

Aruna Khilanani – the inmate who took over the asylum – an open letter to Peter Salovey, Ph.D., the 23rd President of Yale University

 conservativenewsandviews.com/2021/06/09/accountability/aruna-khilanani-inmate-asylum/

June 9, 2021

To: Peter Salovey, Ph.D., President, Yale University, Woodbridge Hall, New Haven, Connecticut 06520.

From: Terry A. Hurlbut, B.S., M.D., Yale College Class of 1980.

Dear Sir:

I write today to express my outrage over the “Continuing Medical Educational” talk by Aruna Khilanani, M.D., M.A. As you know, that talk took place by Zoom teleconference on 6 April 2021. She titled her talk, “The Psychopathic Problem of the White Mind.” Incredibly, one [Rosemary Serra booked this talk](#) for *Grand Rounds* at the Yale Child Study Center. Sir, Ms. Serra, as Senior Administrative Assistant, and the faculty of the Psychiatry Department either exploited a very troubled woman or else lent her a platform for a dangerous political manifesto. That manifesto arises out of her paranoid ideation of which I find ample history from a simple Internet engine search.



In the language to which I became accustomed in the course of my training, I find this exercise totally inappropriate. At best, someone exploited a sufferer from chronic post-traumatic stress disorder who presents with paranoid ideation from an unfortunate episode. And at worst someone gave her a platform to start a race war. And what you *cannot* excuse, is that this happened on your watch.

A glossary

Before I begin, Dr. Salovey, I will share a glossary of terms you might or might not recognize. Your academic background is in social psychology, not in psychiatry or other medical practice. Besides, my readers need to understand these terms to grasp the context of this letter.

- Attending – a physician having admitting privileges at a hospital. The term also applies to any physician who has served on a hospital medical staff for, say, three years. Pathologists, radiologists, and anesthesiologists do not normally admit patients. But after they have their three years in (as a “courtesy physician”), a hospital will still call them “attendings.” And in a teaching hospital, the attendings are the professors. (Teaching hospitals also often credential new attending physicians as part of granting them faculty appointments. This does not happen in community hospitals.)
- Resident – a member of the “house staff” of a teaching hospital. These are the trainees, who have their medical degrees. In most programs, one *chief resident* gives orders to all other house staff.
- Extern(e) – a senior medical student taking advanced training in patient management but *not* a member of the house staff. One distinguishes such a person from an *intern(e)*, or a first-year resident.
- Clinical clerk – a junior medical student gaining his/her first exposure to patient management.
- Rounds – the practice of visiting each patient one is following, to check on clinical progress.
- Grand rounds – a lecture for the benefit of medical staff and students.

Terms describing illness

- Symptom – something about which a patient may complain.
- Sign – an anomaly one might measure on physical or laboratory examination.
- Disease – a condition with a clear definition not only of symptoms but of their causes.
- Syndrome – a collection of symptoms that could have any of many causes. One also uses the term to describe symptoms the cause of which even the profession does not know.
- Neurosis – a condition in which the patient knows something is wrong with him/her but doesn’t quite understand what.
- Psychosis – a condition in which the patient doesn’t understand or doesn’t want to understand that something is wrong with his or her thinking. Such a person might divorce himself from reality.
- Insight – the capacity to recognize a psychological problem in one’s own thinking.
- Projection – a symptom in which the patient accuses others of his own faults – literally, “throws off” on others.
- Paranoid ideation – a set of ideas a patient might have that includes an exaggerated sense of the patient’s own importance, intelligence – and persecution.
- Paranoia vera – true paranoia, a psychosis with paranoid ideation as the primary presenting symptom.
- Post traumatic stress disorder – the aftermath of an unusually stressful event.
- Acute – an adjective describing a disease or syndrome with immediate or short-term effect.
- Chronic – an adjective describing a disease or syndrome with long-term effect.

