The Norman Lear Center
The Norman Lear Center is a nonpartisan research and public policy center that studies the social, political, economic and cultural impact of entertainment on the world. The Lear Center translates its findings into action through testimony, journalism, strategic research and innovative public outreach campaigns. On campus, from its base in the USC Annenberg School for Communication & Journalism, the Lear Center builds bridges between schools and disciplines whose faculty study aspects of entertainment, media and culture. Beyond campus, it bridges the gap between the entertainment industry and academia, and between them and the public. Through scholarship and research; through its conferences, public events and publications; and in its attempts to illuminate and repair the world, the Lear Center works to be at the forefront of discussion and practice in the field.

For more information, visit www.learcenter.org

Hollywood, Health & Society
Hollywood, Health & Society (HH&S), a program of the Norman Lear Center, provides entertainment industry professionals with accurate and timely information for storylines on health and climate change. Funded by the Centers for Disease Control and Prevention, the Bill & Melinda Gates Foundation, The California Endowment, the Grantham Foundation, ClimateWorks, Skoll Global Threats Fund, among others, HH&S recognizes the profound impact that entertainment media have on individual knowledge and behavior. HH&S supplies writers and producers with accurate health information through individual consultations, tip sheets, group briefings, a technical assistance hotline, panel discussions at the Writers Guild of America, West, a quarterly newsletter and web links to health information and public service announcements. The program also conducts extensive evaluations on the content and impact of TV health storylines.

For more information, visit www.usc.edu/hhs

To watch a video of the full panel discussion, part of the HH&S outreach to writers, click or tap here.
Health Experts

VALERIE BORDEN, MPA, has over 20 years of experience in health communications and partnership development. She works in the Division of Strategic Communications within the U.S. Department of Health and Human Services’ Office on Women’s Health, where she serves as the principal advisor on partnership and communication strategies, media relations and digital channels including web sites and new media. She provides strategic advice on the planning, development and implementation of national educational campaigns on breastfeeding, heart health and STDs, and national observances such as National Women’s Health Week. She provides guidance on all written materials, graphic design and distribution of all print and digital-based information for the office, and works with partners to promote women’s health information over social media, on blogs and in print. Borden received her BBA in business/marketing from the University of Massachusetts and her MPA from Suffolk University in Boston. She is a 2009 graduate of the Excellence in Government leadership development program.

TEMEIKA L. FAIRLEY, Ph.D., is a senior health scientist with the Centers for Disease Control and Prevention’s Division of Cancer Prevention and Control (DCPC). She obtained a Ph.D. in biology from the University of Vermont and joined CDC as an epidemic intelligence service officer in 2001. During the early part of her tenure at CDC, Dr. Fairley developed expertise in public health surveillance and data use development for CDC funded programs. More recently, Dr. Fairley’s work has been primarily in the area of cancer survivorship and health disparities. She is the project lead for CDC’s efforts to implement the provisions of the Education and Awareness Requires Learning Young (EARLY) Act legislation. EARLY Act directs the Centers for Disease Control to develop and implement communications, research and program support activities for young women at risk for or diagnosed with breast cancer. In this role, Dr. Fairley also serves as the designated federal officer for the newly mandated federal Advisory Committee on Breast Cancer in Young Women (ACBCYW). Dr. Fairley’s research interests and expertise include breast cancer (primarily in the area of cancer survivorship among women diagnosed before the age of 40), cancer survivorship and health disparities.
**DR. DEBRA HOURY**, MD, MPH, is the director of the National Center for Injury Prevention and Control (NCIPC) at CDC, where she leads innovative research and science-based programs to prevent injuries and violence and to reduce their impact. She joined the CDC in October 2014. She has served as vice-chair and associate professor in the Department of Emergency Medicine at Emory University School of Medicine, and as associate professor in the departments of Behavioral Science and Health Education and in Environmental Health at the Rollins School of Public Health. Dr. Houry also served as an attending physician at Emory University Hospital and Grady Memorial Hospital, and as the director of the Emory Center for Injury Control. She has received several national awards for her work, including the first Linda Saltzman Memorial Intimate Partner Violence Researcher Award from the Institute on Violence, Abuse, and Trauma, and the Academy of Women in Academic Emergency Medicine's Researcher Award. She is past president of the Society for Academic Emergency Medicine, the Society for Advancement of Violence and Injury Research, and Emory University Senate. Dr. Houry has served on numerous other boards and committees within the field of injury and violence prevention, and has authored more than 90 peer-reviewed publications and book chapters on injury prevention and violence. She received her MD and MPH degrees from Tulane University and completed her residency training in emergency medicine at Denver Health Medical Center.

**DR. RAEGAN MCDONALD-MOSLEY** is an obstetrician-gynecologist with a background in women’s reproductive health, public health and international health. She is the medical director at Planned Parenthood of Maryland, a post she has held for five years. She provides annual well-woman exams, STD testing and treatment, HIV testing, birth control counseling and abortions, and she oversees a medical team that provides these services to thousands of patients in eight health centers statewide (in urban, suburban, and rural communities). After residency training at New York University Medical Center, Dr. McDonald-Mosley completed a specialized fellowship in family planning at Johns Hopkins University School of Medicine. In addition to practicing general obstetrics and gynecology, Dr. McDonald-Mosley has conducted research related to family planning. She has also participated in several international public health projects. She holds many honors and awards, including New York University’s Department of Obstetrics and Gynecology Outstanding Resident Teacher Award (2006) and The Maryland Daily Record Leading Woman Award (2014). Dr. McDonald-Mosley is a graduated fellow of the Physicians for Reproductive Health Leadership and Training Academy. She is also on the board of directors for Health Care Access Maryland. She holds a BA in African studies and chemistry.
from the University of North Carolina at Chapel Hill, where she was a Morehead Scholar, an MD from the Perelman School of Medicine at the University of Pennsylvania, and a masters in public health from the Johns Hopkins Bloomberg School of Public Health.

**Entertainment Industry**

**PETER HEDGES** is author of three novels, including *What’s Eating Gilbert Grape*, which he adapted for the 1993 film starring Johnny Depp and Leonardo DiCaprio. He co-wrote the screenplay adaptation for *About a Boy* and was nominated for an Academy Award. He has written and directed three films—*The Odd Life of Timothy Green*, *Dan in Real Life* and *Pieces of April*, which starred Katie Holmes and Patricia Clarkson. Clarkson was nominated for an Academy Award for her performance as Joy Burns, a fierce mother who was battling breast cancer. Peter lives in Brooklyn with his wife, the poet Susan Bruce, and their two children, Simon and Lucas.

**JEAN PASSANANTE** is co-head writer for *The Young and the Restless*, and has won three Writers Guild Awards and four Emmy Awards for her work on various daytime serials. Born and brought up in St. Louis, Passanante began college at Cornell University (as a classmate of Christopher Reeve), but transferred as a sophomore to Dartmouth College, when Dartmouth went co-ed. At Dartmouth, she was a classmate of playwright Peter Parnell and Broadway music arranger Bruce Coughlin. She acted and directed at Dartmouth and after graduation worked in summer stock in North Conway, New Hampshire, with a group of Williams College grads, including John Sayles, David Strathairn and Adam LeFevre. After moving to New York in 1976, she worked as a theater and literary agent before becoming a theater producer/administrator. She held management positions for the Eugene O’Neill Theatre Center, New York Theatre Workshop and New Dramatists before writing for soap operas. She lives in New York City.
BEAU WILLIMON is a screenwriter, playwright and producer. He is the creator of Netflix’s original series *House of Cards*, for which he serves as showrunner and executive producer. *House of Cards* recently made television history, earning nine Emmy nominations, including Best Drama, the first online streaming show to ever be so honored. *House of Cards* earned four Golden Globe nominations, including Best Television Series, Drama. The Writers Guild also honored the series with several nominations, and the show won the WGA Award for Best New Series. Willimon’s play *Farragut North* became the basis for the motion picture screenplay *Ides of March* (co-written with George Clooney and Grant Heslov), which was nominated for an Academy Award, Golden Globe and BAFTA award for Best Adapted Screenplay. Willimon, whose other plays include *Lower Ninth* and *Spirit Control*, is a recipient of the Lila Acheson Wallace Juilliard Playwriting Fellowship, and he is a two-time winner of the Lincoln Center Le Comte du Nouy Award. Current theater commissions include works for the National Theatre of Great Britain, South Coast Rep and the Flea Theater. His recent stage production, *The Parisian Woman*, premiered at South Coast Repertory last spring and starred Dana Delany, Steven Weber, Steven Culp, Linda Gehringer and Rebecca Mozo. His new play, *Breathing Time*, premiered in New York in the spring of 2014. Willimon is the co-founder of Westward Productions, a film and television production company whose upcoming projects include *Fear of Falling*, a film adaptation of Ibsen’s play *Master Builder* developed by Wallace Shawn and Andre Gregory, executive produced by Willimon and directed by Jonathan Demme. In addition to his career as a writer and producer, Willimon worked on a number of political campaigns, including Chuck Schumer’s 1998 Senate race, Bill Bradley’s 2000 presidential race, Hillary Clinton’s 2000 Senate race and Howard Dean’s 2004 presidential race. Willimon graduated with a BA from Columbia University in 1999 and an MFA in playwriting from Columbia University’s School of the Arts in 2003. He lives in Brooklyn, N.Y.

LIZZ WINSTEAD (MODERATOR) As co-creator and former head writer of *The Daily Show* and Air America Radio co-founder, Lizz Winstead has helped change the very landscape of how people get their news. As a performer, Winstead also brought her political wit to *The Daily Show* as a correspondent and later to the radio waves co-hosting *Unfiltered*, Air America Radio’s mid-morning show, with Chuck D and Rachel Maddow. Known as one of the top political satirists in America, Winstead has been recognized by all the major media outlets including *The New York Times*, *The Washington Post*, and was among *Entertainment Weekly’s* 100 most Creative People. Winstead’s first book, *Lizz Free Or Die*, Essays, was released in 2012 to incredible reviews. Lizz is currently working on a second
Participants

book and is spearheading Lady Parts Justice, a reproductive rights organization using humor and outrage to expose anti-choice zealots in all 50 states in an attempt to return state legislatures to a pro-choice majority. To keep up with Lizz, follow her on Twitter @lizzwinstead, or like her on Facebook: www.facebook.com/lizzwinstead.

Storytellers

MARYBETH SEITZ-BROWN graduated with a degree in linguistics from Columbia University, where she was an organizer with No Red Tape, a radical anti-violence activist group. She is now an organizer with Columbia Alumni Allied Against Sexual Assault (CAAASA) and serves on the board of Students Active for Ending Rape (SAFER). She co-founded the Fund for a Safer Columbia, a nonprofit that raises money and seeds grants for student initiatives to prevent and respond to sexual violence on campus.

DESIRÉE WALKER At 38, Desirée was diagnosed with breast cancer, which recurred when she was 47. For many who have had to fight breast cancer, Desirée serves as an advocate for patients by speaking about her diagnosis to audiences nationally. The core of her message is to encourage patients to truly know their body. Through SHARE’s Side by Side program, Desirée trains medical students and doctors on how to deliver disappointing news and supports the importance of patient-doctor communication. She volunteers with the Witness Project of Harlem, Survivors in Spirit, SHARE: Dedicated Experienced Support for Women Facing Breast and Ovarian Cancers, and Young Survival Coalition as a board member. Desirée has addressed “Spirituality and Cancer” at CancerCare’s “Living with Cancer” conference, and has also served as a panelist at the C4YW conference and Congresswomen Debbie Wasserman Schultz’s “Beating Breast Cancer EARLY” event. She facilitates a support group for women of African, African American and Caribbean heritage who are dealing with breast and ovarian cancers.
KATE LANGRALL FOLB, M.Ed., is director for Hollywood, Health & Society, a program of the USC Annenberg Norman Lear Center, and a veteran for more than 20 years in the entertainment education field. After an early career in TV and music production/management at Don Kirshner’s Rock Concert and Shep Gordon’s Alive Enterprises, Kate joined the Scott Newman Foundation as director of special projects. She worked with top TV shows and films on portrayals of alcohol and other substance abuse, developed a media literacy program for students and produced the foundation’s annual PSAs. Later, she spent nearly 10 years as director of The Media Project, a partnership of Advocates for Youth and the Kaiser Family Foundation, which addressed portrayals of adolescent reproductive health in the media, working with dozens of TV shows on storylines featuring HIV/AIDS and other sexually transmitted diseases, teen pregnancy prevention, condom use and sex education. She also produced the annual SHINE Awards for sexual health in entertainment and developed a media campaign for Viacom to normalize condom use and encourage healthy relationships. From 2001-2012 Kate led Nightingale Entertainment, an independent consulting firm working with the Robert Wood Johnson Foundation on the multi-year Cover the Uninsured Week and Covering Kids and Families campaigns, and with Planned Parenthood Federation of America on Birth Control Matters and I Stand with Planned Parenthood garnering celebrity involvement, producing PSAs and coordinating national media events. She joined HH&S in 2012 as senior program manager, and became director in 2013. Kate speaks fluent Spanish, holds a bachelor’s degree from the University of Denver, and a master’s degree in education from UCLA.

