litter the ground in front of the Green Building Friday evening.

By Zoranna Hussein  
CONTRIBUTING WRITER

Philip C. Gale '98 fell to his death from a classroom on the fifteenth floor of the Green Building Friday evening in an apparent suicide.

Gale, a music major and member of the Phi Sigma Kappa fraternity, returned to MIT in 1996 to complete his studies after taking a leave of absence from the Institute. Originally from Charlotte N.C., Gale first came to MIT four years ago at the age of 15, but left to serve as Director of Research and Development for Earthlink Network, an internet service provider, from March 1995 until March 1996. Gale lived off-campus in an apartment in Central Square after his return to the Institute.

**Police informed immediately**

An anonymous male contacted the Campus Police at 7:27 p.m. Friday to report the sound of breaking glass followed by a scream and a person falling outside Building 54, said Chief of Police Anne P. Glavin.

A wooden chair was reportedly thrown out of the window of a classroom on the fifteenth floor on the side of the building facing the Charles River. Shortly thereafter, Gale fell to his death from the broken window, Glavin said. Gale was pronounced dead upon arrival at Massachusetts General Hospital after being transported from the scene by Cambridge Rescue. Multiple agencies reported to the scene, including the Boston and Cambridge Police, Glavin said.

Whether the death was a suicide has yet to be determined, Glavin said. The Middlesex County Medical Examiner said that the death was caused by "multiple traumatic injuries."

While there was no suicide note left in the classroom, "some information was left in the room," Glavin said. She would not comment on the nature of that information.

Gale had been preparing to take an Undergraduates Research



# Perspectives on Mental Health

## Why Mental Health Matters A Student's Perspective

Guest Column  
David Mellis

The words "mental health" echo through my head each day, bringing with them an intense feeling of urgency and dread. My backpack holds a thick gray folder, bursting forth with articles on suicide, posters declaring "You are Not Alone," surveys, data sheets, and hand-written notes from countless meetings with doctors, deans, and students. Falling asleep one night, I scrawled an e-mail address — the name of a colleague working on a planned mental health survey — on the chalkboard above my bed. My phone rings often, a reporter on the other end of line from *The Tech*, *Tech Talk*, *The Boston Globe*, and even the University of Pennsylvania's daily newspaper.

I know why I'm doing this. It's because I've seen what the MIT Medical Mental Health Service can do for students — and what it can do to them.

Late one night during freshman year, I brought a friend to the Med Center, scared that she'd be dead by morning. The psych-on-call informed us she was an hour away, at home, and asked if she *really* needed to come to campus. My depressed friend decided that her situation wasn't actually an emergency, and headed home.

On another night, I came with a different

friend, who was also talking of suicide. He spoke with the medical doctor in Urgent Care, who did what he could do, then followed protocol and phoned the psych-on-call. She talked to my friend on the phone. We returned home, unsatisfied by the conversation. Any benefit of our trip had been supplied by the young doctor, and my friend left without any lasting improvement or even a future appointment.

These are far from the only problems, however. Another friend of mine needed someone to talk to but couldn't make it to E23 at 8:00 a.m. Even the appointment she managed to keep was a disappointment. My friend, in an unusually forthcoming manner, related many of the traumatic events of her childhood. Instead of offering guidance and support, the therapist began crying.

The first friend I brought to the Med Center at night eventually returned for a scheduled appointment. Pressured to begin medication, she decided it was easier to stop going to the Mental Health Service than to spend numerous hours resisting anti-depressants.

I too have used the Mental Health Service. The first doctor who saw me was aloof and unconcerned with my problems. I only went to him once. The next provider was a bit better. She cared, but only enough to evaluate me and decide what, if any, long-term treatment I needed, not to offer advice or support

of her own. Now I see a therapist outside of MIT (on my parents' insurance), and she's great.

I'm fortunate enough to live in a place where seeking counseling is an accepted course of action. Many people aren't so lucky. In many parts of campus, mental health care is stigmatized and no one admits to having sought professional help.

Additionally, communication between various campus support structures can be difficult and sporadic. GRTs and professors may not know who to call if they're worried about a student; some have never seen the inside of the Mental Health Service. Moreover, justified confidentiality concerns prevent them from discovering whether or not a student is getting help. Increased communication between these groups and mental health professionals, in accordance with a student's wishes, would enable all to better serve student needs.