Aruna Khilanani and her unfortunate case history

In discussing the case history of Aruna Khilanani, I do not speak out-of-school. Everything I am about to say is a matter of record. That includes the record of an interview she gave to one Katie Herzog. Ms. Herzog had already written extensively about a disturbing trend toward subordinating medicine to leftist politics.

In her interview, Dr. Khilanani told of a salient episode. For my immediate purpose, I will assume she did not invent this story. According to her, the family member of a patient she followed at the Cornell School of Medicine physically assaulted her. I gather this family member escalated a disagreement about appropriate therapy to the level of personal violence.

Again according to Dr. Khilanani, her preceptors at first asked her what she might have done to provoke the attack. Understand this: I do not repeat *not* excuse *anyone* who, disputing the wisdom of medical care for oneself or a member of one's family, dares settle that dispute on the level of physical violence. But I cannot know the full particulars of this incident. Why not? Because Aruna Khilanani *declined to file a formal complaint*. When Ms. Herzog asked why not, she said "the more you push back, the more they ... keep attacking you." Dr. Salovey, you know as well as I do that if you don't complain, no one will investigate. That is simple common sense, and one need not be a "social psychologist" like yourself to understand that.

Other complaints after the fact

Nor does Aruna Khilanani limit her complaint to a description of a violent attack against herself. She alleges that her superiors – presumably the chief resident – assigned her to excessive "Saturday call." That superior also, according to her, denied her a vacation. Dr. Khilanani raises a question of whether she made a formal request, and whether a colleague received a vacation without that formality. I cannot judge the truth or falsehood of that account. But I can tell you that, in *my* residency training, I found chief residents and program directors eminently receptive to requests I filed in the proper way.

I have reviewed her interview and the best transcript I could prepare of her remarks (see below). I see an anger-management issue going far beyond one alleged altercation with a patient's family member. Worse than that, I see a lack of insight or even an outright refusal to exercise it. This becomes more than post-traumatic stress disorder with paranoid ideation as a symptom. Now the differential diagnosis must include *paranoia vera*. *If Aruna Khilanani really believes what she says, then she is a paranoiac* and not merely someone with paranoid ideas.

Psychoanalytic history

That transcript, as you will see, reveals that Aruna Khilanani underwent psychoanalysis, and what she took from the experience. Dr. Salovey, a professor of psychiatry told me, in a Basic Science lecture, that psychoanalysis is a costly training program. In my day, residents in psychoanalysis received no salary, and had to pay tuition instead. Among the costs of the program were a full psychoanalysis of each trainee.

So when Aruna Khilanani underwent psychoanalysis, she did so as a customary part of her training. Yet today she accuses her training officers of using psychoanalysis as a weapon against her. Dr. Khilanani reveals nothing further about the revelations from her sessions. I will not speculate on them here. But I suggest that her training analyst likely found something of concern. *And she refused to address it.*

How, then, could Aruna Khilanani continue her training? Unfortunately, paranoids and paranoiacs can present with very convincing “normal manners.” Or they threaten their superiors with legal action. We cannot know what she did in this case, because she will not say.

Insight from the undergraduate education of Aruna Khilanani

My next insight comes, not from her medical history, but from her *curriculum vitae*. In her interview with Ms. Herzog, she reveals that her Masters program included intensive training in *critical theory*. I have discussed that [here](#).

| Critical theory – theater of the absurd

Critical theory broadly divides human beings into two kinds: the oppressors and the oppressed. It then states that if one fails economically, one suffers oppression, and can and should blame the successful. *Thus critical theory excuses any personal failings as the fault of some unspecified other or others.*

Aruna Khilanani, by her own admission, received an education steeped in critical theory. Of particular interest here is critical race theory. Which says:

Racist \equiv white.

The symbol \equiv is the mathematical operator of *identity*. Thus critical race theory says: *all whites are racist and all racists are white*. That, Dr. Salovey, *set Dr. Khilanani up* for the development of post-traumatic stress disorder with paranoid features. The psychoanalysis she underwent, again in the course of her training, might have made matters worse. Again, we cannot know, without a kind of access she would likely never grant.