MARTIN KAPLAN holds the Norman Lear Chair in Entertainment, Media and Society at the USC Annenberg School, where he was associate dean for 10 years. He is the founding director of the school’s Norman Lear Center, whose mission is to study and shape the impact of media and entertainment on society. He was Vice President Walter Mondale’s chief speechwriter and deputy campaign manager for Mondale’s presidential bid. He worked at Walt Disney Studios for 12 years, where he was first a feature films vice president and then a screenwriter/producer. His movie credits include The Distinguished Gentleman, starring Eddie Murphy, and the film adaptation of Michael Frayn’s Noises Off. A summa cum laude in molecular biology from Harvard College, where he was president of The Harvard Lampoon, he won a First in English as a Marshall Scholar at Cambridge University, and he holds a Ph.D. from Stanford in modern thought and literature.
Writers Guild of America, East

LOWELL PETERSON is executive director of the Writers Guild of America, East, the 4,000-member labor union representing writers in television, motion pictures, radio and new media. As executive director, Peterson negotiates contracts, develops and implements comprehensive labor campaigns, including congressional and government campaigns, and manages the Guild’s staff responsible for all aspects of organizing, membership mobilization and retention, and contract enforcement. He has significantly expanded the Guild’s organizing and member communications capabilities, and has created programs to ensure that the union plays a central role in its members’ creative and professional lives. Peterson most recently was partner at the firm Meyer, Suozzi, English & Klein, where he practiced in the areas of labor, bankruptcy and litigation. He won tens of millions of dollars in severance pay representing laid off workers in the Enron and WorldCom bankruptcies, defended unions’ right to organize and to publicize disputes, and successfully litigated against employers for evading contract obligations. Peterson was mayor pro tem of Ann Arbor, Michigan and a three-term member of the Ann Arbor City Council. He received his bachelor’s degree from Yale University and his JD from the University of Michigan Law School, where he graduated magna cum laude.
Lowell Peterson: Good afternoon. Welcome. Hi, I’m Lowell Peterson, the executive director of the Writers Guild of America, East. Welcome to our humble home. We are very pleased to be working with Hollywood, Health & Society in presenting The Double X Files: Health and Justice for Women in Film and TV.

The panel today is going to be addressing issues that our members grapple with all the time, both in their lives, as well as in their work. As a matter of a point of personal privilege, when I first got involved in politics many years ago, one of my central areas of focus was the issue of violence against women, particularly sexual violence. And as a young guy, I was really eager to write legislation and policy, and the women who worked with me on this were careful to let me know that addressing consciousness was at least as important as addressing policy, and so I’m doubly pleased that the Writers Guild can work with Hollywood, Health & Society to raise some consciousness, both concrete information and addressing some of the perceptions and misperceptions in this area. And I’d like to introduce from Hollywood, Health & Society Marty Kaplan, and welcome, Marty, to the Guild for another great event.

Marty Kaplan: So Double X, double welcome. And you look terrific. This is really a great crowd, and I thank you for coming. And you are what makes this event important. The panel? Yes. But you — well, and many on the panel, but you who tell America’s and the world’s stories have a power, and we are thrilled to be a resource for you as you wield that power responsibly.

I’m Marty Kaplan. I am the director of the Norman Lear Center at USC’s Annenberg School for Communication and Journalism. That’s a lot of brand hierarchy going on in there. And Hollywood, Health & Society is a program of the Lear Center. It’s named for Norman Lear because of his generosity and also what he stands for, the bringing of a social consciousness to entertainment. We are honored to be able to honor him by carrying the work that he did and does forward.

So Hollywood, Health & Society, a great program which has been part of the Lear Center since its inception. We began in the year 2000. And if you’ve ever run anything, you know that it is a dream to have people who do things who are unbelievably competent and reliable and charismatic and cheerful and also like to raise money, and you put all those things together, and it’s my great privilege to introduce to you our ringleader, who will, in turn, pass the ringleader baton, the director of Hollywood, Health & Society, Kate Folb.

Kate Folb: We promise we’re going to get to the panel soon. There’s just a couple more of us up here.

Thank you, Marty, and welcome, everybody. It is a great group looking from up here. I just wanted to thank also staff member Armine Kourouyan, who is over in their corner. Wave, Armine, because she’s going to be important to you throughout the day. And also Dana Weissman from the Writers Guild East over here. Thank you both for all your hard work in putting this event together.

“In the United States, about 50% of pregnancies are unplanned. Despite the multiple types of contraception that are now available and even covered under the [ACA], there’s really been little improvement in this statistic over the years.”

— VALERIE BORDEN, OFFICE ON WOMEN’S HEALTH
Yes, a little round of applause. And also to Diana Gonzalez, who’s consultant to Hollywood, Health & Society in Miami and works with Spanish television. We’re grateful for you to be here and also for your support with the event. So thank you very much.

In your packets or in your stack of papers, you have an evaluation form which we would love for you to fill out at the end of the event to let us know what you thought of the event, how we could better our presentations, or if you just thought we were absolutely terrific, please tell us that, as well. And Armine and Diana will collect them from you at the end of the event. So please remember to fill those out. It really helps us to know how best to provide these kinds of events and services to you.

Okay, so quick commercial. Hollywood, Health & Society — we’re a free resource to the entertainment industry, providing up-to-date information and access to experts to support accurate storylines on health and climate change. So if you’re working on a storyline that has to do with anything — anything to do with health in the broadest sense of the term, you can reach out to us. I always say we have operators standing by to take your calls or answer your e-mails. If you have a quick question that you need language for for a script you’re working on, we can do that. We can also bring an expert to you, to your writers’ rooms, or through a conference call so that you can really go through the issue in more depth for your storyline.

And the best part about what we do is it’s all free. So there’s no charge, and we don’t take a credit. We’re here to support you and to support the great stories that you all tell. So please e-mail us, call us, keep us in mind whenever you’re working on a story.

And just in terms of climate change, I always like to say it’s probably the biggest health issue we’re all facing, right? So it fits under our umbrella very nicely, or not so.

In addition to the consultations that we do, we do panel events, like today. We do screenings. We even take writers on field trips to immerse them into the subject matter to help you get a better experience and understanding, and again, this is all to support your work.

When it comes to medical health, climate science, anything to do with health at all, we’ve got your back. Please reach out to us, and if you’re tweeting today, we’re using the hashtag women’s health so please tweet about what a great discussion we’re going to be having and all our fabulous panelists, and we’ll be sure to share them, as well.

Before I leave, I just want to introduce our next speaker, who is Valerie Borden. She’s the principal advisor in the Division of Strategic Communications at the US Department of Health and Human Services Office of Women’s Health. Oh, my goodness!

And I would like to say, also, that the Office of Women’s Health and the Centers for Disease Control and Prevention are two of our primary funders for the work that we do to enable us to then...
provide these services to you free of charge and for no credit.

So, Valerie, please join us.

Valerie Borden: Thank you, Kate. It’s a real pleasure to be here. I’m so glad to see such a great turnout.

So today I’d like to take a look back at how far we’ve come in the last 30 years and where we might want to go in the future, and I’ll just briefly touch on the three topics that the panelists are going to address today, as well. This year marks the 30th anniversary of a landmark report that helped to propel women’s health to the forefront of biomedical research, medical practice, and community health. So this really did propel women’s health into a new realm where we could practice something beyond what I’d like to call “bikini medicine.”

So, basically, a woman’s health involves more than just a reproduction function and more than what is covered by her bikini. Specific health functions, conditions, they just — they work differently in women than in men, and that’s really just due to the basic nature of cells that make up a woman. So, for example, a heart attack in a woman looks very different — or can look very different than it does in a man. She might have shortness of breath or an upset stomach, not — those are atypical symptoms.

So while it would be impossible for me in five minutes to list all the advances of women’s health in the last 30 years, I’d like to call your attention to just a few notable ones. One is the increase in a woman’s lifespan, and this has been driven, in large part, by fewer deaths from cancer and heart disease. More women are getting screened for cancer, and fewer women are smoking.

In 1987, 27% of women 50 and older got a mammogram or reported getting a mammogram in the past two years. Today, 72% are getting mammograms or reported in the last two years. That’s a significant increase. And breast cancer deaths have dropped by about 10% as a result of mammography screening. And under the Affordable Care Act, most insurance companies must now cover breast cancer screening for women 40 and older at no cost to women. You’ll hear more about breast cancer from Temeika Fairley on the panel.

We’ve made tremendous strides in caring for women with HIV and AIDS, so not only are women living longer with HIV and AIDS, but due to new treatments, we’ve lowered the risk of a mother passing HIV to her baby to less than 1%. So that’s basically ensuring the health of a future generation. And women today have an array of safe and effective forms of birth control, including emergency contraception. There’s been an increase in the use of the highly effective and long-acting reversible contraceptives, such as IUDs and implants, but while the overall health of American women has improved since the release of the 1985 report, not all women have benefited from these advances. Serious health disparities still persist, especially among groups such as the disabled, immigrants, poor, uninsured, women of color, and those living in rural America.

And so while we know, as I said, that women’s health is more than
just her reproductive health, her health before, during, and after pregnancy is vital. Expectant mothers today can be older or heavier or have chronic conditions, such as diabetes or high blood pressure, and since 1987, the rate of pregnancy-related deaths has more than doubled. Yes, it’s actually more than doubled. You would have thought it would be the opposite. So much still needs to be done to improve the health of moms and their babies.

In the United States, about 50% of pregnancies are unplanned. Despite the multiple types of contraception that are now available and even covered under the Affordable Care Act, there’s really been little improvement in this statistic over the years. One in four American women experience intimate partner violence in her lifetime, and many of these experience significant health outcomes throughout her life as a result.

So one way to help address this social ill, the White House Task Force to Protect Students from Sexual Assault released a report with recommendations and best practices for schools, and one of them is preventing sexual assault, as well as engaging men. Since then, my office has partnered with the White House and Generation Progress in launching It’s On Us. It’s a campaign aimed at fundamentally shifting the way we think about sexual assault, so I encourage you to all go look at ItsOnUs.org if you haven’t already. It’s On Us is a declaration that sexual assault is an issue in which we all have a role to play. We are basically reframing sexually assault in a way that inspires everyone to see that it as their responsibility to do something big or small to prevent it, and I’m really hopeful that with your help, we can create an environment where sexual assault is unacceptable. And, again, you’ll hear more about that from one of our panelists.

That’s it. Thank you.

**Marty Kaplan**: I also want to thank Lowell and Michael Winship who couldn’t be here in the Writers Guild East for partnering with us in this event. I wanted the special privilege of being able to introduce our moderator today. I lobbied for it, and I got it, and I’m thrilled that I did. You have her bio. I won’t go through it all, just a few things.

In 1996, she was co-creator of *The Daily Show* and ushered in an era that we now kind of take for granted, but the idea of satire on American television did have a birthday, and you lit some of those candles. So thank you for that.

She is from Minnesota, which I take special pleasure in noting because she manages to incorporate both the niceness that comes with that and also that kind of Purple Rain edginess (laughter) — that I love.

**Lizz Winstead**: (Inaudible) the time.

“**It’s really interesting to try to find ways to drop these really intricate conversations into spaces of entertainment because women aren’t a monolith [culturally]. A white middle-class women like myself comes from a very different women’s health background than a woman of color.**”

— **LIZZ WINSTEAD, MODERATOR; FOUNDER, LADY PARTS JUSTICE**

**Marty Kaplan**: I was very fortunate to be a colleague of Liz’s when Air America Radio began. Liz was a co-founder and host of one of the key shows in the line-up. It was called Unfiltered, and her co-hosts were Chuck D and someone that only people in North Holyoke, Massachusetts knew about named Rachel Maddow. And so it was a great pleasure for me to walk around and see Liz and get to admire and appreciate her work, and her show lasted longer than mine.

