

Who Shall Live And Who Shall Die – And Why: Stories Behind Unnecessary Deaths From Violence & Disease In The U.S.



HOLLYWOOD, HEALTH & SOCIETY

A Hollywood, Health & Society Writers Panel in
Partnership with the Writers Guild of America, west
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Writers Guild of America, west

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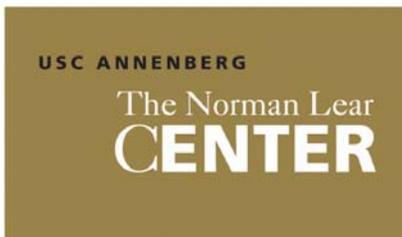
The Norman Lear

CENTERTAINMENT

Exploring Implications of the Convergence of Entertainment, Commerce, and Society

The Norman Lear Center

Founded in January 2000, the Norman Lear Center is a multidisciplinary research and public policy center exploring implications of the convergence of entertainment, commerce and society. On campus, from its base in the USC Annenberg School for Communication, 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 fellows, 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.



Hollywood, Health & Society

Hollywood, Health & Society is a project at the USC Annenberg Norman Lear Center that provides entertainment industry professionals with accurate and timely information for health storylines through expert consultations and briefings, panel discussions and online tip sheets. Funded by the Centers for Disease Control and Prevention and the NIH's National Cancer Institute, the project recognizes the profound impact that entertainment media have on individual behavior and works to encourage accurate health messages in popular entertainment media like daytime and prime time TV shows.



HOLLYWOOD, HEALTH & SOCIETY

Writers Guild of America, west

The WGAw represents writers in the motion picture, broadcast, cable and new technologies industries. The Writers Guild of America is the sole collective bargaining representative for writers in the motion picture, broadcast, cable, interactive and new media industries. It has numerous affiliation agreements with other U.S. and international writing organizations, and is in the forefront of the debates concerning economic and creative rights for writers. Visit the Web site at www.wga.org.



Participants

Mary Anne Foo, M.PH., executive director and founder of the Orange County Asian & Pacific Islander Community Alliance

Tina Henderson, researcher with the Eban project for HIV/AIDS at the UCLA School of Medicine

David Hemenway., director, Harvard Injury Control Research Center of the Harvard Youth Violence Prevention Center

Reverend Ferroll Roberts, executive director, Loved Ones

Gilbert Salinas, director, Target On Teens, and services coordinator, Caught in the Crossfire

Geoffrey Cowan, dean of USC Annenberg School for Communications

Patric Verrone, president, WGAw

PARTICIPANT BIOGRAPHIES

Mary Ann Foo, M.PH.

Mary Anne Foo is the executive director and founder of the Orange County Asian & Pacific Islander Community Alliance. She has a Masters in Public Health from UCLA, and is the principal investigator on several health projects, including three breast and cervical cancer prevention programs, an older-adult cardiovascular and diabetes program, and the Southeast Asian Children's Health Study.

Tina Henderson

Tina Henderson is a researcher at UCLA's Department of Psychiatry & Biobehavioral Sciences' Sexual Health program. In 2004, she joined Project Eban, a national multi-site project that, through health education, specifically addresses and intervenes with African-American couples who are afflicted with HIV/AIDS.

David Hemenway

David Hemenway is an economist. He is also Professor of Health Policy at the Harvard School of Public Health, and the director of both the Harvard Injury Control Research Center, and the Harvard Youth Violence Prevention Center. He's been a Pew Fellow, has received a Senior Soros Fellowship in investigative work at the Robert Wood Johnson Foundation. He's a 10-time recipient of the Harvard School of Public Health Teaching Excellence Award, and has been published in more than 100 journal articles.

The Reverend Ferroll Robins

The Reverend Ferroll Robins is the executive director of Loved Ones, a victim's assistance agency: she assists victims as they try to put their lives back together again. She is also an on-call 24-hour emergency advocate for LAPD officers at homicide crime scenes. She has more than 14 years of experience working with victims; is a certified Crisis Response Team Member, a member of the LAPD Critical Incidence Response Team, and the Red Cross SAIR Team. She's also a member of the International Conference of Police Chaplains.

Gilbert Salinas

Gilbert Salinas is the director of Teens on Target, and services coordinator for Caught in the Crossfire. He is also a pastor in the Violence Prevention Coalition, and program manager for Rancho Los Amigos National Rehabilitation Center's Family Project, where he works with patients who are victims of violence, by providing them with resources and support that they need.

Geoffrey Cowan is dean of USC Annenberg School for Communications

Patric Verrone is the current president of the Writers Guild of America west.

Who Shall Live And Who Shall Die – And Why: Stories Behind Unnecessary Deaths From Violence And Disease In The U.S.

Patric Verrone: Hello. I'm Patric Verrone. I'm the President of Writers Guild America west; one of my duties as president of the Guild is to welcome people to the panel. So, welcome.

Tonight, the subject is literally life and death, and as it is, we present, ***Who Shall Live, and Who Shall Die -- and Why: Stories Behind Unnecessary Deaths from Violence and Disease in the U.S.***

Before us is a panel of panelists who are here to share some of their very personal stories with unprepared, off-the-cuff remarks. In many cases, these stories will address very frantic situations, situations based on many who find themselves or their family members in harm's way. We are pleased to provide what will surely be a provocative discussion about disease and violence, as they impact those who are most vulnerable.

I personally apologize: I cannot stay. This important discussion will go on, and I have a deadline to provide cartoons for a singing monkey. So I turn you over to the capable hands of the Dean of the USC Annenberg School for Communications, Geoffrey Cowan.

Geoffrey Cowan: Thank you, Patric. We are taping this, so you can watch it later.

I want to thank all the colleagues at the Hollywood, Health & Society Group, and the Writers Guild, they have been such wonderful partners for such a long time. Jennifer Burt coordinated the details of this panel: Jennifer, thank you so much for putting all of this together.

From Hollywood, Health & Society, I particularly want to acknowledge the director of the program, who brought it to us at the Annenberg School and the Norman Lear Center, Vicki Beck. Vicki, thank you for all of your great work. I also want to thank Mandy Berkowitz, the program manager, Grace Huang and Scott McGibbon.

We have a special guest here from Washington whom some of you met earlier, Mike Miller from the National Cancer Institute, a former Hollywood figure himself, and a man who has been a great supporter of our work. Mike, thank you so much.

The Hollywood, Health & Society program is funded by the National Cancer Institute of the Center for Disease Control and Prevention: prevention is really a large part of what this session is about. The program's notion is to put health information into those animated shows about singing monkeys that will save lives, or help people cope with and manage diseases. That is something of enormous importance: there's so much inaccurate information out there! And accurate information is what the Hollywood, Health & Society Program is about, and what brings so many of you out here tonight.



