Opinion

Editorial:

In the event of ICE on campus:

Communicate effectively and know your rights

Reports of Immigrations and Customs Enforcement (ICE)'s presence on the University of Connecticut's Storrs campus circulated over the weekend. The truth of these reports has not yet been confirmed. Regardless, it's important to spread awareness of the proper ways to report ICE sightings. A well-meaning tip, when reported incorrectly, can do more harm than good. The Editorial Board strongly encourages UConn students and staff to familiarize themselves with their rights and the most effective methods of communicating ICE sightings, using the following tips:

SALUTE

If you observe ICE presence and you're unsure what to say, follow the SALUTE acronym: size/strength, actions/activity, location, uniform/clothes, time/date and equipment. Specific details let your community members know what to look for and expect, as opposed to a vague message like "ICE is on campus." An example report using the SALUTE acronym might look something like the following (paraphrased from the New Jersey Alliance for Immigrant Justice):

"There are 5-7 officers. They were stopping people on the street and are now inside the supermarket in Newark, at the corner of 10th and Prospect. One of them is in plain clothes and the others are in HSI uniforms. They arrived around 9AM today, January 12th, and are still on the street as of 11AM."

The above example works because it's specific. It tells people exactly where ICE is, what to look for, and whether the situation is still ongoing.

KNOW YOUR RIGHTS

In addition to knowing how to report ICE, it's crucial to know your rights. You may already be aware that ICE agents cannot enter your home without a warrant signed by a judge, but how does that translate to life on a college campus?

Even though UConn has an open campus — meaning that common spaces like the Student Union are open to the public — ICE officers do not have access to non-public spaces within the campus without criminal arrest warrants or search warrants. The administrative warrants typically carried by ICE agents do not grant them entry to non-public spaces, as they are not signed by a judge. Non-public spaces are areas that limit access through university-issued ID cards and/or locked doors. Residence halls and in-session classes are two examples of non-public spaces. Without consent or a warrant signed by a judge, ICE agents do not have access to these spaces.

Regardless of the truth of the speculations about ICE's recent presence on campus, the Editorial Board believes it is a situation everyone should be prepared for. Know your rights and know the facts to help your communities.

PRE-HEALTH DOESN'T MAKE DOCTORS, IT MAKES APPLICANTS

by Hannah McClellan
CAMPUS CORRESPONDENT
SHE/HER/HERS
ger24001@uconn.edu

Compassion, selflessness, empathy and humanity have always been at the heart of healthcare. Long before resumes, prerequisites or application cycles, patients relied on healthcare professionals for understanding and reassurance in times of vulnerability. These qualities are exactly what make healthcare a human-centered position. And yet, within pre-health education and training environments, particularly the competitive undergraduate pipelines and admission-driven system, the culture shaping future doctors increasingly prioritizes credentials over these foundational traits.

"Pre-health" refers to students preparing for careers in medicine, dentistry and other healthcare fields. It is not a major, but rather a collection of expectations built around prerequisite coursework, exams and extracurricular involvement. In theory, this rigorous structure is meant to prepare students for the realities of healthcare. More importantly, its high difficulty is designed to ensure that future professionals are motivated by a genuine passion to help others. Over time, however, these expectations have become less about passion and more about pressure to check boxes. As a result, this pre-health culture produces good résumés, not good doctors.