And now:

Aruna Khilanani gives Grand Rounds at the Yale School of Medicine

In announcing the Zoom “tele-rounds,” Ms. Serra gave this description:

Everyone is talking about race right now. Especially white people. And yet, white people seem to be losing it. The number of Karen and “It’s my right to not wear a mask” videos are exploding. How do we understand this psychologically?



Child Study Center Grand Rounds

Presented by

Yale School of Medicine's Department of Child Study Center

"The Psychopathic Problem of the White Mind"

Aruna Khilanani, MD, MA
Forensic Psychiatrist and Psychoanalyst

Date: April 6, 2021 @ 1:00

Virtual Talk

<https://zoom.us/j/97271063445?pwd=V3NqbkVPVnAwYTZidWVWaEFML2xNUT09>

Course Director: Andres Martin, MD, MPH

There is no corporate support for this activity

This course will fulfill the licensure requirement set forth by the State of Connecticut

ACCREDITATION

The Yale School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

TARGET AUDIENCE

Trainees in child psychiatry, psychology, and social work, faculty, clinicians, scientists

LEARNING OBJECTIVES

At the conclusion of this activity, participants will be able to:

- Set up white people's absence of empathy towards black rage as a problem.
- Understand how racism is part of the mind that white mind that arose during colonialism with a series of lies around violence.
- Understand how white people are psychologically dependent on black rage.

NEEDS ASSESSMENT

Everyone is talking about race right now. Especially white people. And yet, white people seem to be losing it. The number of Karen and "It's my right to not wear a mask " videos are exploding. How do we understand this psychologically?

DESIGNATION STATEMENT

The Yale School of Medicine designates this live activity for 1 AMA PRA Category 1 Credit(s)[™]. Physicians should only claim the credit commensurate with the extent of their participation in the activity.

FACULTY DISCLOSURES

Aruna Khilanani: see attached
Andres Martin: NONE

It is the policy of Yale School of Medicine, Continuing Medical Education, to ensure balance, independence, objectivity and scientific rigor in all its educational programs. All faculty participating as speakers in these programs are required to disclose any relevant financial relationship(s) they (or spouse or partner) have with a commercial interest that benefits the individual in any financial amount that has occurred within the past 12 months; and the opportunity to affect the content of CME about the products or services of the commercial interests. The Center for Continuing Medical Education will ensure that any conflicts of interest are resolved before the educational activity occurs.

Poster advertising the Aruna Khilanani Grand Rounds of 6 April 2021

A *Karen* today is any person, usually a white middle-age woman, who makes repeated and usually baseless complaints. That aside, Ms. Serra's description should have sounded an immediate alarm. How is the proliferation of protests against wearing masks inside a given establishment, relevant to a discussion of race in society? Or is Dr. Khilanani or Ms. Serra trying to cite such protests as a symptom of whites' "psychopathic problem"? Either way, someone should have caught that as an inappropriate subject for Grand Rounds. The descriptive material describes this as "continuing medical education," usually of benefit to attendings. But in a teaching hospital, most CME courses are *also* available to, or required of, residents, externs, and clinical clerks. Calling a presentation Grand Rounds reinforces this.

Partial transcript of the talk by Aruna Khilanani

You will note, Dr. Salovey, repeated uses of terms like [inaudible], [censored], (*sic*), and even [Foxtrotting]. I apologize in advance that the quality of the sound track available to me left much to desire. [Foxtrotting] refers to an epithet that somehow escaped the attention of the censors.

In preparing this transcript, I had the aid of this [article](#) by Katie Herzog.

Clear evidence of projection

White people's expectations are that we will take their attack with gratitude, and that we will apologize for our anger, that we are overly sensitive and crazy. Our rage is the real problem. And...nothing makes me angrier than a white person who tells me not to be angry. Because they have not seen real anger yet. I [inaudible] psychoanalysis, where every time I got angry about [inaudible], people called me psychotic. She told me that my problem was that I was "too smart," and that I had to be either psychic or psychotic.