You might want to look into your folders, and there, you'll see an evaluation of some of the work. You can evaluate this panel, and help us to figure out if we're providing the kind of help that we hope is useful. If you have ideas or suggestions of things that we can do better, we would very much welcome it. There are two sides to the survey, if you fill out both sides, it helps us with our funding.

I want to point out that several people on our panel today have been having meetings with the show runners, producers, and writers on some of the crucial shows in town. I will later ask you to describe your day in order to demonstrate just how important and impactful your work can be to people in Hollywood; we think that it has a true effect.

We all know from the headlines, from our personal experiences and

acquaintances, that as serious as health problems are in this country, often, the risks are greater for various groups. Whether it's because of their economic circumstances, their race or ethnicity, the place where they live, the conditions can be much worse: there's a much greater risk for diseases like cancer, and AIDS, and also for violent deaths, which we're going to be talking about on this panel. Why those populations are more vulnerable, how can that be dealt with, and are there things that can actually improve their odds?

Our panelists are going to share some of their experiences with cancer, AIDS, and violence, and will do so on quite a personal level. In your materials is a list of who our panelists are; I'm going to briefly introduce them as well.

Mary Anne Foo is the Executive Director and Founder of the Orange County Asian & Pacific Islander Community Alliance, she'll be our first speaker.

Tina Henderson is a researcher with the Eban project for HIV/AIDS at the UCLA School of Medicine.

David Hemenway came all the way here from the Harvard School of Public Health: he directs the Harvard Injury Control Research Center of the Harvard Youth Violence Prevention Center.

Reverend Ferroll Robins is the Executive Director of Loved Ones, she has some amazing experiences to share with us.

Finally, Gilbert Salinas is the Director of Teens on Target, and Services Coordinator for Caught in the Crossfire: we will hear some of his stories.

Back to Mary Anne Foo: she has a Masters in Public Health from the UCLA School of Public Health. She's been working for 18 years on issues involving Asian and Pacific Islanders. She's also the principal investigator on a number of health projects, including three breast and cervical cancer prevention programs, an older-adult cardiovascular and diabetes program, and the

Southeast Asian Children’s Health Study.

Ms. Foo has been a long-time cancer prevention advocate whose mother and four aunts are all cancer survivors. She founded the Orange County Asian & Pacific Islander Community Alliance to focus on these issues, because, as a child, she experienced a great deal of racism and discrimination. She has utilized this experience to focus on civil rights, improve community relations, and access to needed resources for all Americans. Please join me in welcoming Mary Anne Foo.

Mary Anne, before I ask you a question related directly to tonight’s experience, maybe you could tell us how you spent your day.

Mary Ann Foo: We had a wonderful day. We got to meet with three groups of writers of television shows. In the morning, we met the folks from *Law & Order* and *Law & Order: SVU*, their newest show is *Conviction*. It was a thrilling meeting for me because I love *Law & Order!* We then met with *ER*, and then with *CSI: Miami!*

The writers gave us a lot of time to talk about our experiences, they really wanted to hear real, everyday stories that were happening in the community, and to assess how best to incorporate the health issues into these stories. It was amazing! I really appreciate how welcoming, sincere, and thoughtful they were about our stories.

Geoffrey Cowan: Mary Anne, was there one story of yours that you felt was particularly poignant for them?

Mary Anne Foo: In the Asian and Pacific Islander communities, the number-one cause of death is cancer. We have the lowest screening rates, and have so many people dying from cancer. A lot of storeowners, and people who are working all the time, are uninsured, and dying from cancer.

I had this story of an elderly Vietnamese man, he was a volunteer for us. He had been gone for a

month, and he came to me, and I said, “Mr. Min, what happened to you?” And he said, “Oh, I had surgery. I went to the hospital and they cut me; I’m not sure what happened, but they gave me this disk. Can you tell me what happened to me?” He gave me his computer disk, and I looked at it, and I saw a picture of the surgery and his liver, which was all black and white. In another picture, a part of the left lobe of his liver was cut out on a surgical tray. And I said, “Mr. Min, they cut out half of your liver!”

He had no idea this had happened. He did not speak English well, and his family didn’t know it had happened either. He gave me some paperwork, and I read that he had had hepatitis B, a liver virus, that he had contracted when he was imprisoned in Vietnam. The hepatitis B had turned into liver cancer, and he never knew it. He eventually died because the liver cancer spread. But his family didn’t know that he had had hepatitis B, he might have transmitted it.



That was a very interesting story for the writers because of the language issue – going to the doctor and not understanding what was wrong with you, having major surgery, not knowing you had had half your liver cut out! Asians get a lot of very rare cancers; because these rare cancers are so rare, they’re not screened for in the general public, we have a lot of people who are dying from them. Vietnamese men have 11 times higher rate of liver cancer than white males: for example, we have a lot of Korean men dying from stomach cancer. The writers were very interested in these types of stories that I shared.

Geoffrey Cowan: Which is why cancer issues are so important for the Asian Pacific Islander community. Do you want to expand on that some more?

Mary Anne Foo: Yeah. For us, cancer is the number-one cause of death, and we get it earlier; for all other populations, it's heart disease. We die more often from cancer, and we also have the lowest screening rate. In some of our communities – we have over 60 different ethnic populations, with 100 different languages – there's not a translation for the word "cancer."



She woke up, her breast was gone, and she came to the conclusion, "If you go to this hospital, they're going to cut you up and take away your body parts."



I had another story about a Hmong woman, she had had a breast cancer: she had had a lump, but the lump had grown so uncontrollably, so large that it started to protrude out of her breast, and then her breast started to ripple and turn black. She didn't know about cancer, didn't know about screening. So she thought it was that someone had cursed her, and given her their evil eye.

So she never went to the doctor, and the lump just kept growing out of her breast. Her daughter saw her changing and said, "Mom, you have to go to the hospital!" And she said, "No, no, no," you know, "I'll go to a healer or a shaman to help cure this." And the daughter insisted, "No, you need to go to the hospital!" When she went to the hospital, the doctor said, "We have to cut it out immediately." But because she didn't speak English, she couldn't understand what was happening. They removed the breast; she woke up, her breast was gone, and she came to the conclusion, "If you go to this hospital, they're going to cut you up, and experiment on you, and take away your body parts." So she went out into the community and told everybody, "Don't go to this hospital! This is what's going to happen to you!"

If you don't speak English, you may not know what's going on health-

wise, you may have never had a mammogram, you may have never had a pap smear, and when you have them, you end up feeling violated. You feel experimented on. It's a common feeling, especially among new immigrants and refugees.

Geoffrey Cowan: So what do you do to help with that?

Mary Anne Foo: What's great is that the NCI and the CDC have funded many community groups to do community education, and talk to women, and talk about the survivors, and tell them that cancer doesn't equal death, that if you have early detection, you can get treatment, you can have long survival, you can get all the cancer out. This is the sort of thing we do.



Several Asian-American women have found a lump and said, "I want it checked out." And their doctors have said, "Asian women don't get cancer." But these women insisted, and have found cancers early.