Lady Parts Justice is her passion right now. If you read — follow Liz on Twitter, you will see the most amazing retweeted hate mail that she gets, usually preceded by the phrase, “He seems nice,” which is — I think has become a national catchphrase. And I love her dearly. No one could be a better Sherpa for us today as we go through this. Please welcome Lizz Winstead.
Lizz Winstead: Hi. That was — I appreciate that. That was way too long, though. So it’s funny. When you said, “She’s from Minnesota,” I thought he was going to say, “And she has part of that passive aggressive nature that we all know about, few from the Midwest.

So I’m so happy to be on this panel with so many smart people, so many people who actually care about incorporating the conversation around women’s health. I’m somebody who — I was always trying to figure out — my origins are a stand-up comic, and then I became a writer and a producer, and now I kind of combine all those things with this nonprofit that I’m doing. And it’s really interesting to try to find ways to drop these really intricate conversations into spaces of entertainment because women aren’t a monolith. Culturally, we’re not a monolith, you know? A white middle-class women like myself comes from a very different women’s health background than a woman of color. You talk now about trans kids who are coming up.

We have all of this stuff to talk about, and some of the battles that I found working just in corporate media were not only some of these topics are tricky but that it was actually said out loud and is still actually said out loud that these are things that only women care about. And the last time I checked, women occupy half the planet, and women get pregnant from the other sex so sperm from another — the sperm comes from something—we don’t get pregnant from dildos, is what I’m trying to say. So there’s two people involved, so those issues are important.

You know, everyone has a mother or sister, a daughter who could get breast cancer, and we all discover our sexual selves in a way and oftentimes in a way where we don’t have all the information we need, and we go to college, and we’re drinking, and things happen. So why these things aren’t like, “Oh, we need more storylines about this,” has kind of always been surprising to me. So I started this nonprofit basically to — it’s sort of like Funny or Die meets information about all of the reproductive assets eroding coming from state levels, and so you go to the website, you click on your state, and then you go, “Oh, my god, I live there,” and then, hopefully, you take action when we give you some plans.

But to know that this is expanding from dropping it in pop culture spaces to dropping it in pop culture spaces in a way that makes sense is really cool. So I will talk — and I will say one more thing, and I’m really happy that the work is happening, and some of you have done a really great job, and I love that. And I think when I will feel incredibly excited that we’re on a path is when I see a young woman who is a really likable character who had to have an abortion because she just wasn’t ready and she didn’t have a cold heart; she didn’t have a stigma about her. And when I see a woman with a really complicated life be able to get some justice in sexual assault, then I will be really excited. And those are the storylines that I really hope we can push for and have because those are two things that are happening all the time, and judgment is placed on both in a way that I think you guys are going to be really awesome at making happen.

So before we introduce the panel, we’re going to roll a little bit of a video of a montage of how people have talked about these issues.
throughout their particular avenues. So have a look-see over here at the video.

(Video clips)

_Lizz Winstead:_ So this is how it’s going to work. I’m going to introduce the panel and just give you a little bit of a quick one of what they do. You have all of their bios in your packet, and save your applause to the end. I feel suddenly like I’m Gwen Ifill moderating a panel (inaudible).

So I’ll just go down, and then we will start conversation with question and then follow up with each of the people, and then we’ll open it up for you guys to ask questions. Sound cool? Okay, great.

To my left here, first up, is Dr. Debra Houry, the director of the National Center for Injury Prevention and Control at the CDC. Next to Debra we have Beau Willimon, playwright, screenwriter, an Academy Award nominee for _The Ides of March_, and he’s the creator and showrunner (inaudible) Golden Globe-winning _House of Cards_. Next to Beau, we have Temeika Fairley, senior health scientist with the CDC’s Division of Cancer Prevention and Control. Next to Temeika is Peter Hedges, novelist, writer, and director of three films, including _Pieces of April_, a film that features a mother battling breast cancer.

We have Dr. Raegan McDonald-Mosley, the medical director at Planned Parenthood of Maryland. And Jean Passanante, seasoned soap opera writer currently on _The Young and the Restless_.

And we have some storytellers in the front row. Raise your hands so people can see where you guys are. Marybeth Seitz-Brown, organizer with Columbia Alumni Allied against Sexual Assault. And Desiree Walker, breast cancer survivor, patient advocate, diagnosed at age 38 and again at age 47. How about applause for all of our people?

_Lizz Winstead:_ Oh, my god. So much to talk about. We’re going to start with sexual assault, and I’m going to go first to you, Dr. Houry. It’s in the news, and what I find incredibly troubling when we talk about sexual assault is how much hate is thrust at people who are trying to raise attention to this subject. You bring up sexual assault and you hear, “Not all men are rapists!” It’s like, wow, I didn’t — maybe you are one because you just attacked me for just talking about it. But, also, where are we at in the conversation? Kind of set the stage for where it’s all at.

_Debra Houry:_ So — and that’s why I’m excited to be here today because I wear several different hats, and prior to coming to the CDC, I was an ER doctor, and the Title 9 deputy coordinator at a university. So all this is near and dear to my heart.

“If we’re going to talk about preventing [sexual] violence, we need to really focus on our youth. Most of these [cases] actually happen around age 18 or earlier. And we have a lot of misperceptions about it. It’s not that stranger on the street. It’s not that dark corner. It’s the person you know.”

— DR. DEBRA HOURY, DIRECTOR, NCIPC

And when you look at some of the numbers from sexual violence, they are astonishing, not astonishing in a good way, as I always tell my daughter. More than 300,000 women were raped in a single year on college campuses, and that number, when you look at other issues that happen, I mean we’re just not talking about it.

_Lizz Winstead:_ And that’s just reported.

_Debra Houry:_ That’s just reported. And I think it’s one of those things to where the more we talk about it, like in _House of Cards_, to have these conversations, it’s really helpful. So I talk about it all the time to everyone. And along with that, when you just look at a study that was done recently, 19% of undergraduate women have experienced attempted or completed sexual assault, 19% of college women. So — 19. But, still, 19.
And when you’re looking at the ages of those who have ever been raped in their lifetime, 80% of women who have been raped and 71% of men, it has occurred before the age of 25. So if we’re going to talk about preventing violence, we need to really focus on our youth to prevent it before it occurs. This is happening — most of these actually happen around age 18 or earlier, but 25 or earlier is when 80% of all first rapes have occurred by.

And we have a lot of misperceptions about it. It’s not that stranger on the street. It’s not that dark corner. It’s the person you know. Only 13% of rapes are committed by a stranger.

Most victims of sexual assault do not report victimization, and I can tell you that because I’ve treated them in the emergency department, and most don’t come see me. Those that I saw, I would always thank them for coming in because that’s a huge step. And I would know that coming into the ER in itself was traumatic because the exams are not comfortable. You’re in a cold room, you’re already scared, and we’re re-traumatizing. So I always thank women for coming in, tell them they did the right thing because we know if we can support women, that’s the best chance we have on getting women to report sexual violence.

I’ve completed over 100 rape exams easily in my life, and I’ve stopped counting, but I still remember many of them. And there was one woman a few years ago who had come in kind of sheepishly with a friend and just said she wanted the morning-after pill. And I said, “How can I help you?” And she said, “I may have been raped.” I said, “Well, this kind of changes our conversation,” and I brought her into a private room and said, “How can I help you?” And she said, “I don’t want to talk about anything. I just want some antibiotics and the morning-after pill.” And I said, “I hear you. This is kind of what I’ve been doing research on for over a decade. I’d like to revisit this conversation. What happened?”

Wasn’t really willing to talk about it at the time. I said, “Here are your options. We can do nothing. I can just write a prescription for a morning-after pill. I can do a general medical exam and make sure there’s nothing that I need to treat you for. We can do a forensic exam. We can call campus. We can call the police.” She agreed to a general medical exam, and on exam, her genitalia were extremely swollen and bruised, and most of the rape cases I treat don’t have injuries. And that’s another important fact to realize. Most women don’t have significant injuries on a rape exam. Does not mean they were not raped. This woman had a significant amount of bruising because she was unconscious when she was raped, and so there wasn’t that lubrication. She was just traumatized repeatedly and repeatedly.

So I told her my concerns. We talked about it. She still didn’t want to come forward to the police, but she did agree to report it to the campus police, and we found out that this had happened repeatedly by this same person. So by coming forward and reporting it, we were at least able to bring attention to this one individual.

And what I would say to you is in my Title IX hat, I wouldn’t do it if I
didn’t believe people couldn’t change, and I think we need to change social norms from saying, “Don’t be a victim” to “Don’t rape.” And so I would go around to many different groups and talk about — I would never start off with rape because, as you were saying, the second you talk about rape or sexual violence, people shut down and don’t want to hear it. So I would talk about respect, professionalism, safe relationships, being a good person. And then I would add in sexual misconduct and rape.

And after one session I did, I had a dean crying. I think it had really hit home, and I was brought in to do this lecture because there were concerns on campus that this was happening. Afterwards, two women came forward and disclosed rape, and what was even, I think, really surprising to me was a male came to see me in my office, and he said, “I think I raped someone.” And he said, “I never thought it was rape. I didn’t get that what I did was wrong.” And I said, “That’s a first step. I wouldn’t do this if I didn’t think we couldn’t bring awareness to the situation and change it.” He actually entered counseling, and I said to him again, “People can change, and it’s important that you realize what you did was wrong.”

These were medical students. These were medical students. And I kept saying to everybody, “If you’re going to be a doctor and you can’t realize what rape is when you’re doing it to somebody or that it happened to you, how can you take care of others? How can you be their advocate? How can you help them with reporting?” And so that was a big eye opener for me. There is a lot that we can do on campuses. We can change the culture by making sure it’s both student driven and top down. If administrators are giving lip service but aren’t actually showing by example and supporting policies, there’s not going to be a change.

Similarly, we have to look at do survivors have a safe environment. One of the women that came forward to me in Title IX, her grades were failing. She didn’t want to attend class with the person that she was accusing of rape, and she was worried about school. Fortunately, the school really worked with her, and she was having — going to counseling, too, which occurred during the mandatory class. They worked with her to address all that. But if that system’s not in place, it’s going to fail.

The other two things I’d bring up are alcohol policies and just really looking at alcohol. Alcohol does not cause rape. I’m going to say it again. Alcohol odes not cause rape, but it can increase the risk of perpetration or victimization. So looking at restriction of alcohol on campus or at local facilities is really important. And the second thing is bystander interventions. At CDC, we funded two promising ones so far, Green Dots and Bringing in the Bystander because not all bystander interventions are equal, but these two are showing a lot of promise, and what it does is changes the conversation around social norms, gets people to be witnesses to inappropriate behaviors, and actually step in so that things like just what happened last week at a Florida spring break don’t happen. People realize what’s happening, step in, intervene. And what I like about bystander interventions, it impacts other types of violence, not just sexual violence but bullying, dating violence, the whole spectrum.

So if you remember nothing else I’ve said just now, please remember violence is not inevitable; it’s preventable. And by starting early and focusing on perpetration and changing the conversation around social norms, we can have a huge impact. Thank you.

Lizz Winstead: I just want to go back to one little follow-up there in that that is don’t rape. And I say that because there’s been so much norms, gets people to be witnesses to inappropriate behaviors, and to actually step in so that things like just what happened last week at a Florida spring break don’t happen. People realize what’s happening, step in, intervene. And what I like about bystander interventions, it impacts other types of violence, not just sexual violence but bullying, dating violence, the whole spectrum.

“I think just the fact that these stories are out there, that they’re not easy to resolve, that there are a lot of points of views . . . we can’t ignore it. If you are going to hold the mirror up [to what’s happening in the country], this is the reflection.”
– BEAU WILLIMON, SHOWRUNNER, “HOUSE OF CARDS”
language around the conversation to have with young men about rape, and what you hear from people who are just sort of exploring for the first time is, “How can you have sex? It just sounds like you negotiate every time. It’s like — that just sounds awful.” And I’m like, “If you think negotiating during sex is awful, you haven’t had good sex because having sex with someone is always a negotiation, right? If it’s, “Get off my hair,” or if it’s more of that — less of that, it’s all ...” But I mean—do you know what I mean?

So like the way you have to introduce things, also, in — there’s the very practical way and then there’s the, “Let’s sit down and talk about (expletive),” because every step of the way, it can be awesome, but the first step is if the person is incapable of saying yes or no, that’s a no.

And then every step of the way, find out what someone likes, and if they say no right then, just stop and take a break and talk about it. You know, it’s like she likes you enough to have started something with you. If she wants to take a break, be cool. It’s good. But I think talking to our boys in a way that — because when people are young and inexperienced sexually, I think you don’t understand you’ll have sex again sometimes. It’s like, “I’m having sex with this person. Am I ever going to have it again? I don’t want it to stop.” Just all the things that go around that you want to dismiss but that are very real for some people who are sexually naïve. So I think exploring all those things are really important.