Hoping to expand on the power to help and heal, I started working with the UA Committee on Student Life last year. Now I co-chair the Student/Staff Mental Health Task-Force, a group that includes graduate and undergraduate students and various faculty, staff, and administrators. It was established primarily through the efforts of Eric J. Plosky '99, a former opinion editor at *The Tech*. We hope to make broad but precise improvements to the support structures and mental health services at MIT.

The Institute seems to have channeled any and all initiative for improving mental health at MIT into this task-force. Often I worry that if we don't do our job well, nothing will change. One reason I'm concerned is that our group has only the vaguest sense of the reception our recommendations will receive.

When Harvard re-examined its mental health services, they hired outside consultants, combining money, expertise, and high-level support.

Meanwhile, I have heard nothing from President Vest or Chancellor Bacow, except what I read in the newspaper. In addition, our group has no budget. I paid the cost of photocopying agendas and other materials out of my own pocket.

All of these concerns pervade my daily life. When a task-force meeting strays off-topic, I despair of completing our task and effecting substantive change. I'm constantly reminded of all the people I need to e-mail, the meetings yet to hold, and the work that lies ahead. I only hope that the great support I've received from fellow students and others is enough to ensure the success and utility of our efforts.

David Mellis '02 is the Co-Chair of the Undergraduate Association Committee on Student Life. The Student/Staff Mental Health Task-Force can be reached at <mh-task-force@mit.edu>.

## Living Under Pressure A GRT's Perspective

Guest Column  
Mitch McVey

Groggily, I emerge from my room, wiping the sleep from my eyes and pulling on my sweats for a morning jog. It's 7 a.m., and I don't expect anybody to be up yet in MacGregor House. But wait, why is Rajeem's door open?

When I pause in his doorway, he informs me that he is working on a problem set that he started at midnight. It's due at 10 a.m. "Well," I ask him, "why didn't you start on this earlier?" He tells me that he had two problem sets due the day before, along with an exam, and he was working for his UROP the previous two nights.

As I continue down the hall, I find that Andrea is leaving for her ROTC class, having slept for only four hours after staying late at the Media Lab. And as I'm leaving, I encounter Brenda, who spent all night typing at her computer after four hours of dance practice.

Does this sound familiar to anyone? After nearly four years as a graduate resident tutor, I find that I am still constantly surprised by the number of activities in which MIT students participate, while managing to maintain their GPAs, compete for prestigious summer internship positions, and still make time for fun activities that make college so memorable.

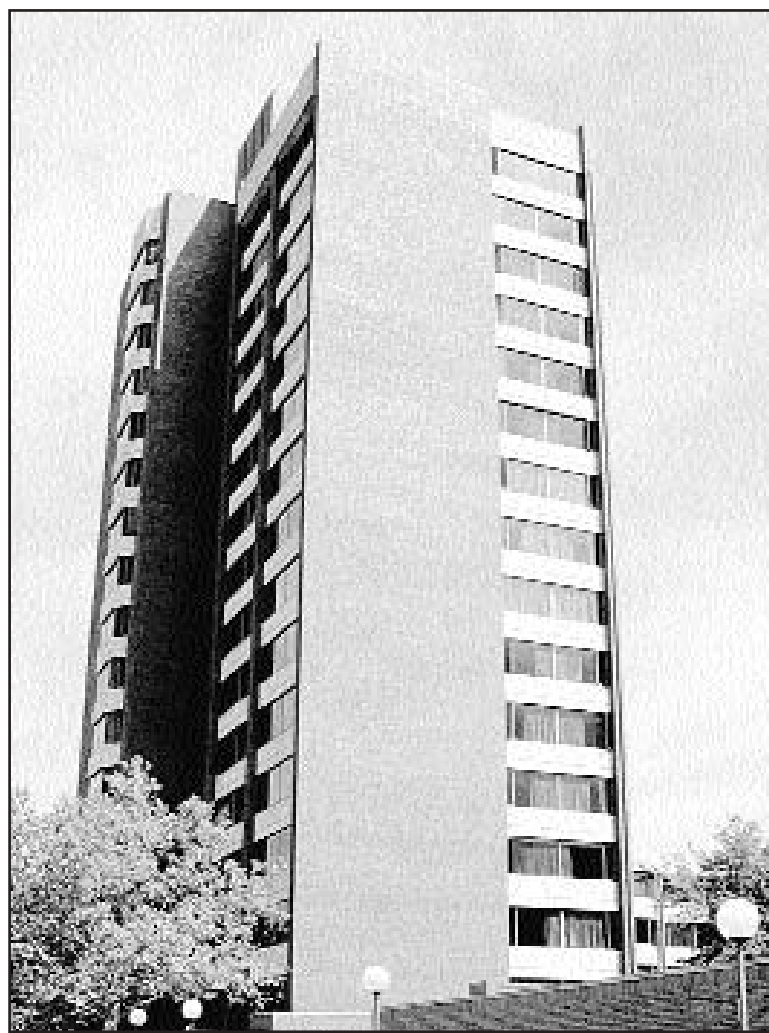
I think back to my own undergraduate experience at the University of Colorado and have trouble recalling if I ever pulled an all-nighter (well, certainly not for academic purposes). Without question, students and faculty at MIT encounter inordinate amounts of stress, and not all of it is self-imposed. This is the nature of MIT and the people who compose it.