We also really urge people to go get screened early. We now have several young Asian-American women who have actually had breast cancer, found a lump, and told their doctors, "I have a lump, and I really want it checked out." And their doctors have said, "Oh, you're too young. Asian women don't get cancer. You don't have to worry about it." But because the advocacy has said, "No, get it checked, get it checked. You know, fight for this," these women have insisted, "No, I want you to give me a needle biopsy! I want you to check me out!" And they've found the cancers early, and have been able to get treated. I think that whole standing up for yourself within patient education is so important.

Geoffrey Cowan: Tina, because you've been dealing for so many years with people coming to your clinics, have you ever known anybody who actually was affected by a television show they saw?

Tina Henderson: In one of the episodes of *ER*, Nurse Hathaway started a community clinic, and was saying, "You know that Vietnamese have the highest incidence rate of cervical cancer." And a lot of children of moms in the Vietnamese community watched that episode, and called us and said, "Hey, what does this mean? What do we do? We have high rates of cervical cancer?" It was great, because we had a lot of young women go get screened, and then encouraged their mothers to get screened.

Geoffrey Cowan: Wow! Thank you.

As I've said, Tina Henderson is a researcher at UCLA's Department of Psychiatry & Biobehavioral Sciences' Sexual Health program. In 2004, she joined Project Eban, a national multi-site project that, through health education, specifically addresses and intervenes with African-American couples who are afflicted with HIV/AIDS.

Eban is a traditional African concept, meaning fence, or a symbol of safety, security, and love within a family and community. In her role as a master facilitator, Dr. Henderson teaches couples ways to reduce risk in their sexual relations. Her dissertation research supported the notion that African-American clergies' biases upon the way in which HIV/AIDS is individually contracted impacts their level of involvement in implementing health education programs within the churches; Dr. Henderson is in the process of publishing her research in the scientific peer-edited journals. Please join me in welcoming Tina Henderson.

Dr. Henderson, maybe you could talk a little bit about why HIV/AIDS is impacting African-American and Latino women at such high rates.

Tina Henderson: Well, it's definitely running rampant in the African-American community. As some of you may or may not know, it's the number-one killer of African-American women between the ages of 25 and 39. And it's one of three major leading causes of death of African-American men.. Of all the HIV cases among women, 71% of them are African-American. So you see that it's something that keeps going on and on and on.



Seventy-one percent of female AIDS cases are diagnosed between 25 and 44; this means that these women probably contracted HIV as a teenager, or much earlier than 25.



I wrote down some statistics here: African-American women account for 67% of the female cases, but only 3% of the women population in the United States. Latino women account for 16% of the female cases, but 13% of the female population. And 71% of female AIDS cases are diagnosed between 25 and 44, indicating that they, obviously, contracted it at an earlier age. This means that these women probably contracted HIV as a teenager or at some age much earlier than 25.

Depending on which data you're looking at, 71% or 66% of the women acquire HIV through heterosexual contact. Eighty percent of the men living with AIDS were exposed to HIV through sexual contact with another man. Four percent of the men living with AIDS were exposed through heterosexual contact. Okay, so you have 80% of the men who have contracted AIDS through homosexual activity, 4% through heterosexual activity. You've got 71 or 66% of women contracting AIDS. So where is it coming from? You cannot assume that 4% of the men are infecting the 66 or 71% of the women. Probably two things are happening: one, there are some non-identified men who are having unprotected sex with women, and are not informing them of their sexual preference. Two, you have women who are having unprotected sex with men, and the men just aren't aware of their own HIV status.

Geoffrey Cowan: So what can be done about this?

Tina Henderson: Education. This a conversation that needs to occur often, and in different venues. They need to occur in the non-traditional places, not only in the homes, but in the religious venues as well. This is a conversation that needs to continue happening over and over again, we need to address the issue that AIDS is not a white, male,

homosexual disease. I think that's where a lot of African-Americans get stuck – if they do not know someone who has it in their families, they stick with the belief that, "It's not something that affects me." And so they don't talk about it.

Geoffrey Cowan: The other Annenberg School does a lot of work with popular radio stations, hip-hop stations and so forth, in trying to spread a message that would have an impact. I don't know if that's something you've studied, or know its effect. But the point is that popular entertainment can have an effect, and it's not only the popular entertainment of television shows, and movies, and so on.

Tina Henderson: Right. There was one show that addressed the down-low issue, but I think that's one of many conversations that need to occur, and one of the many ways in which this needs to be addressed in the media.

Geoffrey Cowan: Before we go on, I think we have a clip that we're going to show. This is a clip from *ER*.

[Clip]

We're making a bit of a transition here from the discussion of disease to the discussion of violence. There's probably nobody better to start off that discussion than David Hemenway, who, is an economist, as well as professor of health policy at the Harvard School of Public Health, and the director of both the Harvard Injury Control Research Center, and the Harvard Youth Violence Prevention Center. He's been a Pew Fellow, has received a Senior Soros Fellowship in investigative work at the Robert Wood Johnson Foundation. He's a 10-time recipient of the Harvard School of Public Health Teaching Excellence Award; he's been published in more than 100 journal articles. I hope you'll all please join me in welcoming David Hemenway.

David, you talked to *ER* today. Maybe you could talk a little about what that was like for you.

David Hemenway: It was really interesting for me, since I know very little about Hollywood, and don't watch TV that much; I thought the writers were great. We did spend a little too much time in cars.

Geoffrey Cowan: That last comment's right!

David Hemenway: But it was really interesting.

Geoffrey Cowan: Was there any particular story that you told to a show's writers which you want share with us?



David Hemenway: I have just written this book about guns and public health, one of its salient topics is about suicide; I told the following story about suicide today.

I went to Maine and gave a talk, and afterwards, this working-class mom came up and talked to me: when her son was a teenager, he had gone to Wal-Mart and bought a shotgun. He hadn't any problems, or anything, but an hour-and-a-half later, he was dead. She tried to create a campaign in Maine to make it so that you can't buy a gun until you're 21. You can't drink until you're 21, or at least to have parental permission before you can, but in Maine right now, you can buy a shotgun when you're 16 years of age from a private seller, without parental approval, with no waiting period, with no nothing.

In states such as Maine, Vermont, and New Hampshire, in the Northeast where there's lots of guns, there's lots of suicides because the rate of completed suicides when you have a gun is so much higher – it's like 90%. Whereas if you try to commit suicide in the normal way, which is to o.d. on lots of drugs, or cut yourself, it's 3%.

Geoffrey Cowan: How many suicides a year does that mean among young people?

David Hemenway: There are many more suicides in the United States than homicides. There are many more gun suicides than gun homicides in the United States. Overall, there are about 30,000 suicides, and of the majority of those, probably about 18,000, are from guns. I don't know how many suicides there are exactly, or in what age group of young people. Young people don't have as high a suicide rate as very, very old people, but it's still very high.