Debra Houry: 100%. I mean I think it’s about —

Lizz Winstead: (Inaudible) I’m insane?

Debra Houry: — having the conversation.

Lizz Winstead: Yes.

Debra Houry: And, again, it’s not just about the actual act of rape itself.

Lizz Winstead: Right.

Debra Houry: It’s about violence, misconduct, the whole spectrum about always having consent and, I think, just valuing people.

Lizz Winstead: Right.

Debra Houry: Respect.

Lizz Winstead: Right. Well, let’s move on to you, Beau. You guys talked about it, and it was super-powerful, and it was great. And when you’re thinking about a storyline like that, how do you think — is it we need to talk about this because it’s part of the world that we’re creating? Did you feel a sense of responsibility, or did you feel like this is just part of this world? Like how did you approach this subject?

Beau Willimon: Well, I was privileged enough to see a documentary called Invisible War by the same filmmakers who made The Hunting Ground. Quite early on, there was a very small screening in L.A. that I went to, that a friend brought me to, and I really didn’t know what to
I just kind of went as my friend’s date to the documentary, and I was completely shocked.

I grew up on naval bases. My dad was in the Navy for 30 years. And for those of you who haven’t seen the documentary, it takes an unblinking look at sexual assault in the military. It’s estimated 30,000 sexual assaults in the military, of which only 10% are reported, of which only about 10% of those actually get to any sort of hearing, and only a handful are actually prosecuted in some way.

And to think that inevitably because I was on large naval bases for the first 10 years of my life surrounded by thousands of servicemen and women, it was — just the numbers dictate that this was happening close to my house. This was happening on naval vessels that were at port just down the street. That’s the Navy calling.

(Laughter)

Lizz Winstead: They’re coming in!

Beau Willimon: No, and I had such — I have such great respect for the military, for my father’s service, for what was a pretty incredible childhood for me, and to think that this was — these places were a nightmare for some people, both men and women — in the military, it’s actually 50/50, but that’s only because men comprise so much more of the service population. It’s disproportionate in terms of the female population.

But so I — it stuck with me, and we don’t approach the show. We have non-ideological protagonists. I mean they’re out there power for power’s sake. So it’s not like they’re glomming onto an issue and saying, “This is what I care about. I want to change the world.” That said, they’re not complete sociopaths, and there are things that do matter to them.

And when I brought it up at the writers’ room, I said, “This documentary stuck with me. Something about this and Claire feels right to me. Let’s discuss it. I want to — if we are going to explore it, explore it responsibly.” And we began having that discussion.

It was important to — the more we talked about it, our goal, I think, as storytellers is to hold the mirror, and the more I learned about it, the mirror said, “This was an endemic problem. If you want to portray the country, this is a part of it.” And in portraying gender at all, I mean a lot of people ask me about strong female characters and how do you write your women,” and I say, “I have an issue with the term “strong female character” because why aren’t you asking me about strong male characters?”

“You have Ivy League institutions where hundreds of sexual assaults are reported each year, and you can count on one hand . . . the number of those that lead to disciplinary action. It costs them money. It costs them money to get sued.”

– BEAU WILLIMON, SHOWRUNNER, “HOUSE OF CARDS”

Lizz Winstead: Yeah.

Beau Willimon: There are strong women. There are strong men. There are weak men. There are weak women. Usually we’re a mixture of those things depending upon given circumstances, and the important thing is everyone’s needs are gender-blind. I mean the need for love, for respect, for power, ambition, trust, betrayal, these are all gender-blind things.

That said, characters, by virtue of being men or women or trans, they have particular experiences that are specific to their gender which you shouldn’t ignore, and it would be — so the key for me is not to reduce a character to their gender. Claire experiences hot flashes. She’s going through perimenopause. That’s part of her life, but it’s not her story.
Lizz Winstead: Right.

Beau Willimon: It’s just we’re not going to ignore that. And it would be weird for Frank to have hot flashes, so that’s not going to be part of his story. So, anyway, we explored it, and we actually found that there were a lot of different views on that. In our scenes, we want everyone to be right in a way from their own world view, and there was a lot of conflicting narratives in our show in terms of how to approach that topic. And the main thing was to sort of just say, “It’s here, it’s complicated, it’s something that means something to Claire, and let’s do our best to dramatize the complexity of it.”

Since then, as a result of that partly, I ended up seeing a play which some of you may have seen a performance or two of called Slut: The Play, which was developed by Katie Cappiello and Meg McInerney. In that play, they’ve had a school for young women, an actors’ program, starting with these girls when they were eight or nine years old, and the stories they develop are based on their own experiences.

And this play has an unflinching look at sexual assault and slut shaming among 13, 14, 15-year-old girls performed by these young women. Extraordinary play in terms of its terrible beauty, its rawness, and its honesty, and the fact that it’s being performed by these women makes it that much more powerful.

So we’re helping them organize next month in DC. Senator Gillibrand is co-hosting this event. We’re going to do it for 2,000 students and lawmakers in DC, a performance of this play, get the senator and some of her colleagues up on stage to talk about this stuff.

And that play approaches the topic in the same way that we attempted to, which was all the complexities of it, and I think just the fact that these stories are out there, that they’re not easy to resolve, that there are a lot of points of views, but just sort of saying we can’t ignore it, that if you are going to hold the mirror up, this is what the reflection is is an important thing.

I also — you’re far more of an expert on this stuff than I am, but, yes, prevention is a big deal and a big part of it, but after seeing The Hunting Ground and especially Invisible War, I’m ashamed that the university I went to, Columbia University, has such an abhorrent track record of disciplining this sort of abuse. I mean you have Ivy League institutions where hundreds of sexual assaults are reported each year, and you can count on one hand or in some of them, no hands, the number of those that lead to disciplinary action.

You want to prevent as much as you can, but there are predators out there. We know that this is a thing where it’s repeat offenses. You have unsafe campuses in high schools and middle schools; remove the predators. If they — I believe that every university, when you apply and when you are accepted, every student should have to sign a waiver saying that if you are disciplined for sexual assault, that you cannot sue the university because the reason the universities aren’t actually disciplining these people comes to — they’ll all agree sexual assault’s wrong, but it costs them money. It costs them money to get sued.
And I think that if you’re a university that you went to, if you give $1, if you give $1 million each year, you have to call up the people that you’re donating to and say, “I will not donate another dime until you have a more progressive stance on how you discipline sexual assault.” Because unfortunately, like politics, it always comes down to the money, and I think we have to be honest about that. We want to change the culture, but you have to force the culture to change, and there’s a price tag to that.

**Lizz Winstead:** I also think — that is just great.

**Beau Willimon:** By the way, Valerie, I hope you come next month.

**Unidentified Audience Participant:** (Inaudible).

**Lizz Winstead:** And I also think, too, I think it’s really important to support and protect and have the back of creators that really want to take these strides on, making sure that you were paying attention as creators, as viewers, as advocates to say, “Good on you,” because people get blowback, and you get stuff, and so it’s really great to always know that if you’re going to take on controversial topics, that you know are for the greater good because sometimes you do feel like you’re just out in the world. You’re like, “Oh, my god, I just put this out there. Holy (expletive). I’m just being attacked from all sides.” And so to be able to be a really good partner in that, I think, is really important.

And I want to come — when we go around and come to questions, I want to ask something specific to you about how you actually approach — and I don’t want to ask it now but I want to remind myself and remind all of you. When you sit down and have a brainstorming meeting and you really talk about these topics, how you make sure everyone’s included and everyone’s heard because I think as creators, and we want to explore this stuff, it’s really nice to get some advice on how to do that.

Marybeth? So much power in simply telling your story, and so much inspiration when we want to take somebody’s story. So we would love it if you would share your story.

**Marybeth Seitz-Brown:** Great. Yes, thank you so much for having me and for all of you being here and being willing to learn and hear these stories and internalize them and use them in your work.

In a lot of ways, you are actually consent educators, and you are health educators because if you think about the number of years that I’ve watched television and just internalized messages about what sex looks like, what rape looks like, it’s probably now 15, 20 years that I’ve had those messages, and I’ve had probably two hours of consent education in my entire life. So 18 years versus two hours, it’s

“If you think about sexual abuse within churches, within the military, within schools... there are just so many institutions out there that are invested in protecting their own image, that are invested in protecting — in not being sued.”

— MARYBETH SEITZ-BROWN, ACTIVIST AGAINST SEXUAL ASSAULT

— the messages that I’ve gotten from television and from movies and from the other media that I consume really did affect me when I was assaulted, and I was assaulted twice, once when I was a first year and once when I was a second year, and both had very different dynamics. Once I was sober and it was by my boyfriend and happened in my own bed, and I didn’t really have the language to put to that for about a year after when I sat in on that consent education, that second hour that I had.

And I heard people defining what consent was and defining what rape was, and I was sitting there thinking, “Huh, that happened to me a year ago,” and I was really grateful to have that opportunity and hear experiences that other people shared and realized that I could claim that word rape because it was so loaded. And because of the image
that I’d seen on crime shows or just heard from people talking about rape, that experience that I had where I was just in my own bedroom with someone that I loved and trusted and had consensual sex with before didn’t really match up.

So the work that you’re doing and the work that you’re writing really is informing whether or not people feel empowered to come forward when or if this happens to them. And it’s not just me. I think often a lot of people that are portrayed in the media look like me. They are white women that are about my age, they’re probably not fat or trans or low income or immigrants, and those people are all disproportionately affected, so I hope that you’re showcasing some of their stories, as well.

But I think when we talk about campus sexual assault specifically, something that I’ve learned from just all of my friends — and they’re a really heartbreakingly huge number of people that I know who have also been assaulted, and it’s when they were drunk, when they were sober, by someone that they knew, by someone they didn’t really know, by their best friend — there are just an infinite combination of factors that can go into these experiences, and there really isn’t just one story to tell.

But when we talk about campus sexual assault, we also have the added institutional and community betrayal that comes out, and this happens everywhere. If you think about sexual abuse within churches, within the military, within schools, public schools and pre-K, there are just so many other institutions out there that are invested in protecting their own image, that are invested in protecting — in not being sued, as Beau just talked about, and so what that often means is that if someone manages to push past the notions that they have about rape that they have internalized, I mean it’s just to push past their own self blame, their own depression and PTSD and anxiety that they are most likely experiencing after being assaulted and then report, they’re then betrayed and often re-traumatized by those systems. They’re discouraged from reporting. They’re told, “What happened to you doesn’t count because you’re a transgender, so it’s not possible for you to be raped,” as one of my good friends from college experienced. And there are just so many factors within that institution that are fighting against them and preventing them from seeking healing and justice.

And so I have an ask of all of you — two asks, actually — and the first is to portray more examples of affirmative consent, so consent where it is actually a conversation where people realize it’s not the negotiation, it’s not the contract, it’s actually very normal and healthy and better sex to have this kind of conversation and make sure that everyone that’s participating is enthusiastic and fully on board with what’s happening so that people don’t have to go to the 18 years to get their first hour of consent education in an orientation workshop that they’re probably skipping or not actually paying attention to.

And instead they get those messages in little bits and pieces throughout their lives, and they realize, “This isn’t actually that hard to figure out, and my life will be better if I understand what affirmative consent is.”
And then the second ask that I have for you is that if you do choose to write about campus sexual assault or sexual violence in general, talk about more stories and provide nuance and realize that very rarely — there is no such thing as a perfect victim, as my friend [Ogatway Wonjuki] created a hashtag to address when we heard some interesting articles that were defending perpetrators in the past couple of months, and she really came up with that hashtag to show that there’s so many different ways to respond to sexual violence, just as there’s so many different ways to experience it.

It happens to men. It happens to trans folks. It happens to women. Happens to people who are queer. And to erase all of those complexities and provide just one narrative is actually going to have an effect on people and whether they feel like what happened to them was their fault and giving them the chance to put some language to it so that they can seek the resources that they need. So that’s what I ask of you, and I hope that you also seek out — there’s so many other survivors out there that are talking publicly and great activist groups that are doing really amazing work to bring more attention to this issue and actually push for the accountability that we need and the prevention services that we need. So don’t just listen to me; find them, too.

Lizz Winstead: Thank you. I also think it’s important to show women initiating sex in a healthy way, you know, really having women be the person who seeks out somebody and does that and showing that that is a positive thing because so often, women — part of the not reporting sexual assault comes from you wanting to just have equal footing in the sexual realm, and when you do that, you all of a sudden are someone who is not to be believed, someone who is not to be trusted.