Easy Plugin for AdSense by Unreal

My [inaudible]-tations had nothing to do with me. Psychoanalysis was used as a weapon on me to have access on (*sic*) our minds. A projection [inaudible]. [Inaudible] racist interpretations, and then have my anger "the problem." I spent years unpacking her racist [inaudible]. And then she was going to "teach me" because she was "concerned" about my anger. I couldn't get her to shut the [censored] up.

This is the cost of talking to white people at all. The cost of your own life, as they suck you dry. There are no good apples out there. White people make my blood boil.

Self-isolation – and a dangerous fantasy that should trigger a psychiatrists' duty to warn authorities

Around [inaudible] I took some action. I systematically ghosted (*sic*) most of my white friends, and I got rid of the [inaudible] white(?) virtue. I stopped watching the news. Once I started I couldn't stop. [Inaudible sentence].

It was [inaudible] public service. I had fantasies of unloading a revolver into the head of any white person that got in my way, burying their body, and wiping my bloody hands as I walked away relatively guiltless with a bounce in my step. Like I did the world a [Foxtrotting] favor.

Why are white people so confused by black rage? More importantly, why would white people have so little empathy toward black rage? [Inaudible] white women should just shut up. White women cannot stop talking for longer than five minutes, because they think they're here to teach *us* about black privilege. And I see the same kind of thinking by all white people in the institutions, I [inaudible].

So now I have some tools. [Inaudible] road map of the white mind. Are you out of your [censored] mind if you can't see that?

White people are out of their minds, and have been for a long time.

Projection, paranoid ideation, and anger issues

So, we are now in a psychological predicament, because white people feel that we are bullying them when we bring up race. They feel that we should be thanking them for all that they have done for us. They are confused, and so are we. We keep forgetting that directly talking about race is a waste of our breath. We are asking a demented, violent predator who thinks that they are a saint or a superhero, to accept responsibility. It ain't gonna happen. They have five holes in their brain. It's like banging your head against a brick wall. It's just like sort of not a good idea.

We need to remember that directly talking about race to white people is useless, because they are at the wrong level of conversation. Addressing racism assumes that white people can see and process what we are talking about. They can't. That's why they sound demented. They don't even know they have a mask on. White people think it's their actual face. We need to get to know the mask.

Black rage has nothing to do with black people, and everything to do with white people.

Further review of the case of Aruna Khilanani

There, Dr. Salovey, you have it. A less fortunate case of post-traumatic stress disorder with paranoid features, escalating to full-blown paranoia, would be difficult to imagine. The Department of Psychiatry deserves the strongest possible censure for allowing this spectacle to take place. Why? Because it represents:

- Exploitation of the psychopathology of another for political gain, and
- Granting of a platform that Theodore “Unabomber” Kaczynski might have envied.

This last deserves further comment. I find little difference between Dr. Khilanani’s remarks and the essay “Industrial Society and its Future” by Mr. Kaczynski. Dr. Khilanani expressed her ideas with more polish, perhaps. That could represent the difference between paranoia vera and paranoid *schizophrenia*, a disorder that features a less coherent expression of paranoid ideas.

As much deserving of censure as are the faculty of the Psychiatry Department, Aruna Khilanani herself deserves:

- Revocation, or at least suspension, of her license to practice medicine, and
- Intensive psychiatric measures, to be undertaken *now. Today. This instant.* Before she escalates her fantasies to the level of actual criminal behavior.

Lest you think this hyperbolic, I offer this further evidence from a TikTok post by her. *Can you seriously countenance allowing a person who expresses such ideas as these, to continue to treat patients?* Because I cannot. So the faculty have not only failed in their duty to “vet” a Grand Rounds presentation. *They have failed in their duty to warn appropriate authorities.* This includes the New York State Department of Health.