There's one crime where we're very different from everybody else, and that's homicide. We're just out of line with other countries, our rates are more than five times as high.



Geoffrey Cowan: One of the questions that people often wonder about is the extent to which youth are violent in different countries. Is there a different level of violence and petulance among youth in this country versus other countries in the world?

David Hemenway: A lot of people think that in the United States we have a real violence problem, and we probably do, but not compared to other developed countries: there are about 25 other high-income, industrialized democracies in the world. Our crime and violence rate is very similar to theirs: we're about in the middle of the group. We have similar rates of car theft; we have similar rates of assault; we have similar rates of rape; we have similar rates of robbery.

There's one crime, though, where we're very, very different from everybody else, and that's homicide. We're just out of line with all the other countries, in terms of homicide. We are so much greater – it's not like twice as high, or three times as high, or five times as high, it's much, much higher. And most of our homicides are gun homicides, we

have many more guns than other countries. The key thing is that we have lots, lots more handguns per capita and we also have, by far, the most permissive gun laws.

You know, I talk a lot to international audiences, and they just cannot understand that we allow this in the United States, that we allow our children or our women to be killed at such great higher rates than any other developed country. I gave a talk at the National Press Club, and one of the TV groups that was filming me was these two young men from Czechoslovakia. And to everything I said, the camera man would put down his camera, and would say, "That can't be true. That can't be true!" I said, "It is true. This is the United States. You really can go to a gun show, and buy a gun without a background check from a private dealer." And he just couldn't understand that.

We're not more violent than other countries, our kids aren't more violent. There's a study done about bullying in schools: we don't have more bullying in schools than other countries. But what we do is we allow kids easy access to guns.

In Australia, they really think in their heart of hearts that American men are sort of wusses, that Australians play real football: they're not playing with all these pads and protected. They were telling me about bar fights in Sydney, they thought they were much, much more violent than bar fights in New York. But in bar fights in Sydney, when you break a bottle and you shred the person apart, but they don't die. In New York, when you have a bar fight, somebody draws a gun, and somebody dies. So it's very different.

Geoffrey Cowan: Apart from gun control laws, what can be done about these issues?

David Hemenway: There's lots of things that could be done in the United States about trying to figure out ways to reduce crime, trying to figure out ways to reduce depression, there's lots of things to do. But one of the things like I would argue that we can do in the United States is still have easy access to guns but have reasonable laws. I mean, there's access to guns in lots of countries. It's just not the easy access that we have here. In the United States in any city, any 16-

year-old can find a gun readily, and that's not true elsewhere.

Geoffrey Cowan: But if you were making suggestions to people who were writing television shows, who assuming the laws are as they are...

David Hemenway: Right.

Geoffrey Cowan: ...What kind of themes or stories would you recommend they emphasize?

David Hemenway: I would tell a story about a gun show. I would have some of my characters go to a gun show in the United States, and see what goes on there.

Geoffrey Cowan: What does?

David Hemenway: There's a lot of nice things that go on there: it's very easy to go in, and say to some private dealer, "I don't deserve to have a gun, but I really want a gun." And they'll say, "Don't tell me you don't deserve it. Just, you know, shh, we'll sell you a gun."

Geoffrey Cowan: Thank you, David Hemenway.

The Reverend Ferroll Robins serves as the Executive Director of Loved Ones, a victim's assistance agency. In her work there, she's poured mind, body, and spirit into assisting victims as they try to put their lives back together again. She also offers comfort and support for families and friends of homicide victims, is an on-call 24-hour emergency advocate for LAPD officers at homicide crime scenes. Reverend Robins has more than 14 years of experience working with victims; she is a certified Crisis Response Team Member, a member of the LAPD Critical Incidence Response Team, and the Red Cross SAIR Team. She's also a highly regarded member of the International Conference of Police Chaplains, and speaks regularly for the Christian Ministry Training Association, using her skills to develop and deliver seminars which pertain to the ministry, and law enforcement officers' inner healing.

One of things that I think we all realize, but we don't internalize the way you have to, Dr. Robins, is the dealing with the violence day-in and day-out, the impact of violence, not only on the people who have themselves been the targets of the violence, but also on their families and loved ones. Could you talk a little bit about homicide deaths, and how the people who are related to the victims react? Please also touch on how hard it is for you, as somebody who is constantly in touch with those families.



Reverend Ferroll Robins: Gosh, just to give you an idea, I've pulled some statistics today for the homicides in the city of Los Angeles, so far to date for this year: there have been 48 homicides in the city of Los Angeles from January 1 till February 11. When you look at those 48 homicides, you have to look at an average of about 10 people connected to that homicide. So that's, what, about 4,800 people? Am I correct? That's a lot of people! Forty-eight is a small number, but when you look at that 4,800 people that are affected by this one incident, and that's just saying a mother, father, grandparent. We're not talking about if the victim is a child, their teacher, if it's one of your co-workers, or your neighbor, that number does not even include them.

We've had situations where there was a heavy impact on a church who lost a kid in the choir – very active young lady that was in the choir, and she was killed. That was devastating to that youth choir, they were literally torn apart.

I don't think we get enough media coverage on these impacts, because they go beyond the actual incident: these people suffer illnesses that come upon them from their grief. Their grief can be so severe that you

have individuals that literally feel like they're just in a lake of depression, and they can't get out. There are people who have suicidal thoughts – sometimes there are situations where a relative or friend of a victim wants to kill themselves. But other times, there are situations where the pain is so unbearable that a person would rather be dead because it feels like you've just cut a piece of them out. It's really devastating.

I've been going on these crime scenes for 14 years – people wonder how I can do that. Number one, when I go, and I try not to look at anything that I don't have to look at. I try to deal with that family right there, and when I leave there, I try to leave it there. That's not always easy, especially if the crime involves a child. I did that for 10 years.

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Four years ago, I became one of those families. It was devastating! My brother was shot and killed. Me and God had to have a talk, because I was like, "I'm trying to be good, but what happened here?"

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 But four years ago, I became one of those families. It was devastating! Me and God had to have a talk, because I was like, "You know, I'm trying to be good, but what happened here?" Four years ago, my brother was shot and killed: he was going into a Blockbuster store to rent a video, so his murder became "The Blockbuster Murder." Instead of my brother's name, all of a sudden, it was called, "The Blockbuster Murder"! My brother's name wasn't Blockbuster, you know, his name was Joseph, that was taken away from us.

He was going into the store, and some young men were in there robbing it. And as he approached the door, we believe he looked up, saw them, they saw him, and he turned to walk away – I don't know if they thought he was going to the phone, or what. The guys came out of the store, and approached him. One guy asked him to turn around, he complied. The guy asked him to drop to his knees, he complied. The guy put a gun to the back of his head, and shot him.