I hear time and time again from women one of the reasons that they believe that they won’t be believed if they report sexual assault is because once you’ve had consensual sex as a woman, you are branded as somebody who is not to be believed. And reshaping that narrative so that none of that has anything to do with when you’re sexually assaulted, I think, is really important.

Another thing that I think is really an unbelievable thing that I discovered in doing my reproductive justice work is that in 30 states, it is legal for a rapist — if a woman gets pregnant from a rape, he can legally sue for custody of the child, 30 states, 30 states. Yeah, that is not even a joke. Vermont just repealed it last year. A high school girl found that law on the books in Burlington, Vermont and brought it to the attention of the state leg, and they were like, “Oh, I guess we should take that off the books.” But 30 states.

So when you think about things like that and you think about these men’s rights organizations who are really out there and really ugly and really perpetrators of a lot of things, it’s important to know we live in a culture that just doesn’t want to hear it. And so for us to be creative in our ways to do that, I think it’s really important. So thank you, all, for doing that. Thank you for your story.

We’re going to move on from sexual violence to breast cancer, and it’s the most common cancer among American women in general. African American women under the age of 35 have breast cancer rates that are two times higher than Caucasian women the same age. Young African American women are also three times as likely to die from breast cancer as Caucasian women are of the same age. It’s unbelievable.

What are — or I guess if you could just kind of give us an overview of why it is that that is the case, that women of color have these startling

“Young African American women were saying to us: ‘When we look at the resources that are out there from all of the big entities, whether they’re government or what have you, none of them looked like us.’ They don’t look like us.”

– TEMEIKA FAIRLEY, SENIOR HEALTH SCIENTIST, CDC
statistics more so than white folk.

Temeika Fairley: Way to start off with a tough question.

Lizz Winstead: I know. I’m here. You know me.

Temeika Fairley: Thanks.

Lizz Winstead: I’m Charlie Rose over here.

Temeika Fairley: That’s a difficult question, but I think it’s one that across research and science and advocacy that folks would love to have the answer to and are actually looking for, and a lot of it has to do with a variety of factors. It could be things like differences in actual breast cancers. They’re not all the same. It could be differences in when a young woman actually goes in for a diagnosis and treatment. So diagnosis is a totally separate thing, how long she may wait before she actually goes in or if she actually knows the signs and symptoms to even be looking for.

And those kinds of things really affect the timing of diagnosis. So a young woman who has possibly been having symptoms for months in a fast-growing breast cancer, right, could be diagnosed as late as stage three and possibly later, and that does occur, and it probably occurs a bit more often than we’d like to see and certainly a bit more often in African American women.

There are factors around the resources and whether or not someone has the resources to go out and even get that kind of care. We have screening programs, national screening programs that are available right now because there are guidelines that recommend mammography for women who are 50 years of age and older. Now, that’s the CDC National Breast and Cervical Cancer Early Detection Program. And so that’s in place.

And so for women who are 50 and older, and, in some cases, women who are 40 and older, we’ve been being taught that over time, at a certain age, you should get your mammogram, you should start to do certain types of things towards screening for breast cancer.

But for younger women, that’s not the case at all. And that’s not something that is — that’s necessarily promoted because we don’t necessarily have the scientific evidence that says if we do mammography or certain screenings for these younger women in a mass level the way that we’ve been doing for women 50 and older, that it’s going to reduce their mortality.

So there are all of these complex pieces that are really sitting and packed in on top of each other that I think we’re trying to — really trying to address. But one of the things that we’re really thoughtful about is the fact that awareness about the fact that young women can and do get breast cancer is one of the things that we have to really push forward. We started in 2010. We received a congressional mandate to really address this issue.

And so when you look at the numbers — and I think they’re actually
here in some of these stats — you see that 200,000 women are diagnosed each year with breast cancer and 40,000 women die each year of breast cancer. And we think about that, and a lot of times we think pink and those kinds of things, but when you stop to actually look at the ages, the majority of those women in that 200,000 category are women who are older than 40 or women who are older than 50. But 11% of those women are women who have been diagnosed under the age of 40, under the age of 45.

Unidentified Speaker: Wow.

Temeika Fairley: And that’s the population that’s kind of been untouched for a long time. They’re the ones that we haven’t been actively going after, at least not at this level. They’re the ones who have been experiencing breast cancer, who have been suffering the side effects of treatment and care, who have been struggling with the process, and now we are really trying to engage and start a dialog about breast cancer in young women.

It’s definitely been challenging for us as we’ve been working through it because it’s something that we haven’t really done historically to really work on breast cancer in women of this age. It’s difficult. It’s how do you — when do you start having this conversation with a young woman about breast cancer, right?

What do you say that’s not going to cause fear and terror? What are the kinds of things that you actually educate her about? What are the actual messages that you’d give a young woman about breast cancer? And we’ve had to really think through those a lot, and we’ve had partners in the breast cancer community who have been helping us really think through and talk about that quite a bit.

In the African American community, there are probably a myriad of factors. There’s the diagnosis, there’s treatment, and then there’s this whole back end of breast cancer that we don’t talk about as much, and I want to talk to you a little bit more about that. When I started this work — I’ve been in cancer for a while, but I only started in breast cancer in 2010, and so I kind of came onto this project.

Lizz Winstead: Did you switch over to breast cancer?

Temeika Fairley: I did.

Lizz Winstead: From?

Temeika Fairley: I was in — I was really in survivorship, so I was more of a generalist really talking about life after diagnosis and treatment, but I switched to breast cancer to do this work because I was very interested in what was happening with young women but more on a personal level what was going on with young women, but I moved into this area. And I remember really trying to learn more about breast cancer in young women, and I found that there are all kinds of discussions and dialogues about it. There are all of these challenges with diagnosis and challenges with treatment and who gets what. And then I started to actually meet real women.

And if you work at the federal level or if you work at a state level, if you work in an area where you’re kind of removed from real people — and Deb has a little bit different of experience.

She actually worked in clinical care. But for those of us who have been kind of removed, it’s very different when you actually start to engage real people. It’s not — we’re not talking populations anymore. I’m not talking about 200,000 women and 40,000 dying, and 11% do this and 55% do that. It’s actually real people.

“One of the reasons why I’ve been [a patient advocate] was because I realized in the African American community, there really wasn’t a lot of talk about breast cancer because it was always spoken about as being taboo and a stigma.”

– DESIRÉE WALKER, BREAST CANCER SURVIVOR
And I remembered this instance where I went to a conference, and we were doing a few things at the conference. One of these was a focus group study because we really wanted to learn more about young women who were living with breast cancer. And the other was just a session I happened to somehow make my way into, kind of — I don’t even know if I got invited or I just snuck in the room. And I remember sitting in that room, and I was listening to young women, young African American women talk about their experience with breast cancer, and they talked a bit about the diagnosis and really the shock of the diagnosis, and — which I think we would expect.

And then they started to talk about things that I had not thought about, things like challenges with fertility after treatment, right? And it’s not that all young women may not face that. The different discussion was, “I didn’t know until I was two to three rounds into chemotherapy that I would have problems with fertility,” right? “I didn’t know that there was support that I can get around behavioral health. I didn’t know that these things were available for me. I didn’t know that I would have these issues at all.”

They were completely blind, and so there was a level of trauma that came after the diagnosis. There’s the trauma of the diagnosis, the difficulty of that, but the difficulty of treatment and then to find out on the back end there’s all of these other pieces of life after cancer.

And we found that even in some of our focus group, like we were trying to kind of get to what’s at the heart of this and how would we shape messages and what did we need to say, and one of the single messages that came out was young African American women were saying to us that, “When we look at the resources that are out there from all of the big entities, whether they’re government or what have you, none of them looked like us,” right? “They don’t look like us. And so we don’t pay attention to them the same way. They don’t look like us. We don’t connect to them the same way because they don’t look like us.”

And so that’s a challenge because even if you’re delivering messages and health messages and you’re saying all of these great and right things, if the audience doesn’t connect with you because there’s nothing in there for them to really connect them to, you have a real problem. And that was one of the things that really stuck with me — well, stuck with me but also struck me, as well.

And then I remembered leaving that room and kind of hearing that and pondering this, and this is all happening in a compressed weekend, so I was like, wow. I remember going out, and a young woman came up to me, this young African American woman, and she was 22 years old and she was very articulate, and she introduced herself to me, and she started to tell me her story.

She says, “Well, I’m 22 years old, and I really want to get involved in your work, and I feel like this is really, really important.” And she was diagnosed at a very late stage. She was already metastatic. She was fighting through all of these different pieces and living through the different pieces of being a young breast cancer survivor, and she even talked about this.
She (inaudible) me to have candid conversations with her about it because I was new, completely new, so I didn’t know. So I was really listening to what she was telling me about her life and her experience and what she knew and what she didn’t know, and she reiterated some of those things that I had heard. “I didn’t know that I would have problems with this or with that or with the other until well into treatment.” Or, “I didn’t know how to manage,” right, “some of the things that I was feeling after treatment or even during treatment.”

And I talked to her a little bit about it and to see like, “Okay, so what could we do to help?” And she said the same thing. She said, “There’s no one talking to me, right? There’s no one who’s speaking directly to me. There’s no one who’s speaking and sharing the story with me.”

And that touches a lot of different levels, which is why I’m really excited to be here because you actually speak to the world, right, on this level that I can’t necessarily reach. Even though I work for the government and I get a certain amount of resources for campaign dollars and things like that, I never would have the reach that you have. But there are young women, young African American women, young women of other races and ethnicities who are living with a breast cancer diagnosis, and there are messages that they would do well to hear and would love to hear. But young African American women are saying to us and have reiterated it in different ways through some of the work that we’ve been able to do over the past couple years, “It doesn’t look like me,” you know?

Lizz Winstead: Well, and you know, it’s — I think that is such — one of the most gigantic takeaways. This organization that I run, we have 75% of the women comedian and writers are women of color, and it’s really cool. And what I found that is very interesting to that is that’s what we heard over and over again. And white women don’t — they don’t notice that it’s a bunch of women. Like they’re excited (inaudible) women of color. They don’t make an assumption about it either way.

But women of color don’t see themselves. It’s glaring, and they’re like, “This must not be about me because it’s never about me because we oftentimes create women of color into the — they reduce them to this invisible society, so it just can’t be.” Like I just think that is such an incredible takeaway to make sure that people see who they are because the invisibility factor is just huge.

You know, another thing I just want to say really quick and then we’re going to move on to Peter, it happens in so much of women’s health in general where we don’t — has anybody ever talked to anybody really about menopause? Like what happens to a woman when she goes through menopause? There’s nothing about that, and you look at the commercials, and it (expletive) kills me.

So there’s a commercial for Viagra, and some hot British woman is like, “I can’t wait for my man to come home. His (expletive) doesn’t work. And I’m just going to be on this bed. My hair is blowing, and it’s awesome, and I’m great, and like he’s so wonderful that it doesn’t matter.”

And then there’s an ad for something that’s called — and I can’t even remember what it’s called, but it’s some kind of similar cream thing for women for — if you have like sexual dysfunction as an older woman, and the women look like prison guards — they have this dour face, and they’re like standing there in their Chico’s outfit, and it’s like, “Now you can have sex that’s tolerable.” And it’s like — it’s unbelievable. And you’re just like, wow, it’s like half these women, “Oh, god, if I have to,” cream. And now — it’s like crazy! I’m sorry. It

“Cancer has taught me so much and continues to teach me, and I guess I wanted there to be a story where there was — even if it was just for a moment, that there could be an emotional and personal triumph. So that’s what I tried to do.”

– PETER HEDGES, DIRECTOR/SCREENWRITER, “PIECES OF APRIL”
just is like — we need to talk to each other about when (expletive)’s going to go down like what it means that we’re not alone, what it feels like, and if it’s young women who — whether it’s breast cancer, and then specifically narrowing it down, but we need to talk about it and show it.

I mean cancer brain alone is a thing that if anybody’s ever lived with anybody who’s been through cancer or been through it, like that is a thing that is real and somebody feels like they’re crazy. Nobody really explains to them what that is, and as an ally and a supporter, you don’t know what it is, and you’re like, “What the (expletive) happened to you?” It’s like, “Chemo, I guess. I don’t know.” So like to be able to portray those things, I think, is really important. So a lot about enough.

Peter, you made a beautiful movie.

Peter Hedges: Tolerable sex — it’s just going to haunt me.

Lizz Winstead: I’m sorry. But like —

Peter Hedges: I would so —

Lizz Winstead: — now, you’re going to think of me. When you see this commercial, you’re going to think of me. When you see those women standing there like — it’s just enraging.