The omnipresent undercurrent of pressure is both the biggest asset and the biggest liability of an MIT education. Due to some recent tragedies, the reasons for the extreme pressure and the institutional mechanisms for coping with it are now being scrutinized by ourselves and the media.

During my first year as a GRT, I recall wondering what function I was truly fulfilling. I interacted with the students, talked with them late at night, and occasionally stuffed them with brownies and ice cream sundaes. It wasn't difficult at all — until I dealt with my first crisis.

It occurred in late October, right after midterms, when a romantic relationship blew up at two in the morning. I was summoned to the student's room, where I helped her through the night using the listening skills that I had practiced in a training session earlier that summer.

I found that I really didn't know as much about this student as I had originally thought. She was dealing with complex issues that I had never encountered, particularly in the area of interracial relationships. That night, I felt that I was woefully underqualified for my position. So, the following morning, I went searching for resources available to woeful-



MacGregor House

ly underqualified GRTs.

I found a multitude: MIT Medical, the counseling deans, housemasters, other GRTs, the Campus Police, the staff at Nightline, the Ombudsman's Office, and hundreds of individuals who will sit down with you at a moment's notice to discuss a difficult situation. Over the years, I have taken advantage of many of these services, both for myself and for my residents. I have become adept at managing crises. I have learned that my role is to prevent the crisis from escalating and then to call for backup.

However, this is not the most difficult part of being a GRT or a resident adviser. It is relatively easy to intervene in situations that are obviously out of control. For us, the really tough cases arise when we are unsure if a problem truly exists.

For example, what should we do when a normally outgoing student becomes suddenly withdrawn, or a student who always gets straight As stops going to classes? Should we intervene? Is it appropriate to invade the student's privacy? And then, an even more difficult case: what if we are fairly certain that a problem exists, but the student denies it when approached? What then? Do we call in outside help against the student's wishes?

A careful perusal of the GRT handbook yields no straightforward answers to these questions. The proper action depends upon the context of the situation. At these times, we rely on the trust that we have built up over months and years through everyday interactions with our students. We draw upon our knowledge of their habits, idiosyncrasies, goals, and fears that we have gleaned from numerous conversations.

And, most importantly, we call upon the larger community within the living group to alert us to potential problems and to offer support to students in trouble. Using all of these resources, we try to balance the right of the student to be left alone with the emotional health of both the student and the living group. Of course, when doubt remains, we do whatever is necessary to ensure the safety and well-being of the students and their peers.

Finally, since RAs and GRTs are students too, we are subject to the same pressures and stresses that weigh upon our residents. Therefore, by seeking help when we need it, we send a powerful message.

This message, though often spoken about by administrators, is still not widely accepted here.

Simply put, there is no stigma in calling for help. Sometimes, circumstances become more than we can handle. At these times, the intelligent course of action is not to stubbornly insist that we can go it alone. Instead, we must be courageous enough to seek the support that we need and trust in the power of the community.

Mitch McVey '02 is the graduate resident tutor for D-Entry in MacGregor House.