Watching the clip earlier represented a setback for me – it was a reminder of that time, of being in the hospital. It was very devastating for my family, and very devastating for me because as I said, it’s a job I had been doing for 10 years. I felt like I lost my life for four years: I functioned; I smiled; I went to events; I preached from the pulpit; I consoled other people; I went home, and behind those doors, I was wounded. I can only tell you that there were times that I literally sat in the middle of my floor, and could not function. All I could do was look up to God and say, “God, if you don’t help me, I can’t make it through this.” I was Bible-toting, and Bible-preaching, but hurt, you know.



I think most often, the victim's emotions are not portrayed at all in film, other than during the initial crime scene, or knock on the door. There's a long road to healing with this.



Geoffrey Cowan: Well, you live with this professionally, you’ve lived with it personally, and you also see it on television. How does the depiction of these episodes in the popular media compare with what you experienced, both as the sister of a victim, and also as somebody who is dealing everyday with police officers and families?

Reverend Ferroll Robins: I think most often, the victim’s emotions are not portrayed at all in film, other than in the initial crime scene, or during the initial knock on the door. There are so many other levels besides that initial screaming, “Oh, that’s my loved one!” “Oh, that’s my son!” “Oh, what happened?” There’s a long road to healing with this – it’s not healing: you just learn to manage the hurt; you learn to cope with life again; you learn to find a new normal. Because normal will never be as it was before the incident happened.

As for watching television, there are many times I turn it off because I’m seeing an incident, but I’m not seeing the other side of it – you know, I see the guy getting carted off to jail, and what have you, I see the

officers putting them in handcuffs. I don't often get to see the officers who are in pain when they look at a six or seven-year-old kid being killed, I don't see that officer sitting back and thinking, "Wow, I've got a six-year-old at home! I have a seven-year-old at home! That could've been my kid!"

I think I would like to see a lot of those emotions, there's a lot of things that can be put in an episode, but it's still going to be very painful. Sitting and watching that *ER* episode, I'm still having flashbacks. You learn to manage them, and you learn to cope with it. But the fact that I can sit here, and see that little girl, makes me also remember going into that hospital room for the first time, seeing my brother on the table with all of this stuff in him, and not being able to say a word – that will be a flashback for the rest of my life. So it's also a flashback for other family members, especially if there's a child involved.

Geoffrey Cowan: Thank you so much, Reverend Robins.

Gilbert Salinas has a powerful story of his own. He has been confined to a wheelchair for more than a decade, having been accidentally shot by one of his best friends. He spent 26 days in a coma after the shooting, and six months at Rancho Los Amigos National Rehabilitation Center in Downey, adapting to living in a wheelchair. Mr. Salinas was raised in the Los Angeles area, surrounded by violence, gangs, drugs, and guns. As a child, he witnessed violence around him, and soon became caught up in the cycle, ending up in juvenile and adult detention centers. He turned his life around only after witnessing a cousin and a childhood friend get murdered.

A former gang member, he's known the streets and understood many of the kids, people he now works with in South Central, Compton, Watts, and East Los Angeles. As he began his transformation, Mr. Salinas began to think differently, as he connected with positive role models, including his greatest supporter, Doctor Luis Montes, Director of the Children's Pediatric Rehabilitation Department. The support, mentoring, and training he received from Teens on Target led him to assume the leadership roles for his organization, and for other related violence-prevention efforts.

He's now the director of Teens on Target, and also a coordinator for Caught in the Crossfire, a pastor in the Violence Prevention Coalition, program manager for Rancho Los Amigos National Rehabilitation Center's Family Project, where he works with patients who are victims of violence by providing them with resources and support that they need.

We've just heard a couple of pretty devastating stories. We saw one on the air. Mr. Salinas, you've lived through more than one. But maybe I could ask you to describe your experience, and the story that you were able to tell to the writers you met today that had the most impact.



Gilbert Salinas: We had a long day today, as mentioned, we drove around a whole lot. We went and spoke to a few writers. And they were able to sit there, and actually absorb our experiences, and hear about some of the programs that are successful. What I kept emphasizing to them was the fact that they need to solidify their relationship, their partnership between us and the media, TV shows, and movies, so that people like us who are working with nonprofit organizations can get our message out.

One of the questions that one of the writers asked was, "How can we help you with our issues?" I had to say that just getting the message out, and showing solutions that work will help us. I did see that *ER* episode where they brought in the CeaseFire Program, a successful program in Chicago that's been going on for a number of years. That was a great, because then CeaseFire got calls from all over the world, and were supported in their efforts!

So even if it's a little episode, or a few minutes, or an hour that we're getting, that's a lot of free publicity that we cannot afford. We're a nonprofit, you know – we've got very small budgets. That kind of publicity is not something that we can pay for. So I just kept reemphasizing that.

Geoffrey Cowan: You did live, and you are living in the streets that are being depicted in these stories. Can you talk for a minute about the television viewing patterns of the people in those communities, and whether they will be likely to see shows like *ER*, and if so, how they are affected by them?

Gilbert Salinas: It's funny that you mentioned that, because I was asked that today: some of the TV writers were talking about their audience, about the fact that all the kids that I work with might not be watching their TV show because it comes on at a certain hour, and their audience is more of a middle-class base.

But the important thing was that, even in the middle class, they often don't know about the issues that are happening in the inner city. It's not that they don't want to know; they just don't know. So by reaching a broader audience, it can bring those messages out. I can't say what my kids are watching in my communities: a lot of them don't have cable. Some of them don't even have TV.

Geoffrey Cowan: Do they ever talk about popular entertainment programs?

Gilbert Salinas: You know what stands out, you know, in the areas that I work in is a lot of the hit pop culture and that whole message, and the screening of films that come out of these areas. But what happens is that a lot of times, they're not depicted right because they're not authentic. You have people that are trying to create a movie that's based on somebody from the hood, but it's not about somebody from the hood, it's not authentic.

What needs to happen is there needs to be more partnerships with people like – there's a young man here, Manuel Jimenez from Suspect Entertainment. They need to bring people from the

community to help show that community depiction, that's an important piece. The kids are seeing these movies, the movies are trying to show what's going on in the inner cities, and the kids are not buying into it. They're not learning anything from them.

Geoffrey Cowan: Can you describe a little bit of the difference between what people are seeing on those shows, and what it's really like?

Gilbert Salinas: For example, when you see somebody coming into a room, and taking out an AK-47, shooting up everybody in the room, and then getting shot themselves; they then get a knife and stick it into the wound, pop out the bullets, and then walk down the street. And, you know, it just doesn't happen that way. They're not really showing the aftermath, some of the things that were talked about earlier with Reverend Robins. The aftermath, the healing of the community, the healing of the families, the victims themselves – you know, what happens after you get out of the hospital?

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Our program's been successful at helping youth come back into mainstream society once they're injured. A lot of times in these shows, they're not showing any of that.