Peter Hedges: Wow.

Lizz Winstead: I know.

Peter Hedges: Wow, I’m blushing.

Lizz Winstead: You took on breast cancer in a really beautiful way, and I always love and admire when men take things on because it’s a humanity issue that touched you and that it’s not a gender thing, and it really felt like this just touched you because it was important and it’s happening to human beings. And I’d just love to know what your inspiration was in talking about it.

Peter Hedges: Sure. Well, it all comes down to my mom, who used to say to me all the time, “Peter, you never want to be the smartest person in a room,” and I would say to her today if she were alive, “I have succeeded this afternoon really beautifully.” But, no, you know, Joseph Brodsky said that nothing has a greater future than money. Well, it seems that nothing has a greater future than cancer on some days. I mean everyone just seems to have cancer. Cancer’s everywhere. My mother did not have breast cancer. She had cancer pretty much everywhere when they found it, but I think they determined it started in her colon.

But my mother-in-law had cancer at that time, breast cancer, when I started to write this. So when my mom was getting sicker and sicker, I was navigating her healthcare with my sister, and she kept saying, “What are you making? What are you making?” And I said, “I can’t really write anything right now. It just doesn’t seem important. I
just want to find you better doctors.” And she said, “I’m really tired of talking about my doctors. Can you make something, just make something?”

And one day I opened a file on my computer, and I found notes for something I’d made some years earlier about a girl who was trying to cook a turkey for Thanksgiving. The story where that came from had to do with trying to pick up a girl on the subway and having no tools except to say, “I’m a playwright, and if you’re ever in anything,” and she sent me a flyer after, years later after I was engaged — so I didn’t even know my wife at the time — saying, I’m in this play, and I had this interesting Thanksgiving. I couldn’t cook a turkey, so we had to borrow all these apartments.” And I said, “That’s such a great idea because I’ve been looking for ways to put people together who would not normally be together.”

I felt like all of my stories were really white and Gilbert Grape, everybody’s white, and I’m from Iowa, where everyone was white, but I couldn’t think of a way to get people together. And this girl gave me this idea about somebody trying to cook a turkey.

But what I put in my notes was the reason why she was cooking the turkey was because she had this bad relationship with her mother and her mother had cancer. And I called my mom up, and I said, “Oh, my gosh, I found this — these notes.” And I had actually told my wife the idea when I came up with it, and she said, “It sounds like a sketch. Sounds like a sketch.” And so I kind of put it away. And I told my mom this, and she said, “Oh, Peter, this sounds like a story you’re supposed to write.” And so —

Lizz Winstead: Are you divorced now?

Peter Hedges: No, no. I don’t know if that’s because you’re interested or because you’re concerned. Probably concerned.

Lizz Winstead: Let’s just leave that. Let’s just leave that out there.

Peter Hedges: No, it’s good. We can talk later.

Lizz Winstead: It’s a mystery between us.

Peter Hedges: We can talk later.

Lizz Winstead: Okay.

Peter Hedges: But what ended up happening was I tried to speak at her funeral, and I had no words, and I just stood there. And my mother had an amazing story of a woman who got sober when she was 47 and spent her life after that helping all sorts of people, particularly women, get well. Saved hundreds and hundreds of lives.

“Oftentimes if you don’t see someone, you say, ‘It has nothing to do with me.’ But when you can see someone that is experiencing something and they look like you, then you pay attention, and it’s then a whole different experience.”

— DESIRÉE WALKER, BREAST CANCER SURVIVOR

And I couldn’t honor her at the funeral, and I was so upset, and I just sat there afterwards going, “I can’t believe I couldn’t say anything. I had no words.” And I just decided I wanted to make something special as a tribute to her, not about her. And so that’s what the movie ultimately became was my attempt to articulate my respect for her incredible ferocity and all the ferocity I see with all of my friends who’ve dealt with AIDS and so many have had cancer, some — too many that have had breast cancer.

So the interesting thing was in my very first draft when I did a reading, I’d made the mother this almost saintly character. She was just — she had cancer, so I had to make her be the person who you all felt sorry for. And it was really [cloyant]. And my mother had real grace and real humor, and I was surprised how much humor there was around the
disease, too, and how much could be manifested in its ugliness and its beauty, strangely.

And a side note. I also read around this time an interview with a woman who — I wish I knew her name, but I can’t remember names, but she was kind of the Ray Kroc of hospice. She didn’t kind of develop the concept, but she made it great and made it important. And they asked her when — they asked her how she wants to die, and she said, “I want to have cancer.” And people were just appalled, and she said, “No, no, I would prefer a cancer death because that gives you time to say thank you, I’m sorry, and goodbye.” Of course, I don’t like the goodbye part. I’d like the, “Thank you, sorry, and hello, I’m sticking around.” And I think those stories are important, too, but that kind of informed what I wanted the movie to be. So, anyway, I got lost because I was really about to make a really cool point.

But, anyway, so I’m writing this, and — oh, and we did this reading, and what I realized was that if anybody had permission to be angry, it was the character named Joy, the mother in the film. So when I allowed her to be really mad that she was running out of time and to really build this separation between her daughter, played by Katie Holmes — she had a daughter who doted on her and a son who just loved her, and then she has this daughter. The only time in the film the word cancer is ever mentioned, she says, “She bit my nipples when I was breastfeeding. No wonder there’s cancer. She’s the cancer.” That’s what the mother says about her daughter. So they have a lot of ground to cover.

So what I was interested in was what we do when we’re losing people we love and how — look, we’re all here on limited time anyway, you know. Anything could happen at any moment. But could a movie set on a day with people who were far apart, could the fact that we’re all mortal and we’re all dying but some more quickly than others and some have a real ticking clock, could that inform a kind of grace? Could grace be found in that? And that’s all I tried to do. I didn’t try to do anything more than that.

I was fortunate because we had no money, we shot the movie in 16 days for $300,000 and tried to find a way to deal with a lot of the physical aspects and the symptoms that would be manifested in Joy. She smokes medicinal marijuana with her son in the bathroom. At one point, she throws up. And we see her in the bathroom twice, and it gets on her wig, and you see her wash the wig. And then you see — and then you realize, oh, that has been a wig. And the only time you really understand what the kind of cancer she’s dealing with is in that short scene that we saw, and I was fortunate that there was a brave woman in the world who allowed us to use her post-op photograph.

Dr. Raegan McDonald-Mosley, medical director for Planned Parenthood of Maryland: “We’re the ones who talk to young women about breast health and breast awareness.”

And the movie’s about making memories and the movie ends with a photograph of the family together. Sorry, spoiler alert. But for this moment of grace. But, anyway, cancer has taught me so much and continues to teach me, and I guess I wanted there to be a story where there was — even if it was just for a moment, that there could be an emotional and personal triumph. So that’s what I tried to do.

Lizz Winstead: I think that’s great. I also think it’s important to
show which so often we all feel whether you are somebody who has survived cancer or somebody who has had a loved one, you get mad at them, you get mad at yourself, you — people are imperfect people no matter what, and then when they get cancer, sometimes they’re still (expletive).

Peter Hedges: Right.

Lizz Winstead: And now you’re dealing with an (expletive) with cancer. And like all of that stuff is real, but like you have feelings about it, and those things come up in your life, and it’s real. And so I really appreciate struggling with really difficult relationships in these terminal situations that are really hard. So thank you.

Peter Hedges: And in a strange way, there is — I mean, look, we all wish it didn’t exist. Let’s give that a fact. But there is an opportunity — I mean you learn this as a storyteller that there — certainly, if you’re directing a film and it’s all falling apart at every moment, too, that every obstacle that comes your way is an opportunity. There is an opportunity in it. It may be a hard opportunity, but try to find it, and try to — you know, try to grow from it. And — anyway.

Lizz Winstead: Desirée, we’re going to hear from you. Desiree is a survivor, and I love talking about making a film about to having somebody talk about (a) how you see survivors portrayed and just your story.

Desirée Walker: Thank you. Well, it’s a pleasure for me to be here and to have this opportunity because I definitely think it’s something that we need to focus on a little more deeply.

As was stated earlier, I was diagnosed at the age of 38, and I like to say I fell under the young adult category at that time. And that’s something that we need to really realize that when I was diagnosed, no one was really talking about young adult cancers. It really wasn’t a focus. And I was an individual who actually believed that, based on what I had seen in the media, as well as what I had seen in terms of family and friends, that breast cancer only affected the older woman. And so I had never met a young woman that had been diagnosed with breast cancer when I was diagnosed, and so it was a shock to me that here I was because that wasn’t what happened.

In addition to that, I had always heard that it was something that more Caucasians had. So as an African American, I really didn’t think that was an issue for me, as well. So for those of us that know about the disease realize I had a huge learning curve. And so for me, what I realized was I needed to understand more about breast cancer. It was no longer something that was over there. It was real. It was in my back door. And so I said to myself, “Let me try and educate myself about this disease,” because I realized that if I didn’t know enough about the disease, potentially, when I went to have my consultations with my doctor, I wouldn’t even know what questions to ask.

And we talk about the access. One of the things is at the time — and let me just go back for a moment — how I was actually diagnosed at the age of 38, one might have said it was a fluke. The company that I worked for was a premier financial institution that offered from mammographies or on-site mammographies. And so being that it was available, I said, “Eh, I’ll just go down to the nurse’s station and have a mammogram done.” And so I did that for three years before I got the phone call.

And so one of the things that I would say, yes, we spoke — Temeika mentioned earlier — about age 50 and for some, need (inaudible)

“In the United States, 50% of pregnancies are unintended, and that is way more than many, many countries, and there’s so much more that we can do about this... As a society we create a lot of barriers [to effective methods of birth control].”
– DR. RAEGAN MCDONALD-MOSLEY, PLANNED PARENTHOOD
40 as the age of mammogram. But if I think about it, if I had not had the opportunity to work for a premier institution that was offering mammograms and took advantage of it, I probably wouldn’t be standing here today because I would definitely have been diagnosed at a much later stage.

In addition to that, I’d also like to state that the experience, the journey of breast cancer, it does matter where you go and have your treatment. And working for that institution, they made sure I was at the best hospital, I had the best doctors, and I was taken care of, but that is not something that happens to, I’d say, the average person.

For example, if I was working at McDonald’s, would I have had that access? Probably not. And so the experience clearly would have been something different. And, you know, I’m also — wanted to just highlight — we talked about being out in the media.

One of the things that I have found with all of us, we look and have our thoughts and base our opinions on what we see, and oftentimes if you don’t see someone, you say, “It has nothing to do with me.” But when you can see someone that is experiencing something and they look like you, then you pay attention, and it’s then a whole different experience.

And one of the reasons why I’ve been doing the work that I’ve been doing since my initial diagnosis was because I realized in an African American community, there really wasn’t a lot of talk about breast cancer or any cancer because it was always taught or spoken about as being taboo and a stigma. And so I said that it was important if we were going to try and start to save lives or have a better quality of life for those that have been diagnosed, we need to let them know that it does exist. And so I wanted to be the face of the disease to make it a little bit more real.

In addition to that, I’ve gone and I’ve participated in a lot of different conferences, etcetera, because — and I’ve also done a lot of work with researchers because, again, the reason why we don’t know a lot about young breast cancer, we don’t know a lot about African American young women is because we usually do not participate in clinical trials. Researchers do not really deal with us. One, whether they’re not seeking us or whether we don’t even know that there’s an opportunity. And so not having that opportunity, again, we are not really part of the mix.

And I felt that it was important to start going out and giving a perspective on some of the things that we face as young women diagnosed with disease, as well as some issues that are pertinent to the African American community, as well. And because if you don’t have the language — and many of us don’t have the language — because I’ve been amazed over the years at the women that I have finally met who were African American with a diagnosis; many of them did not have the jargon that was needed when they went to the doctor for the first time. They went through the process very quickly.

I, fortunately, had already had my children. I was not planning on having more children. But no one ever spoke to me about the
infertility that would potentially come from the adjuvant therapy. No one really spoke to me about the option of even having eggs frozen if I wanted to potentially have children at a later stage.

And so these are the things that whether or not the doctors are too much in a hurry or don’t think that it’s necessary to talk to you about it, but I think that it’s so important for us to realize that it’s real. We need to have transparency. We need to have full disclosure so that we can know what our options are and we can be educated with the decisions that were made because one of the things that I often say is that in the media, we either see the really sad part of breast cancer or we see the really positive, but we really don’t see the in-between.

And I think that it’s so important that if you’re going to talk about a disease, you really need to give people an understanding of what that journey really is so that if someone else has to be on it, some of the fear may be there, but a lot of it can be removed because you realize it’s not as bad as you potentially perceive based on what you heard about 50 years ago.