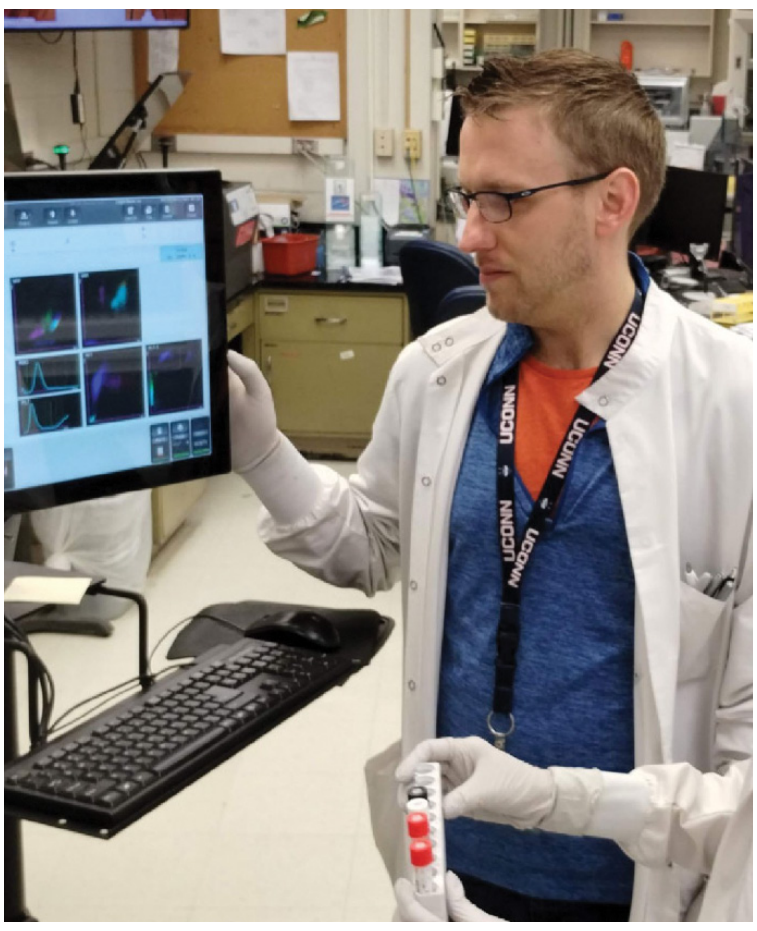
One of the hallmarks of this toxic culture is comparison. Students are subjected to a constant state of stressing if what they are doing is "enough," or even meeting the perceived benchmarks of success in pre-health early enough in their undergraduate careers. This manifests in constant casual conversations about GPA, shadowing hours or application cycles. These are not just social or informational; they function to gauge whether one's own choices align with what is perceived as "correct." Yet, this is contradictory, as there is no singular known path to success in pre-health. This uncertainty is not entirely self-created. It is reinforced by institutional structures that offer little to no guidance, leaving nepotism and prestige to be quietly rewarded.

This constant comparison leads to a culture of competition in a space that is supposed to foster collaboration. It teaches students to view another's success as their own failure. In these spaces where shared learning should be encouraged, students are instead given the incentive to withhold notes, rely on artificial intelligence in place of learning or even distribute intentionally false materials in an effort to "stay ahead of the curve." What emerges is not better doctors, but rather a resentment among classmates. Medicine is supposed to be collaborative. Progress in healthcare is built from collective problem-solving and teamwork. Teaching doctors to compete before they learn to care completely risks the very foundation on which healthcare depends.

Beyond comparison and competition, performance is another pillar of what makes pre-health culture so toxic. The "performative pre-health" student is a term that is commonly used to describe students who prioritize appearing dedicated. This performance can be seen on our own campus. From filling large whiteboards for the sake of optics rather than understanding to holding leadership positions to "look good" rather than actually caring about the cause, students are prioritizing appearance. This mindset is further reinforced by a corner of TikTok termed "studytok," a space that glamorizes aesthetic notes, GPA and unrealistic productivity. While framed as motivation, this content often promotes a shallow and misleading version of success, where being seen working matters more than actually learning.

Now this article hits very close to home for me, due to the fact that I am a pre-health student. While I would like to believe that I do not fully contribute to this culture, I would be a dishonest writer if I did not admit that I often find myself comparing my progress to others, feeling as though I am falling behind or not doing enough. These feelings do not stem from a lack of passion for healthcare, but instead from a culture built on checking boxes. Although I have never felt the urge to sabotage my peers by intentionally sharing incorrect biology notes (yes, this happens more than you would think), I have seen how misplaced motives can distort behavior. I also tutor biology, a common prerequisite for pre-health students; through this I have seen many younger students arrive driven by anxiety and competition, focused entirely on getting ahead of their peers.

Over time, however, these expectations have shifted from expressions of genuine interest to mechanisms of performance. As medical school admissions have grown increasingly competitive, pre-health students are implicitly taught that success depends not on who they are, but on how well they can document achievement. This uncertainty fuels constant comparison: students measure themselves against peers' GPAs, research roles and clinical hours to approximate an idealized applicant profile. In this environment, checking boxes becomes a strategy for security, prestige and validation rather than growth or service. Competition rewards visibility over reflection, performative achievement over humility rooted in care. The result is a pipeline that selects endurance, efficiency and self-promotion, traits that may impress admissions committees, but do little to ensure that future physicians are equipped with empathy, patience, and a deep commitment to others. So, as this polluted culture continues to produce good résumés, I offer a reminder that in an increasingly isolated and uncertain world, the future of healthcare depends not on who looks the best on paper, but on who can show up with compassion and care.



UConn students observe a computer screen in a laboratory in the Department of Pathology. Pre-health programs emphasize coursework and extracurricular activities meant to prepare students for work in the healthcare field.
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Pre-med students conducting research in a laboratory. Research experience is considered one of the possible ways to boost one's medical school application.
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