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Our program's been successful at adapting youth back, helping them come back into mainstream society once they're injured. One thing we do is follow up with them for a whole year, and try to provide case management for that whole year, where we're constantly examining the resources that the person needs. A lot of times in these shows, they're not showing any of that. They're showing somebody being shot, and either they die, or the next episode comes on.

Geoffrey Cowan: This is my last question: could you please tell the story of one particular person who's been through your program, and describe what that experience was like?

Gilbert Salinas: I'll just walk you through one of my cases. We have this one kid who is 15 years old: he got shot four times; in the process of his getting shot, two of his cousins died. They were standing in front of an apartment building where they were having a *quinceañera*, a Sweet 15 party, in the back yard, and somebody drove by. This occurred in the city of Compton during the time when there was a green light out on all Mexicans by African-Americans: they stated that any time after dark, any Mexican who was out was going to be shot and killed : this was in tandem with racial violence and rioting that was happening at Jefferson High School.

This kid ended up at Martin Luther King Hospital, he spent three days there. While he was there, his mother was there every single day by his bedside, what any mother would do for their son. In the process, she lost her job because she wasn't able to go to work. As a result, she became homeless because the owner of the house in front of which the boy got shot, came over and said, "I don't want any of these problems. There's too many people living in the house! Everybody get out!" The Department of Probation called us. Martin Luther King Hospital called us, and wanted us to work with this youth. I went to see her, we were talking in the car about how I could help her. I set up a case plan with an intake form and a consent form, and I tried to figure out how to help this family out.

The first thing was they needed some housing, somewhere to live. The mother needed a new job. I wanted to be an advocate to that effect. I recommended going to the Southern California Rehabilitation Services, people whom I know.

In the process of driving there, we hit about a block or two, and smoke started coming out of her radiator! So now she needed a radiator, too! I needed to hook her up. We dropped off the car, the radiator was getting fixed. We drove to SCRS, and I got her a listing of HUD housing. I got her applied for Section 8, I got her a hotel voucher. I got her money through a program, the GAIN program – it's totally free because her youngest daughter was born here. So the mother was able to get a one-time donation of \$500 to help with the deposit. She got emergency food. So we drove away with a trunk full of sandwiches, and canned foods, and stuff in my trunk.

I drove them through a drive-through so I could buy them something to drink, and I can't begin to tell you about the look on the 14-year-old daughter's face in the back seat, she was eating a sandwich that they gave her. She busted it open and offered it to me. "You want some?" I was like, "No, I'm fine, but you eat." And just to see the look on her face, knowing that they'd been homeless for a few days, and they'd been without – they hadn't had food to eat, they hadn't had anywhere to live.



I can't begin to tell you about the look on the 14-year-old daughter's face, she was eating a sandwich that they gave her. They hadn't had food to eat, they hadn't had anywhere to live.



So by the time we got back to pick her car up, all these things were in line. I only had one week to find them a place to live because the hotel vouchers are only good for a week., I had to find them somewhere to stay. It was Friday, and I had to work over the weekend.

Come Monday, we were back in the mix. I went over there to the hotel, I picked them up, I found out what it was that we had to do. I found them a faith-based agency that had a room for rent, they were able to accept them there – it's not easy for a family of four to move into a one-bedroom, especially if they don't have a job, and they don't have credit, and they're not even born here. Those are the realities and some of the walls and barriers that we face in Youth Alive, and a lot of the stuff that we've been taught: we just go around the barriers. I'm like Nike, "Just do it." I go out there and do it. We found that this family was able to open up their doors and rent them out a room. So then, they had a place to live.

Now the kid was about to get out of the hospital, and he had somewhere to go. The 14-year-old daughter and her mom didn't have to sleep in the car anymore. And the other two daughters didn't have to sleep at different people's houses. We got them all under one roof. But

it didn't stop there: the probation officer got called in because the kid got shot: they wanted to arrest the kid. So I had to become an advocate, and mediate between the probation officer and the kid. It makes a world of difference for these kids just to have some advocates. Then we had to enroll all the kids back in school, so it became a matter of going, and picking up everybody's transcripts, and getting them all situated in a school environment.

That's just one of the cases I followed through. We're very structured, we have a plan that we try to follow – every six months, every two months, it might change. But this plan is for a whole year.

A year later, that family needed more services: the kid was repeatedly not wanting to go to school. I had to go find him a new venue, somewhere where he would feel comfortable. The reason he didn't feel comfortable was because he had a colostomy bag, and sitting all day in a classroom, the bag began to smell; he was really uncomfortable being there. So we tried home studies, thinking that perhaps they might work.

We're constantly looking out for resources. That's just one of the cases – some of our kids are needier than others. Sometimes I'm the first one who gets the call when they get through the hospital doors. And just walking into a room, and seeing a kid who's laid up and been shot eight times, who's just been told that he might be paralyzed forever, or still has blood from the wounds from a few nights before on his hands – a kid like this just wants to reach out, and hold my hands while he cries, or something as simple as that.

It makes a world of difference, the moment that I'm sitting there talking to these kids and reinforcing that I am here to help, not only for that



And just seeing a kid who's laid up and been shot eight times, who's just been told that he might be paralyzed forever – a kid like this just wants to reach out, and hold my hands while he cries.



kid, but for the parents. I've gotten comments like, "Before you came, we thought our life was over." And that's a beautiful thing.

Geoffrey Cowan: Thank you for sharing that. Are there some questions from the audience, or suggestions?

Alva Blair: Well, first of all, I'd like to say thank you to each of you for trying to get accurate information out there. My name is Alva Blair, I'm a writer. It sounds as if TV shows and films need to be encouraged to include in their budgets money to hire people with first-hand knowledge of the societal issues without just exploiting them for entertainment value, the shows and films can also be giving true information to the public. It just seems as if, it's a medical show, they will hire a doctor, to inform their viewers about medical procedures, and they want to make sure they're not making mistakes. But it sounds as if they need to go beyond that, and also hire some people who know what it's like to grow up in the inner city, or know what it's like to have suffered certain crimes and conditions.

Alva Blair: But I want to throw a thought out for anyone who is religious: religion is very personal to people. It's something that people feel so strongly about that it's often very hard to describe. I'm a great believer that whatever one's faith may be, that it is still crucial to be open to accurate scientific information. Without that accurate information, we may feel like that lady who thought she was cursed rather than helped at the hospital. It seems as if, by the very nature of scientific accuracy, and by making people feel that they must really assure the victims, that TV and film writers are not including religion.

So the question I'm coming to is how can we encourage people to have their faith, but to understand also that there is science, and that sometimes you really need to know what the science is so that you don't end up losing faith?

Geoffrey Cowan: Somebody want to take a crack at that? Let's have the Reverend Robins.

Reverend Ferroll Robins: Cool! I know. Wow! Let me say this, and I'll be very candid about religion: I think each person is entitled to their belief system. When I work with people, in my bag or my kit, I carry rosaries, I carry Jewish writings, I carry different things. Granted, these are not my faith, but if I'm dealing with a situation out there, my job is to comfort people of many faiths.