Recognizing the faults in the Aruna Khilanani talk after the fact

Mr. David Kamioner at LifeZette.com has this information on what happened after that talk took place.

“After the event, several faculty members expressed concern to the Yale School of Medicine’s Office of Academic and Professional Development and the Office of Diversity, Equity & Inclusion about the content of the talk,” Yale said in a statement. “Based on these concerns, School of Medicine leaders, including Dean Brown and Deputy Dean Latimore, in consultation with the chair of the Child Study Center, reviewed a recording of the talk and found the tone and content antithetical to the values of the school,” it added.

If that statement accurately reflects the University’s position on the matter, then the “expression” of “concern” came too late. *Do you mean to tell the University community, the community of Yale alumni, and the American public, that those attendings did not know what kind of Grand Rounds Aruna Khilanani would deliver before she delivered it?* I find that impossible to believe. *Sir, to paraphrase Herman Wouk, Aruna Khilanani is a Freudian delight!* The very title of her presentation should have raised the alarm. And as I said before, so also should the description of the talk.

How dared the Child Study Center and the Department of Psychiatry so expose attendings, residents, externs, and clinical clerks to a violent manifesto of this kind? Did you or they really think the public wouldn't take alarm after someone restricted the availability of the talk?

Your position

This affair redounds to your personal discredit. If the Chair of the Child Study Center is the captain of the ship, then the Dean is the Officer in Tactical Command. *And you are the commanding admiral, the Chief of Naval Operations.* Which is to say: *these things happened on your watch.* What are the Fellows of the Yale Corporation to think of such a failure of leadership on your part? What are we alumni supposed to think, given that Alumni Fellow elections already are a subject of controversy? Indeed, *what kind of University are you running, that any member of it would allow acts of this kind?*

Sir, you owe us alumni an explanation. You owe students and, in some cases, their parents an explanation. And you owe the American public an explanation. And that explanation must be far more extensive and of higher quality than any I have seen so far.

Terry A. Hurlbut

Yale College, Class of 1980



Watch Video At: <https://youtu.be/bH7aFZgYqb0>



Watch Video At: <https://youtu.be/-cgWILpNKoY>

Update: Statement from the Office of the President re Aruna Khilanani

At 4:10 p.m. EDT the Office of the President of Yale University responded directly to CNAV, largely with the full text of the statement of the School of Medicine. CNAV still takes no satisfaction from that statement. Why? Because it tells CNAV nothing it hadn't already learned and explains nothing CNAV wanted Yale to explain. Nevertheless CNAV reproduces the statement *in toto* below so that readers may judge for themselves.

Statement by the Yale University School of Medicine

On April 6, a speaker who is not affiliated with Yale gave a Child Study Center Grand Rounds talk, with the provocative title “The Psychopathic Problem of the White Mind.” After the event, several faculty members expressed concern to the Yale School of Medicine’s Office of Academic and Professional Development and the Office of Diversity, Equity & Inclusion about the content of the talk.

Based on these concerns, School of Medicine leaders, including Dean Brown and Deputy Dean Latimore, in consultation with the Chair of the Child Study Center, reviewed a recording of the talk and found the tone and content antithetical to the values of the school. Because Grand Rounds are typically posted online after the event and in consideration of Yale’s commitment to the right of free expression, school leaders further reviewed the Report of the Committee on Freedom of Expression at Yale.

In deciding whether to post the video, we weighed our grave concern about the extreme hostility, imagery of violence, and profanity expressed by the speaker against our commitment to freedom of expression. We ultimately decided to post the video with access limited to those who could have attended the talk— the members of the Yale community. To emphasize that the ideas expressed by the speaker conflict with the core values of Yale School of Medicine, we added the disclaimer: “This video contains profanity and imagery of violence. Yale School of Medicine expects the members of our community to speak respectfully to one another and to avoid the use of profanity as a matter of professionalism and acknowledgment of our common humanity. Yale School of Medicine does not condone imagery of violence or racism against any group.”