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## Older Adults Fall Victim to Shady Guardian Scams

**The New Yorker** | For years, **Rudy North** woke up at 9 a.m. and read the Las Vegas Review-Journal while eating a piece of toast. Then he read a novel—he liked James Patterson and Clive Cussler—or, if he was feeling more ambitious, Freud. On scraps of paper and legal notepads, he jotted down thoughts sparked by his reading. “Deep below the rational part of our brain is an underground ocean where strange things swim,” he wrote on one notepad. On another, “Life: the longer it cooks, the better it tastes.”

Rennie, his wife of fifty-seven years, was slower to rise. She was recovering from lymphoma and suffered from neuropathy so severe that her legs felt like sausages. Each morning, she spent nearly an hour in the bathroom applying makeup and lotions, the same brands she’d used for forty years. She always emerged wearing **GUARDIANS**, continued on page 2

## With Abortion, Waiting Increases All Kinds of Risk

**Slate** | Jane Doe, the 17-year-old girl held in federal custody, underwent her termination of pregnancy on Wednesday, at approximately 16 weeks of gestation, four weeks after requesting the procedure. Four weeks is 28 days—less than a full calendar month, but as long as one cycle of the moon, at least one and maybe two paychecks. But in the end, she received the procedure; she got what she chose and what she needed.

But that delay mattered, because when it comes to abortion, timing is everything. Time is blood loss. Time is risk. Time is danger.

The easiest way to understand this is to discuss surgical complexity. A termination procedure prior to 10 weeks is simple and common. It can be performed via a medical abortion, using pills, and can be safely recommended. Many patients can have their terminations done in the office, **ABORTION**, continued on page 3

## Video | Hollywood and the Nuclear Story

At our recent panel, “Friday the 13th: Rewriting the Nuclear Horror Story,” screenwriter Mark Bomback and experts discussed Hollywood’s role in bringing the message of nuclear risk to the screen.

Right, Amy Adams in the film *Arrival*



## A Composer’s Death Throws a Spotlight on the AIDS Crisis

**Advocate** | The death of a young artist is never an easy thing to comprehend, especially when their star is on the rise—and especially if they die from HIV-related illnesses in the year 2017.

**Michael Friedman**, a beloved New York musical theater composer (*Bloody Bloody Andrew Jackson*, *The Fortress of Solitude*, *The Abominables*) died in September from **HIV/AIDS**, continued on page 2

## A Rogue Pregnancy Marked by Blue Flashes of Pain

**Longreads** | It comes on suddenly as a gas main explosion, the feeling of being grabbed tightly from within and twisted. I am standing at the front of my classroom, at one, almost, with its beige institutional carpeting and faint but pervasive smell of damp paper. I’m instructing sixth-graders—sleepy and vaguely conspiratorial-looking, the way they often are on Fridays **PREGNANCIES**, continued on page 3



Adweek



### QUOTE-WORTHY

“Unfortunately, African American women are the least likely to have that first trimester of prenatal care.”

—**OB-GYN Dr. Lisa Hollier, of maternal mortality task force**

“North Korea’s actions will continue to be grossly overmatched by ours and would lose any arms race or conflict it initiates.”

—**U.S. Defense Secretary Jim Mattis**

“Our HIV-positive chefs bravely came forward to show they have nothing to be ashamed of, and cook a meal for hundreds of people in Toronto who have nothing to fear from them.”

—**Joseph Bonnici, of the ad agency Bensimon Byrne**



Illustration: iStock

## GUARDIANS, continued

pale-pink lipstick. Rudy, who was prone to grandiosity, liked to refer to her as “my amour.”

On the Friday before Labor Day, 2013, the Norths had just finished their toast when a nurse, who visited five times a week to help Rennie bathe and dress, came to their house, in Sun City Aliante, an “active adult” community in Las Vegas. They had moved there in 2005, when Rudy, a retired consultant for broadcasters, was sixty-eight and Rennie was sixty-six. They took pride in their view of the golf course, though neither of them played golf.

Rudy chatted with the nurse in the kitchen for twenty minutes, joking about marriage and laundry, until there was a knock at the door. A stocky woman with shiny black hair introduced herself as April Parks, the owner of the company A Private Professional Guardian. She was accompanied by three colleagues, who didn’t give their names. Parks told the Norths that she had an order from the Clark County Family Court to “remove” them from their home. She would be taking them to an assisted-living facility. “Go and gather your things,” she said.

Rennie began crying. “This is my home,” she said.

