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Stigma, Lack of Health Care Put 13- to 24-Year-Olds at HIV Risk

Teen Vogue | Critical conversations about HIV and AIDs have been popping up more frequently in recent years with the help of people like author **Camryn Garrett** and **2 Chainz** and organizations like Planned Parenthood. Unfortunately, stigma is still largely prevalent in many communities, and a lack of conversation, knowledge about sexual health, and resources continue to prevent many young people from getting the care they need. So many populations are affected by HIV/AIDS, including the LGBTQ community, the black community, and women and girls. However, according to the Centers for Disease Control and Prevention (CDC), one of the largest populations affected by HIV/AIDS is young people between the ages of 13 and 24. April 10, National Youth HIV/AIDS Awareness Day, is an observance that seeks to shed light on young people **YOUNG**, continued on page 3

Geriatrician Wants to Give Older Adults Back Their Independence

Stat | It's an unlikely place to launch a war against the nursing home industry.

But here on the black-stone edge of a gloomy Cayuga Lake stood the pioneering geriatrician **Dr. Bill Thomas**, a few feet away from his weapon of choice in this battle: a 330-square-foot, plywood-boned home he calls a Minka.

"I spent my career trying to change the nursing home industry," he said. "But I've come to realize it's not really going to change. So now what I've got to do is make it so people don't need nursing homes in the first place. That what this is about."

The idea sounds, in one sense, simple: create and market small, senior-friendly houses like this one and sell them for around \$75,000, clustered like mushrooms in tight groups or tucked onto a homeowner's existing property so caregivers or children can occupy the larger house and help when needed. **HOMES**, continued on page 3

Video | Diverse People With Disabilities

People with disabilities are natural innovators, and many Fortune 500 companies today realize that hiring them leads to a better bottom line. But more education, skills and jobs are needed for the future.



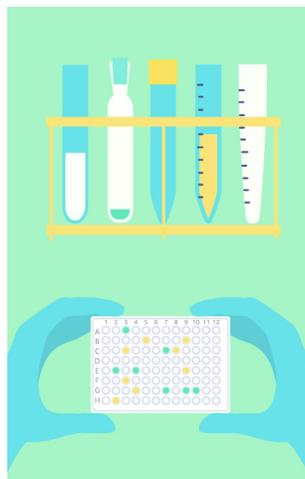
Infant Fine Following Birth. But Mom Was Another Story.

Motto | *The following is Kristin Rowe-Finkbeiner's account of her crisis immediately following childbirth.*

Room spinning, tired, I didn't realize I was hemorrhaging. My daughter had just been born in a rapid birth spurred by Pitocin because my labor wasn't progressing. I went from being six centimeters dilated to giving birth in seven **HEMORRHAGE**, continued on page 2

U.S. Military Space Systems Vulnerable to Cyberattacks

CSIS / Aerospace Security | The United States remains a leader in the use of space for military purposes. From hunting down terrorists in remote parts of the world to securing a credible nuclear deterrent, the United States uses space systems across the full spectrum of military operations. Current U.S. military strategy relies on being able to project **SPACE**, continued on page 2



Genetic testing is moving out of the labs into wider use.



QUOTE-WORTHY

"Would I rather have this baby with this [disorder or disability] or no baby at all?"

—**Dr. Sigal Klipstein**, reproductive endocrinologist

"This [legislation] will be the vehicle that will ultimately provide ... the opportunity to overturn Roe v. Wade."

—**State Sen. Rick Bertrand**, on Iowa's restrictive abortion ban

"This discovery is fundamental enough that it will spur many other scientists to reconsider this virus in these disorders."

—**Dr. John Harley**, on a study linking the Epstein-Barr virus to diseases such as lupus and rheumatoid arthritis



U.S. space system vulnerabilities are often made public, but the progress other nations are making in methods to attack them is not as readily accessible.

SPACE, continued

power around the world and over great distances—something space-based capabilities are uniquely able to support. But as the United States has developed more advanced national security space systems and integrated them into military operations in increasingly sophisticated ways, potential adversaries have taken notice. The U.S. military's dependence on space makes these systems a natural target for adversaries to exploit. Space is simultaneously a powerful enabler for the U.S. military and a critical vulnerability.

U.S. national security space systems are vulnerable to a wide array of threats, ranging from cyberattacks and jamming to direct-ascent anti-satellite (ASAT) missiles. While some U.S. space systems incorporate protections against certain types of attacks, all are vulnerable in certain ways. For example, the latest generation of protected satellite communications satellites, known as Advanced Extremely High Frequency (AEHF), incorporate a high degree of protection against jamming, spoofing, and other forms of electronic attack. But these satellites remain susceptible to kinetic attack, such as direct-ascent ASAT missiles or co-orbital weapons.

While the vulnerabilities of U.S. national security space systems are often discussed publicly, the progress other nations are making in counterspace systems is not as readily accessible. The purpose of this report is to review the open-source information available on the

counterspace capabilities of others that can threaten U.S. space systems. The report focuses on four specific countries that pose the greatest risk for the United States: China, Russia, Iran, and North Korea. Following these case studies, a fifth section analyzes the counterspace capabilities of other actors, including

[Our] dependence on space makes these systems a natural target for adversaries. Space is simultaneously a powerful enabler for the U.S. military and a critical vulnerability.

allies and partners of the United States, other nations, and some non-state actors.

This report is not a comprehensive assessment of all known threats to U.S. space systems because much of the information on what other countries are doing to advance their counterspace systems is not publicly available. Instead, this report serves as an unclassified assessment that aggregates and highlights open-source information on counterspace capabilities for policymakers and the public.