I think that one of the things that we have to get to as religious leaders, too, is tolerance, and having an understanding and support of other people who do have different faiths and different beliefs. But if there's a common goal, we still can work together towards that common goal, and information is key in any situation. So, you know, there are going to be people who are open to that, but it's just the way the world is; there are also going to be people who are closed to that. Just as Tina was saying about trying to get her message into the religious community and trying to get them to accept it, I have the same struggle with the victims I encounter – they're burying victims in their churches, you know, but I can't get an appointment to talk with anyone.

So all we can do is keep knocking on those doors, and keep pushing. But there are people who do believe in a right to all brands of spirituality, and we can embrace them.

Alpha Blair: I believe that, too. I'm just trying to figure out do we just open up the door so that people can have their religion, but still let in some of the scientific knowledge?

Geoffrey Cowan: Does anyone else from the panel want to comment on this?

Mary Anne Foo: Well, we had a young man who was very Christian, and did not believe in abortion. He had been having discussions, and watching shows. I can't remember the program, but there was in the show a young woman who needed to get an abortion, she had been raped. And when a show presents a whole comprehensive view of the issues, we use those to say to people, "Well, let's not just think it's something so simple that you can justify a certain action, but what are some other issues in the mix?" We can challenge folks to see another point of view, and to discuss that.

I think film and television has really helped us in creating discussion and respecting people's opinions, respecting if someone chooses one way or the other, but also has enabled them to think about another point of view. The young man had no experience in seeing a different point of view. His parents just said, "You do not do that, and that's it." And with these shows, he started to wonder, "Oh, this could happen? Oh! Oh, what would I do in that situation?" I think that really helped.

Geoffrey Cowan: Tina, go ahead.

Tina Henderson: I just want to piggyback on what you're saying. One of the things that I was hoping to do with the findings of my study is to assess what ministers know about HIV. I think that's important. The other thing I was hoping to do is to get them to understand that they do not have to agree with anyone's lifestyle. It's just that the message that, "This is happening, this is how you can prevent it from happening," needs to be out there. And so that is what I would hope to see in the field of religion, in regards to this particular risk behavior that occurs today.

Geoffrey Cowan: In the back.

Audience Participant #1: A couple of years ago, there was some study that basically pertained to women and violence, it had to do with the fact that the largest segment of perpetrators of homicide and violence were women. Ten years ago, a half-percent of women were killed with guns; five years ago, 4% were killed with guns; three years ago, it was 12%. My question is, is it still rising in relationship to our society, or is it just in proportion to men?



I think film and television has really helped us in creating discussion and respecting people's opinions, but also has enabled them to think about another point of view.



Geoffrey Cowan: Maybe David could respond to that statistic.

David Hemenway: The evidence has always been that men are far, far more violent than women, that men are much more likely to use guns, they're much more likely to be homicide perpetrators than homicide victims.

There's a little bit of a debate whether or not there's been an increase in female violence, especially girl violence in schools: there's a lot of anecdotal evidence that this is true. There's a lot of evidence that girls are being arrested much more often than they used to be. If you look at the data from self-reports, and from school surveys, it's hard to find much. You don't really see it. So the question is, is it just that police are arresting girls more often than they used to, or is there something going on?

Geoffrey Cowan: But just to be clear on this...

David Hemenway: It's still a male...

Geoffrey Cowan: Yeah, the statistics that you read, which you might have read a certain way, wasn't that women were...

David Hemenway: More violent.

Geoffrey Cowan: ...committing more crimes, but that there was a sharper increase in women being violent on a very small, low base.

David Hemenway: It was the fastest rising...



There's a little bit of a debate whether or not there's been an increase in female violence, especially in schools. Is it that the police are arresting girls more often, or is there something going on?



Geoffrey Cowan: But it's still small compared to the violence by men. Other questions?

Sanjay Vornam: Hi. My name is Sanjay Vornam. Mary Anne, I wonder if within the communities that you work, do you find that, no matter what the degree, that you're making more progress with males or females as far as not just educating, but getting the programs you want?

Mary Anne Foo: I think we've had more success with women, because women in our communities tend to control the health of the family, especially the children. But there's still a lot of barriers. Women put the children first: most of the women we work with are low-wage workers, nail salon workers, working in assembly, sewers. And so, if they get any time off from work – because if they take any time off, they lose a day's wages – it's all about the kids, and then after comes the concern for the husbands.

Regarding their access to health, most of the men are uninsured: it's really hard for them to qualify for anything. With free screening in California – we have the Breast Cancer Education Detection Program that offers free mammograms to women 40 and over – that has made a tremendous difference, but for women. So we have gotten women in massage parlors and sewers, women who would never leave their work now come in for screening just because they've thought, "Well, if it's so important, and it's offered, that must mean that I need to do something about it." And so the biggest impact has been this whole education, the whole access in providing that service to women. If we tell them, "Go to the doctor and ask for this," it's much harder. But when I think about those services that are out there in the community, where we go and do mobile mammography in high temples, for example, and get 300 women to come in, I think it's been tremendous what California has done.

Geoffrey Cowan: You asked about gender differences. Are there differences among the different Asian/Pacific Islander groups?

Mary Anne Foo: Yes. Well, it really depends on the generation and the length of time here. But I

think it's really changed because of Susan G. Komen, and all sorts of breast cancer education, a lot of the women of color have really turned out. But I'm fourth-generation – my family's been here since 1861; I have four aunts with breast cancer. No one ever talked about it, we were not allowed to. I would say, "Oh, I'm doing breast cancer education." And they'd go, "Shhh," you know. One of my aunts drove herself to the hospital for a lumpectomy in a small town. My other aunt saw her, and said, "What are you doing?"



I have four aunts with breast cancer. No one ever talked about it. I would say, "Oh, I'm doing breast cancer education." And they'd go, "Shhh!"



So we have fourth through sixth-generations who still don't want to talk about it. But I think with the American Cancer Society and Susan G. Komen, when there's stuff in the media that says it's okay to talk about it, you do see this change, even among first-generation, second, third, fourth-generation Americans.

Geoffrey Cowan: We have time for a few more questions.

Neil Udoff: I'm Neil Udoff, a writer and editor. I wanted to ask you a question, Dr. Hemenway, specifically whether you know of any studies on the effect of young children watching television, and watching actors get killed? Are there statistics about the children's feeling that there is no consequence to getting shot, I mean, in terms of pain and suffering?

David Hemenway: I don't know of any studies like that. I just remember in *Zorba the Greek*, that was what they said. "At the end, we all go to the seashore," that that was the great thing about the tragedies. When I was young playing guns, that was the nice thing: you played guns and then, you know, you got up and you played some more. Then you got killed, and you got up, you played some more. And I think it really is true that a lot of kids don't understand that. You know, I talk to lots of

doctors, their patients come in and say, “I got shot, and it hurts! I’m in such pain, and it’s horrible! Nobody told me! I just didn’t understand it was going to be like this!”