One of Parks’s colleagues said that if the Norths didn’t comply he would call the police. Rudy remembers thinking, You’re going to put my wife and me in jail for this? But he felt too confused to argue.

Parks drove a Pontiac G-6 convertible

with a license plate that read “crtgrdn,” for “court guardian.” In the past twelve years, she had been a guardian for some four hundred wards of the court. Owing to age or disability, they had been deemed incompetent, a legal term that describes those who are unable to make reasoned choices about their lives or their property. As their guardian, Parks had the authority to manage their assets, and to choose where they lived, whom they associated with, and what medical treatment they received. They lost nearly all their civil rights.

Without realizing it, the Norths had become temporary wards of the court. Parks had filed an emergency ex-parte petition, which provides an exception to the rule that both parties must be notified of any argument before a judge. She had alleged that the Norths posed a “substantial risk for mismanagement of medications, financial loss and physical harm.” She submitted a brief letter from a physician’s assistant, whom Rennie had seen once, stating that “the patient’s husband can no longer effectively take care of the patient at home as his dementia is progressing.” She also submitted a letter from one of Rudy’s doctors, who described him as “confused and agitated.”

Rudy and Rennie had not undergone any cognitive assessments. They had never received a diagnosis of dementia. In addition to Freud, Rudy was working his way through Nietzsche and Plato. Rennie read romance novels.

Read the **story**. ■

## HIV-AIDS, continued

HIV-related complications. Following the death of the 41-year-old, those in the theater scene were stunned, and many were reminded of a time long passed when a generation of artists succumbed to AIDS in the 1980s and 1990s.

Most were shocked to discover that AIDS (or Stage 3 HIV) was still something to be concerned about in this day and age. As Michael Paulson from The New York Times reported, Friedman died just nine weeks after he found out he was HIV-positive. Many of his friends and family wondered what they could have done differently at the time.

“I wish I had known more,” director Michael Greif (*Dear Evan Hansen*, *Rent*) said to Paulson. “I wish that I could have found a way to let Michael let me be a better friend.”

The truth is we do know more, but many gay men carry fear and shame from HIV stigma that still lingers from the height of the AIDS crisis. This unconsciously keeps us from getting tested. Or from holding each other accountable.

Friedman had likely gone two years without getting tested. That’s at odds with the Centers for Disease Control and Prevention’s recommendation for gay and bisexual men to be tested every three to six months.

In 2015, there were 39,513 people diagnosed with HIV, according to the CDC. While HIV-positive people who get on—and stay on—treatment are living near-normal lifespans now, there remain those who aren’t getting on treatment or don’t find out they are positive until they are already sick.

Read the **story**, and get **information** about HIV in the U.S. ■



**WHO WE ARE:** Hollywood, Health & Society, a program of The Norman Lear Center, is a free resource for writers with script questions about health, safety and security. Funders have included the CDC, the Bill & Melinda Gates Foundation, N Square, The SCAN Foundation, California Health Care Foundation and the Southern California Clinical and Translational Science Institute.

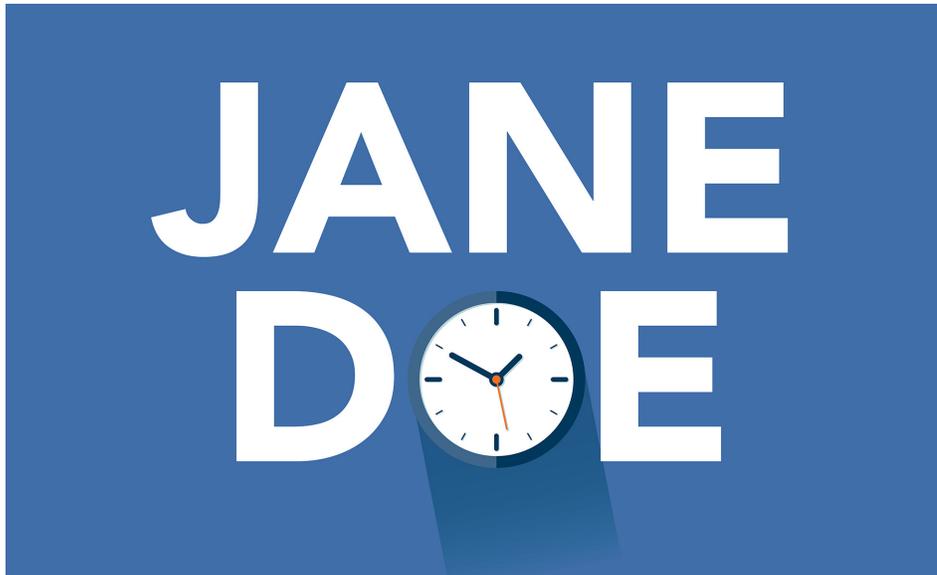


Illustration: BrooklynBoy Design

## ABORTION, continued

without special machinery, without an operating room.