And so one of the things that I would just like to say, in closing, I actually started a support group for women of African American, African, and Caribbean heritage because in my outreach, I was often asked the question after I did presentations on breast cancer, “Well, where do I go to a support group for women that look like me?”

And so it is so important that when we put things out into the media, we have to make sure, especially if it’s worldwide or if it’s just for the United States, that it actually reflects the communities that do exist so that people can feel that this is something that is potentially applicable and that they should pay attention to that particular experience and journey because you just never know when it may come knocking, and you want to be as prepared as possible. Thank you.

**Lizz Winstead**: Thank you, Desirée. I think that’s a good thing to take note of as creators and writers that not only just to portray the person and the disease itself but to be able to sort of put doctors on notice and let people know what they can and should be asking that they didn’t know. Like that is such an amazing thing that we can do. You think so much about putting the face there, but being able to watch a show where it’s like, “Oh, wait. I can ask to — I need to ask about fertility. I need to ask about what this stuff is.” That’s a really good point, and thank you so much for sharing your story.

Dr. McDonald-Mosley, you work for an institution that I often refer to as a national treasure. I spend all of my free time fundraising for Planned Parenthood.

**Dr. Raegan McDonald-Mosley**: Thank you.

“Without having affordable access to breast cancer screening [or] abortion care, people cannot control their destinies, and [fund-raising for Planned Parenthood] is the first step to making sure that people who need affordable healthcare have it.”

– **LIZZ WINSTEAD**, MODERATOR; FOUNDER, LADY PARTS JUSTICE

**Lizz Winstead**: It’s what I do because I feel like without having affordable access to all of these things, whether it’s breast cancer screening, whether it’s abortion care, people cannot control their destinies, and it is the first step to making sure that people who need affordable healthcare can have it, so thank you. We all know the assault that Planned Parenthood is constantly under by the myriad of places, including funding, including people. Tell me about your perspective. It’s such a disconnect between what Planned Parenthood does and the sort of way that these people are defining what Planned Parenthood does.

**Dr. Raegan McDonald-Mosley**: Thank you for asking that question, and thank you for being a huge supporter of Planned Parenthood. That’s so important. Appreciate it.
Lizz Winstead: I love people not having children when they don’t want to.

Dr. Raegan McDonald-Mosley: It’s a novel idea, isn’t it?

Lizz Winstead: It’s my favorite thing in the world (inaudible).

Dr. Raegan McDonald-Mosley: But I’m glad you asked that because it connects to a couple of the conversations today, and number one is just sort of this issue of like, well, what do we do? Who do we talk to? Who talks to young women about breast health and sort of what the screening is supposed to be for young women, right? Like we know 40 or 50 years old, depending on which guideline you follow, you’re supposed to get your mammogram, but what about before that? And that’s what we do.

So we’re the ones who talk to young women about breast health and breast awareness. We do clinical breast exams, identify masses early, and refer people, and we give them the right language so we don’t scare the (expletive) out of them such that they don’t want to get that follow-up test, you know, and say, “Likely, it’s probably nothing, but let’s be sure, and I’m going to guide you through this. I’m going to help you through this,” and make it comfortable for them.

So in the real world, what Planned Parenthood does is we take care of our patients. We take care of men and women, we give them opportunities to learn about their bodies, to make good decisions, to learn about healthy relationships, to make positive health choices, and when they have made bad health choices, to help them figure out what to do about that.

That’s what we’re here for, and one of the things that Valerie mentioned — I just wanted to briefly talk about — is this issue of unintended pregnancy. In the United States, 50% of pregnancies are unintended, and that is way more than many, many countries, and it’s unacceptable, and there’s so much more that we can do about this.

In the United States, women who use reversible methods of birth control are mostly using what? We’re using pills, and we’re using condoms, and those methods are great if they’re used perfectly, but in the real world, they have a really high failure rate. For pills, it’s about 9%, and for male condoms, it’s like 19%, right?

So we have other methods that work, these LARC methods that Valerie mentioned — intrauterine devices, contraceptive implants. The failure rate is less than 1%, right? Less than 1%. They’re awesome. So why aren’t more people using them? And the short answer is just because as a society we create a lot of barriers, both social, economic, financial, and healthcare system barriers. We, doctors, us, the healthcare system, are part of the problem.

But there’s a lot more research being done on this. For example, the Contraceptive Choice project that was done in St. Louis was an amazing project or a novel idea. Women could come and get excellent patient-centered, evidenced-based counseling and any birth control method of their choice for free.
And they found that 75% of the women chose one of these long-term methods, right? And that’s compared to the CDC study where it’s like 1% to 4%. Seventy-five percent chose one of these long-term methods, and these women were more satisfied with their method. They used it longer than if they chose a different type of method. The study also showed decreased rates on unintended pregnancy and population-wide decreased teen pregnancy. So it was a game-changer, right? This is like — for family planning nerds like me, this is everything.

So let’s take a patient I saw last week, for example, just so that you can see what this looks like in the real world. A 23-year-old woman comes to me. She’s a — I live in Baltimore — she’s a server at a local restaurant, part-time college student. She’s here for her birth control. So the old school way was just to say, “Okay, you want birth control? What birth control method do you want?” Most likely, she’d say pills because that’s what she knows about, and we’d give her a prescription for pills or maybe a three-month supply, send her on her way. We did her no favors there, right? I didn’t help her. Now, we have this evidence-based method, right, where we start not with, “What birth control method do you want?” but, “What’s your reproductive life plan? How many children do you want to have, if you want to have children at all?” Novel idea. “And if you do, when?”

And so we started the conversation there. She says, “I’m not sure. Maybe I want kids in the future, maybe two or three, but really, I don’t know,” right? So we started the conversation, and we provide the sort of motivational interviewing techniques. And then I explained to her all of her options, starting with the most effective methods, right, where we used to just say condoms, pills. So we start with the most effective methods and go down from there, talk about the risks/benefits side effects of all of them. Then she has some additional questions after I talked about the IUDs and the implants.

She said, “The IUDs, I thought those were like older ladies who were done with childbearing. I didn’t think as a younger woman who’s never had a child that I’d be eligible for that,” because that’s what some doctor had told her before.

So we dispelled these myths, and in fact, ACOG, the American Congress of Obstetrics and Gynecology, says that these methods should be first line for every woman, and the American Pediatric Association also said they should be first line for adolescents. That’s big because these are not progressive organizations, I can tell you that. So that’s big time. So after getting the full counseling, talking — answering all her questions, she decides that that IUD sounds great for her, right? Because she wants to focus right now on finishing school, figuring out what her life plan is, developing all her hobbies. She doesn’t want to have to think about her birth control and the risk of pregnancy all the time.

“\nIn terms of abortion, I don’t think we’re alone in having difficulty portraying that issue. I think it’s gotten better, but it is still pretty much — in my experience anyway, I’ve never gotten away with telling a story of any character having an abortion.\”

So, in addition, she decides that she wants the hormonal IUD because it has the benefit of making her periods lighter or could potentially make her periods go away altogether, which would fit in really well with her active lifestyle.

So now we come down to logistics, right? So what I did not tell you about these LARC methods, these great long-term methods, is that they’re crazy expensive. I’m talking $500 to $800 for the device itself and the insertion, and that’s at a place like Planned Parenthood, where we have discounted pricing. In the private world, it’s over $1,000, at least. Thankfully, in Baltimore City, we have a grant from a local foundation so that women who are underinsured or uninsured can get these devices for free, which is amazing. I’m so grateful for it. So that’s not an issue for her. I can really — she can make the best decision based on her life and the side effects of the methods and not
based on what she can afford. But that’s not the case for many women in the world.

So then we do the insertion, we talk about she might feel some cramping, but with supportive measures — some medication, Motrin — usually women tolerate very well. It’s important to use condoms for sexually transmitted infection protection in addition to getting the IUD. But she gets her IUD same day, she can be doubt-free with her IUD for the next five years and really focus on all the things that are important to her — finding her lifetime partner, if that’s important to her, finishing college, figuring out what she wants to do with her life, but she doesn’t have to worry about getting pregnant, which is really, really cool.

This is something that people just really aren’t aware of, and I think it would be a great thing to see in more of these entertainment modalities so that we can increase awareness because we can do something about this unintended pregnancy rate. We’ve seen in these study settings that it works when more women have access to these LARC methods, and more importantly, we’ve seen that when women have access to these methods for free, they actually really, really want them.

I’d love to see if you guys have any questions about that, and I thank you so much for the opportunity to be here today.

**Lizz Winstead:** Awesome. I know (inaudible) there’s a lot of misconceptions. We’re actually doing a video where we’re taking “I’m Just a Bill” from —

**Dr. Raegan McDonald-Mosley:** Sesame Street?

**Lizz Winstead:** — Schoolhouse Rock, and we’re doing, “I’m Just a Pill,” so that people can like — because they don’t know that they can access Plan B anywhere and that it’s sort of dismissing the whole “it’s an abortion” thing because turns out, science says it isn’t, oddly enough.

**Dr. Raegan McDonald-Mosley:** It’s not amazing —

**Lizz Winstead:** Science is something we don’t listen to often enough when we’re talking about healthcare because that’s fun. Finally, before we get to questions, Jean, you have been working in a medium, daytime, that is incredibly influential, and yet dealing with these kind of issues, especially reproductive health issues, has been — when I read what I read, I got a little freaked out and then I got mad, and I know that you feel the same way. So dealing with abortion and dealing with really like strong reproductive healthcare issues is almost impossible for you to put in narratives. Can you talk about that?

**Jean Passanante:** Well, I think that — I don’t know where the problem really arises. I think in some ways, the soaps have been stuck in time. They don’t seem to be progressing as much as other forms of entertainment. And in terms of what the sponsors, the owners of the show, whatever, are willing to portray, which I think is a huge mistake for a lot of reasons but mostly because as we all know, soaps are in peril. They’re only — when I started writing for soaps 20-something years ago, there were 12 shows. Now, there are four. And it’s still a lot
of time, five hours a week, so there’s a lot of coverage.

**Lizz Winstead:** There’s a lot of sexing it up, too.

**Jean Passanante:** Yeah, there’s a lot of sexing it up, but not as much as you might think. I mean there’s a weird double message that’s always existed in the soaps, which is, yes, we’re all about romance and sex and we want hot guys and we want hot, hot, hot, but be careful because kids come home in the afternoon, so be sure that you get moralistic about this as much as possible. So there’s sort of two messages at the same time —

**Lizz Winstead:** At 2:45, a lesson happens.

**Jean Passanante:** Yes, right, exactly. And I — but I will say in terms of the issue of abortion, I don’t think we’re alone — it’s we being soap opera writers — in having difficulty portraying that issue. I think it’s gotten better, gotten easier to maybe erase some of those issues, but it is still pretty much — in my experience anyway. I’ve never gotten away with telling a story of any character having an abortion, even a monstrous “slutified” character.

And when I started out, I had all kinds of ambitions because I was raised in a family that was very pro-choice. My mother actually was an abortion counselor at Reproductive Health Services in St. Louis before it became part of Planned Parenthood, and that happened because — I’ll just tell you this quick story. In the early 60s, my father was a doctor, and the mother of a friend of my older sisters called my mother to say, “Look, I know abortion’s illegal, but my 15-year-old is pregnant, and your husband’s a doctor. Does he know anyone who would do an abortion?” I think she wanted my mother to say, “Oh, he’ll do it,” but he wouldn’t.

But she said, “I have no idea, but I’ll see what I can find out.” And my mother, bless her little heart, got on the phone and called, of all things, the AMA and said, “Do you know any doctors who will perform abortions?” and they said, “Sure, here’s a list.” Seriously. And I’m sure there’s more to this story. My mother was a great storyteller, but she left out a lot of details that I do want to research at some point.

Anyway, long story short, my mother went with the woman and the girl, the young woman, the 15-year-old, to a part of St. Louis, where they’d never been before, downtown, at night — I think it was like 10 o’clock at night — to a gas station, where a strange man drove up in a car and took the girl — would not let her mother go with her. So my mother sat there in a car and watched with this woman as her young daughter was driven away with a total stranger to she knew not where. And that was what prompted my mother to want to be involved once Roe v. Wade happened, and she just felt very strongly about the need for safe and legal abortion, if that’s the choice that’s made.

“Why are our universities and schools among the most unsafe places in the world when they’re supposed to be our pride and joy, and the thing that all of these students are working so hard for 18 years to get to?”