Read [more](#). ■

HEMORRHAGE, continued

minutes flat. Too fast.

Having elected for natural childbirth, it felt something like a tsunami hit the room, I'd been pulled deep under the churning waters, and she was swept in on a wave. To say I was worried about her is an understatement. Hearing my tiny daughter take that first breath and then start crying was one of the most relaxing noises I've ever heard. Such sweet relief. She was fine.

But I wasn't.

Shortly after my daughter was born, I remember my doctor leaning over me with the light framing her head above mine, looking me in the eye, and saying something like: "You're not done yet, and what I'm about to do is going to hurt more than anything you've ever felt in your life. Hold on." Without hesitation, she pulled out the broken pieces of placenta that were causing hemorrhaging that I didn't even know was happening at the time. As she did this I possibly broke a decibel record, dropping an epically loud F-bomb. But quick action was needed. If not treated quickly, postpartum hemorrhaging can be a sneaky, silent killer.

There's already a lot of blood involved in giving birth, and pain, too, so the person in trouble—in this case me—can be clueless that there's an emergency until it's too late.

I lived.

But many—too many—women don't. Women of color, in particular, are losing their lives at alarming rates. In fact, black women in the United States are more than three times more likely to die. Hemorrhaging, like I did when I had my daughter, is one of the most common ways women die in childbirth, and the situation isn't getting better.

Read [more](#), and get information on [postpartum hemorrhage](#). ■



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 include the CDC, the Bill & Melinda Gates Foundation, N Square Collaborative, The SCAN Foundation, California Health Care Foundation, and RespectAbility.

YOUNG, continued

who are most at risk and talk about resources that are available for prevention and treatment.

The most recent statistics from the CDC show that young people ages 13 to 24 accounted for 22% of all new HIV diagnoses in the United States in 2015. Of those diagnoses, approximately 81% were gay and bisexual males. The most affected populations were young black and African-American gay and bisexual males, as well as young Hispanic/Latino gay and bisexual males. Of all new diagnoses among males, 55% were black, and 24% were Hispanic/Latino.

Despite these numbers, young people dealing with HIV/AIDs are still the least likely of any age group to have access to or get health care that would help them reduce the risk of transmitting the disease to others, according to the CDC. Organizations like amfAR, as well as CDC guidelines, recommend that young people get tested for the disease as often as possible. However, oftentimes stigma and a lack of information prevent young people from talking about it, let alone getting tested.

“The main issue with youth has been stigma, and eliminating sexuality and not talking about it,” Dr. Keosha Bond, Assistant Professor at New York Medical College, told *Teen Vogue*. “With young men who are gay or bisexual especially, their parents ignore their sexual orientations, and that in itself creates a barrier. Having a safe space to talk about things is important. It’s about emotions, it’s about communication, and when we eliminate that, it makes it harder for people to express themselves and learn more about their own sexuality.”

Bond studies and specializes in how marginalized populations like black women and young people are affected by stigma related to HIV/AIDs. She also focuses on the Black community and transgender communities, where shame, stigma, and lack of resources can prevent them from getting the information, support, and preventive tools they need. One barrier, she pointed out, is that we haven’t yet totally normalized talking about STI and HIV prevention and resources in pop culture and media, which allows



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—Dr. Keosha Bond
Asst. Professor, New York Medical College

stigma and lack of information to prevail.

“To me it’s so important to normalize sex, to see it on more shows, and make sure young people have PrEP resources. When I was doing my dissertation, the year after I graduated, there was an episode of *How to Get Away With Murder* where someone was doing their PrEP routine. And everyone I knew texted and called me and said, ‘I know what that is!’ and it was so funny, but it also meant a lot to me to see it happening like a normal thing on a show,” she told *Teen Vogue*. “Increasing awareness that way is so important. We just need to normalize and show people using PrEP and talking about HIV and STIs in a positive way. Anything that’s trendy, whether it’s hair or music or clothes, or TV shows, we need to show people talking about sexual health there, because young people are talking about it, and paying attention to it,” Bond said.

Read **more**, and get **information** about HIV challenges among certain groups. ■

HOMES, continued

Thomas wants to help people grow older on their own turf and terms, while helping spare them the fiscal and physical stress of maintaining bigger homes.

In so doing, he hopes to shield them from the mouth of a funnel that too often summons elders to a grim march—from independent living, to assisted living, to nursing homes, to memory units, and to the grave.

The initiative has turned Thomas into a rare breed: the physician homebuilder, and it pits him not only against the nursing home industry, but also the housing industry, with its proclivity for bigger and bigger spaces.

He faces a steep climb, said James Knickman, an economist and chairman of the National Council on Aging. But he applauds Thomas’s move.

“Whatever Bill comes up with is really different and interesting and usually very insightful, and there’s a lot here that’s interesting,” Knickman said, before pausing. “Sometimes his ideas are difficult to implement. They’re out there a little.”

The Minka initiative, Knickman and others said, is no different.

Thomas, who is 58 with thick black hair, a graying beard, and the build of a former lineman, steps inside the doorway of his first Minka and leans against the kitchen counter as a visitor peeks around. The structure is warm, light, and surprisingly roomy, in a studio loft sort of way. Four oversize windows look out onto the lake, a shed-style roof rising to the view. (The term “Minka” has Japanese origins, as a traditional house for rural dwellers, typically those of modest financial means.)

In the back corner, across from a big bathroom compliant with the Americans with Disabilities Act, sits a full-size bed. On the other side of a plumbing-filled wall from the bathroom is a kitchen and countertop, made from Ikea components.

Read **more**, and get our **tip sheet** on functional homes for older adults. ■

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