Geoffrey Cowan: Any other comments in the panel about that?

Neil Udoff: Sort of a follow-up: given that gun control laws are really politically determined, is anything being done about licensing? Like cars are lethal weapons, and you don’t – I mean, yes, you have a lot of accidents in cars, but... The kids do respect that process of, “I have to learn how to do it,” you know, and they take pride in understanding that process. I don’t know about the olden days in the South or the West, but is there any possibility of licensing? Would there be a way to get it on the NRA’s slate?

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The large majority of gun owners, even most NRA members, are for most of the gun control policies, and we don't have any of them.

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David Hemenway: No. The NRA is against licensing in a big way. In the United States, it often depends on the state: sometimes, you need a license to get a gun; a lot of places, you need a license to hunt; a lot of places, you need training to hunt. But, mostly, to get a gun, you don’t need training in a lot of states. Of all the possible gun policies, licensing has very low likelihood of passing politically, even though the vast majority of Americans are for 36 different policies to control and license guns – I read this in a book. The vast majority of Americans are for every control policy except for the actual banning of guns. And the large majority of gun owners, even most NRA members, are for most of those policies, and we don’t have any of them.

Anita Pimwriter: I just had a question about whether anyone has been able to prove a direct causal link between video games and violence?

David Hemenway: There's some literature, but I don't think that anyone has ever proved that there's a causal link. I'm sure there's some association that is researching the issue, but I'm not the expert on that literature.

Geoffrey Cowan: Anybody else want to get into this?

Are there any concluding comments from the panel? Gilbert? Any last thoughts you'd like to leave with writers who might go forth and write about any of these issues?



Gilbert Salinas: Once again, think in terms of planting the seed that will support nonprofit organizations and programs that are out there working to be part of the solution. You can partner up with people, programs and agencies who can bring authenticity to the big or small screen, and push to maintain a level of support in that arena. I think that's the biggest need.

For years, when I worked with the Violence Prevention Coalition of Greater L.A., the big problem was trying to make violence prevention sexy. "How do we sell it?" Why is it that we can't market violence prevention out there? I think you need to start somewhere. Maybe we should start in this room.

Geoffrey Cowan: Reverend Robins?

Reverend Ferroll Robins: First of all, I'd just like to say thank you so much for having this evening of dialogue, it's very important. As Gilbert said earlier, if you can just help us get these little messages out there, it's really important: those little messages can make big impacts. That's all

we ask.

I watch most of the shows that we've mentioned, they're good shows, and I enjoy them – we'd just like to see a little bit of the victim's side, just so people understand that there is pain behind that homicide. Maybe understanding the pain a little more will cause someone to think before they act irrationally. Thank you so much.

Geoffrey Cowan: David Hemenway?

David Hemenway: I guess the big picture from public health's point of view is that if there's a message at all, it shouldn't be that you're just focusing on the individual. "Why did Joe commit this crime?" It should be that the system you live in really matters, it really affects how many people are going to commit crimes.

There used to be so many examples in the public health arena of anesthesiologists who used to kill a fair number of people who were undergoing anesthesia. And over the last 20 years, there's been a decrease of 98% in terms of the number of people dying under anesthesia. It's not because we've made individuals better; it's not because there were bad anesthesiologists in the past, so we got rid of them. It's that we created a system where it's really hard to make mistakes. If you live in a system, as we do in the United States, where people are living in the inner city, where there's not much hope and they're given guns, bad things are going to happen. Whereas if you can create a different kind of system, there will be many, many fewer problems.

Geoffrey Cowan: Dr. Henderson?

Tina Henderson: I think that the one show that I did see that addressed an issue of AIDS being spread among African-American women was about this man who was on the down-low. But what I would like to see is more on the woman who thinks that she's in this monogamous, heterosexual relationship, and her perception of what's going on. You know, sometimes there are clues, clues to things that she needs to pay attention to that perhaps she hadn't really thought of

before.

This one story that I'd like to share with you is about this young lady who had been with this man for about four or five years. She had a baby with him. Then she took him to court, and he didn't show up. His mother came to court to represent him. And there was so much tension in the courtroom that the judge asked them to come into the judge's quarters. The judge left them there for a moment, and in a moment of conversation between them, the mother revealed that the reason the baby's father wasn't there was because he had been out on Sunset dressed in drag, living this alternate lifestyle all along, and that the woman needed to get herself checked out. The woman went and got herself checked out, and she was positive, and the baby was positive, as well. It just goes to show you, you have to know – the woman knew at that moment. All these little signs that she didn't pay attention to all made sense to her suddenly.



The mother revealed that ... the baby's father had been out on Sunset dressed in drag, living this alternate lifestyle all along, and that the woman needed to get herself checked out.



That's an extreme story, but there are other ones like it. Don't get me wrong, not that all men are out there engaging in this type of behavior, but being in a heterosexual, monogamous relationship doesn't prevent you from being exposed.

Geoffrey Cowan: I wonder if the father would have done what he did if he'd thought about the child.

Tina Henderson: You know, that's a good question.

Geoffrey Cowan: Mary Anne Foo?

Mary Anne Foo: I also want to echo Reverend Robins for thanking all of

you. Writing is just an amazing gift, you can change people's lives. I think film and television can have such impact with their stories, especially if they're told right. I remember growing up watching *Maude* and *All in the Family* with my family, and we would talk about these shows: Maude got an abortion. Here I was, a young girl, and my mom said, "Do you know what that is? Let's talk about this. Do you know about a woman's right to choose?" And I was like, "Oh, mommy, you know, I'm eight." "Well, I think it's a natural order that you women are needing now."



I remember growing up watching *Maude*, and Maude got an abortion. My mom said, "Do you know what that is? Let's talk about this. Do you know about a woman's right to choose?"



Even in *All in the Family*, with Archie Bunker being a bigot, they talked about racism: people can still do that, families can talk about television programs and films. I just had a conversation with my mother-in-law who's from Peru, we just watched *Whale Rider*, and talked about girls and women as leaders, and what does it mean, about gender differences, and equity, and power. The portrayal of these issues can just make such a difference, and might be a way for families to start conversations. So I just applaud and admire all of you for the ability you have to change lives with your writing.

Geoffrey Cowan: We hope that all of you in the audience will think about these issues as you write now, and think about how homicides, and disease, and violence are effected, by race, ethnicity, and geography.

There's information about the speakers in your packets, I hope you'll all look at them; also feel free to come up and talk with the speakers.

The staff of Hollywood, Health & Society are here to help connect you with these issues, please be sure to fill out the evaluation forms that a

in your packets and turn them in to Grace, who's standing here. You can't get out of the door without doing so. And please join me in thanking this wonderful panel!