— BEAU WILLIMON, SHOWRUNNER, “HOUSE OF CARDS”

So I was full of sorts of ambitions about wanting to tell the story that was sort of a community story, and I think one of the great things about soaps is that because we have so much time to fill — we have five hours a week and no hiatus, and it’s all year old, 52 weeks — you can really tell a story from multiple points of view in some detail, and I think it’s always fun to do that, and it’s an unusual way. You give much more time to characters who ordinarily might be kind of on the sidelines of a story. You get to hear their points of view.

I thought, wouldn’t it be great to do a story where, like as happened to my mother, a woman gets sort of pulled into something, and in my scenario, she becomes a volunteer and the clinic where she works is attacked and then there are — but you also play at the same time the reasons for whoever’s getting the abortion needs to have the
abortion, but you also want to play the points of view of the parents and whatever and not leave out the other side of the argument, which is those who sincerely believe that it’s wrong, to give them a chance to speak. And that was absolutely rejected out of hand. Could not do that story.

And then I thought, okay, well, maybe there’s too much politics in that story. Maybe just play the human story. And so the little piece that you saw of As the World Turns was actually years after this rejected story, and it was, I would say, partially successful in accomplishing some of what I wanted to do — that’s my reserved response to that — in that, as I said, we had lots of points of view. We had the difference — one of the things we wanted to make clear was the girl, who was supposed to be 17, did not — had thought it through very carefully, knew that having a child would absolutely interfere with her life, and that she could not possibly be a competent mother to this child, nor did she feel she could carry a child to term and give it up for adoption.

Her mother was a devout Catholic. We had played that before. And her mother, when she found out, wanted her to keep the child. And then there were a lot of other characters involved. There was the ex-husband of the woman and the kid’s— the boy’s parents, and everybody had a point of view.

And we had the other complication, which was that — which is sort of hinted at this — but the show allegedly took place in Oakdale, Illinois, and in Illinois, there is a law — I think it’s a 48-hour — you probably know it — waiting period.

Lizz Winstead: I think they have 24.

Jean Passanante: Oh, no — is it 20—?

Lizz Winstead: Um-hmm.

Jean Passanante: But there’s a parental — if you’re under age —

Lizz Winstead: Yes, there’s a parental notification.

Jean Passanante: — your parents can’t say you can’t have the abortion, but they have to be notified.

Lizz Winstead: They have to be notified.

Jean Passanante: Anyway, so we had to play that. These kids got around it by getting an influential character to bribe a judge and get — I don’t know what we did. I can’t remember. No doubt, money changed hands. And, unfortunately — and you’re all going to moan and gag when I tell you this — we were not allowed — my main goal was to have this child — in my mind, she was a child because my daughter was about the same age at the time — have a reasoned point of view about why she needed to make this choice and that she listened to other points of view but ultimately stuck to her guns and was going to do it.

And I was able to pull that off up until the very last minute. The one thing I wanted to avoid was the final decision, “Oh, no, I think I’ll have
the baby after all.” I didn’t want sentimentality to get into it. But since we couldn’t give her the abortion, she, of course, fell down and had a miscarriage because that seems to be the default thing.

Lizz Winstead: Women are so clumsy.

Jean Passanante: They’re so clumsy, and —

Lizz Winstead: Just keep falling.

Jean Passanante: — their uteruses are so delicate that that thump on the ground just did it.

Lizz Winstead: It’s crazy.

Jean Passanante: So that was very disappointing to me. On the other hand, I looked back at it, and I think, okay, we were able to play weeks of hours a day in which the discussion happened, and it happened in a way that was responsible, and I think that’s really — at this point, maybe it’s a lot. I don’t know.

But I will say that — just to sort of sum up everything I’m hearing — that what everyone is saying in one way or another is we have to have the conversation. And I do feel even though in the soap we ended up in a kind of ridiculous melodramatic situation, which so often is the case, kind of dictated by both the tropes that we all recognize as soap opera but also the nature of having five shows a week, you’ve got to keep it going. So you have to be able to get to whatever the next story bead is going to be, and that has to take you somewhere new.

But we did have the conversation, and I think that, obviously, we have to keep doing that, be it that story [about abortion] or a story about sexual assault or a story about cancer, all of which have been covered on the soaps with varying degrees of success."

— JEAN PASSANANTE, WRITER, “THE YOUNG AND THE RESTLESS”

Lizz Winstead: Great. We’re going to go to questions, and I just want to wrap up, just buttoning it all up before we go to questions. One in three women in her lifetime will probably have an abortion, and — one in three. And so — I know, I’m like the comedian with the facts over here. I’m like Susie Fact. I know. And I think it’s — what’s imperative to me in the work that I have been doing, going on the road, talking to young women, talking to all kinds of people, clinicians, everybody, is two things, and that is places like Planned Parenthood, they are under assault, and they’re providing a service, and they also have become the number-one advocate for themselves, which I think is wrong.

I think that when you’re providing the healthcare, the people who abused Planned Parenthood, independent clinics need to stay involved and understand that sometimes people — that is where they’ll go and that is where they’ll go always, and we can’t have the people providing the healthcare also being their own advocates and also telling their stories. It’s not right. And, second of all, I just want to say that because of that one-in-three statistic, people have abortions for a myriad of reasons, and the reason that should be accepted is because she needed an abortion. That should be the reason. And when we start parsing words and doing storylines that are always, “Well, she was raped so she can have that kind of abortion because that’s the good kind of abortion,” it really makes women have self doubt when the decisions that they made to terminate a
pregnancy fall into the other camp, fall into the bad kind of abortion.

So when we get to a place where we can really talk about abortion in a way that’s about having one that’s a part of healthcare, I hope we can do it where all of a sudden it feels really organic and natural. So I just want to say that. So thank you all for coming, and now let’s open it up for questions. With all these really smart people, I think we should try to get some questions in. Do people have questions for our panel? Yes?

Unidentified Audience Member: Obviously, based on the statistics, there’s an epidemic of sexual assault on campuses, and yet, sort of ironically, two of the biggest media stories in the past 15 years have been the Duke rape case and the University of Virginia, which were narratives that ended up being about false accusations and rushes to judgment. So I’m just kind of wondering how — we don’t have anybody from the news media here, but how are those narratives counteractive? Because you don’t really hear too much about legitimate so-called rape on campus in that sort of big sense.

Lizz Winstead: Well, I mean I would say that in the case of the Rolling Stone article, we don’t really know what happened to that woman. The reporting was horrible and flawed, and that reporter was awful, and if — non-fact-checking and all of that was awful, but we never got to exactly what happened, and so I just wanted to put that out there about that.

But I do think when you have sensationalized people looking for a story, if every person who was considering probably reporting their sexual assault took pause and said, “I can’t. I can’t. I don’t know. I’m freaked out.” And so I mean that’s my take on it.

Dr. Raegan McDonald-Mosley: It’s a great question. I actually love getting this question from my young women. So I want you think back to like olden-day societies, right? Women started having babies at what age about, 13, 14 years old. They had maybe, on average, nine to 10 children a year, and they breastfed each child for two to three years. How many periods do you think those women had in their lifetime? A handful, right? Having a monthly period is a recent phenomenon, and actually, the —

Unidentified Speaker: A bad one!

Dr. Raegan McDonald-Mosley: I know, right? In my opinion. The
active cell activity actually puts women at risk for an increased risk of ovarian cancer. So women who have BRCA mutations, for example, are often recommended to start oral contraceptive pills or some form of hormonal contraception early to suppress that activity, stop those birth control pills early, have children early, and then do what some folks do if they make the decision to have those organs removed and perhaps even a mastectomy. So there isn’t a strong link between birth control and cancer; in fact, there’s some protective effects. However, if a woman does have estrogen receptor-positive breast cancer, then that’s a conversation she should really have with her provider to make sure that it’s safe for her in those specific circumstances. Good question.

**Lizz Winstead:** One more question.

**Unidentified Audience Member:** I guess my main point is because I work in the film industry, one is like how do we get these stories out there? Because just even pitching something like this to cover these topics, it’s a big feat to have to deal with in itself. And then, also, I mean in terms of representation or whatever, I think it’s more about just having stories that really hit the human heart irregardless of what race, sex, or whatever that I’m kind of (inaudible) with because I had all the education when I had cancer. I had all those (inaudible), but that didn’t really — that was not my process.

Maybe it’s like part of our jobs as media is not just to depend on media but to encourage in our media for people just to interact with other people and things like that instead. You know, media is a medium for dialogue, but the actual dialogue is with the actual people. So, yes, I have very mixed feelings about it in the sense that when I had cancer, I just actually kind of tuned out of media a little bit, and that’s how I kind of, like you were saying, making the obstacle your opportunity or something like that. And then in terms of like the birth controls and so forth like that, part of my process was when I had cancer, it was actually blissful, but then afterwards, I was — what’s it called? — clinically depressed from all the hormone changes, so I was experiencing puberty and menopause every month, and that was pretty crazy, you know? And then like you’re fearful of your job and things like that.

And then in terms of the assault, I just feel like it’s even deeper because let’s talk about family sexual assault or something like that. It’s really not about the sex; it’s about the power and the violence of human beings, and so how can we convey overcoming violent — I mean the personal violence that you would inflict on another person? That’s all. I don’t know if that made any sense or any value or a question, but that’s the question I ask is how us, as media makers, make people do the dialogue with other people and not so much depend on the media.

“People who don’t care about breast cancer, what women are going through, they’re bad guys. Expose them as such. People who don’t care about reproductive access, they’re bad guys. Expose them as such. People who want to claim that women fake rape, they’re bad guys. Expose them.”

— LIZZ WINSTEAD, MODERATOR; FOUNDER, LADY PARTS JUSTICE

**Lizz Winstead:** I guess for me I just decided to start this crazy (inaudible) because of the very reason that it’s really hard to talk about some of these issues and do it through a humor lens. I called in all my friends, and I said, “I know your sex life. You’re going to work with me on this project.” And they were also big — but, you know, I just — I kind of was like I can’t — you try, and it’s hard because you do that struggle also with — you work in commercial media, right? And so they get to say and they get to have their say in what they do, but also if you’re a creative person and you’re a writer, you no longer sort of have the pass of not knowing how to use Final Cut Pro a little bit and making graphics a little bit and being able to put some (expletive) out there that can make some noise. Because I think the first thing we have to do is prove to people that the noise that we want...
to make is something that people want to hear.

And so when they see a video that you make on a topic that you love gets a million hits, like I did this video with Sarah Silverman where Jesus comes to visit her and it’s — Jesus is the guy from NCIS, and she’s talking about birth control, and Jesus is like, “No, life begins at 40.” And it’s really funny, but it really talks about all of the clinics shutting down in Texas. That is something that people watch, and they go, “Oh, you can actually use humor to talk about reproductive health and even abortion and all these bad actors are out there.”

And so I think as creatives if we care, it’s incumbent upon us to take some of those steps that are outside of what — they always have to be shown that it works. They are not smart. We are smart. We’re the ones that make things. The people that buy things are stupid, for the most part. I think we can all agree on that.

And so we have to continue to show them constantly that, so I think — I hate to say it’s incumbent upon us, but it’s incumbent upon us to like take some steps to do stuff and in a larger place it is, and I’ve been going at this for about a year, and I think I might be actually taking this website that we did into a bigger realm because somebody saw the value in (expletive) on bad guys because that’s what we’re doing; we’re (expletive) on bad guys, and they deserve it. And sometimes people don’t know they’re bad guys, but sometimes you’ve got to like put it out there.

People who don’t care about breast cancer, what women are going through, they’re bad guys. Expose them as such. People who don’t care about reproductive access, they’re bad guys. Expose them as such. People who want to claim that women fake rape, they’re bad guys. Expose them. So, you know, let’s just — that’s my opinion. Anybody else? Guys? Talk it up.

Peter Hedges: I’m in.

Lizz Winstead: You’re in?

Peter Hedges: Amen.

Lizz Winstead: Amen?

Peter Hedges: Amen.

Lizz Winstead: I thought you said, “I’m in.”

Peter Hedges: I’m in, too. I like that.

Lizz Winstead: Okay.

Peter Hedges: It works.

Lizz Winstead: Beau, what’ve you got?

Beau Willimon: No, I’ve already done too much talking.

Lizz Winstead: No, you’re very smart. All right. Well, we have to wrap it up, but thank you all for coming, and thank you, guys. You were all just tremendously smart and insightful, and thank you for the work you do.

Marty Kaplan: And thank you, Lizz Winstead.

Lizz Winstead: Oh, I just blabbed on and on. Thank you, guys, and keep talking about this stuff, and thank you for all the good work you’re doing.