A termination at 12 weeks is still a simple procedure, involving a dilation and curettage, which almost any qualified OB-GYN provider can do. It is over in less than 20 minutes.

A termination performed after approximately 14 weeks becomes a more complicated surgery. Sometime around this gestational age, the cervix—the opening to the uterus—needs to be dilated more than can safely be accomplished in the operating room on the day of procedure. The cervix needs to be prepared, either with medications or with dilators placed the day prior to the procedure. The most common dilators are osmotic ones; they are placed during a speculum exam and left in the cervix, where they absorb moisture and expand over 12 to 24 hours. This dilates the cervix, and it often creates some cramping. The dilators are removed immediately prior to the termination of pregnancy the next day. Even with the best medical care, pain medications, and moral support, none of this is pleasant.

A termination performed even later—sometimes 17 weeks, sometimes 18 weeks, sometimes 20 weeks—needs two days of dilation. So the patient, here a 17-year-old, might get dilators placed on a Wednesday and go home. She would return on a Thursday, have those dilators removed and new ones placed, and go home. She

would then return, finally, on a Friday, with nothing to eat before her operating-room time. Finally, 48 hours after she started, she would undergo her procedure.

That's one of the differences a month can make.

Here's another difference a month can make: Study after study has shown that termination of pregnancy is, overall, an extremely safe procedure. (Please note, ideally before you comment, that termination of pregnancy is, at every gestational age, safer than continuation of pregnancy. Continuing a pregnancy and delivering a baby is one of the riskiest things a young woman can do in this country of high and rising maternal mortality rates.) But the risks attendant to the surgical procedure of abortion dramatically increase with gestational age. Again, time is risk. For example, in one study looking at the overall risk of death from abortion, the overall risk was very low—0.7 deaths per 100,000 legal induced abortions. But the risk of death from termination of pregnancy increased exponentially—by 38 percent—for each additional week of gestation. Women who have abortions at 13 to 15 weeks are almost 15 times more likely to die of abortion-related causes than women who undergo one before eight weeks; women who undergo one at 16 to 20 weeks are 30 times as likely to die.

Read the **story**, and **more** about states' mandatory waiting periods for abortions. ■

## PREGNANCIES, continued

in January just after lunch — when that blue flash of pain rips through me. I stop talking. I freeze, hand on belly, and wait to find out if I'll vomit.

Inside me everything is lightening bolts and banshee wails and chaos. Outside, obedient, slightly bored students print in marble composition notebooks. Not one of my charges says anything — no one has noticed — so I steady my breathing and shuffle next door to find another teacher to cover for me.

On the toilet, I check my underpants. There is no new red blood — only the same smear of tacky rust-colored discharge that's been soiling my pads for weeks. The bathroom light, set to a motion-sensitive timer, blinks out into darkness while I sit stock still, afraid and in pain, replaying the highlights of the last two weeks: positive pee sticks, phone calls and doctor's offices, a sequence of blood tests, an ultrasound confirming a mass in my right adnexa (a uterine appendage), and, last night, a duo of cheerful ER nurses sheathed in full-body, bright orange hazmat suits injecting an abortifacient into my backside.

To turn the light back on, I need to move, but I am immobilized by pain so intense I can no longer tell where in my body it is coming from. After a time, the pain quiets enough for me to think over it and will my body into action. I flail my hands to trigger the light, stand up, wash. Maybe this is cramps from the methotrexate working, I think, just very bad cramps, signaling the welcome end of a doomed, rogue pregnancy.

After talking the school secretary out of calling me an ambulance—she is alarmed by my pallor—I drive myself home across the Richmond Bridge from the Marin school where I teach to the Oakland apartment where I live, gritting my teeth at every jostle and bump, half-blind with pain.

Read the **story**, and get **information** about pregnancy risks. ■

**Contact Us:** For help with script questions, contact [hhs@usc.edu](mailto:hhs@usc.edu), (800) 283-0676, or visit [www.usc.edu/hhs](http://www.usc.edu/hhs). Follow HH&S at [www.facebook.com/hollywoodhealth](https://www.facebook.com/hollywoodhealth) and on Twitter [@HollywdHealth](https://twitter.com/HollywdHealth).