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Brave Old World: Technology Taking Care of Aging Parents

Wired | Arlyn Anderson grasped her father's hand and presented him with the choice. "A nursing home would be safer, Dad," she told him, relaying the doctors' advice. "It's risky to live here alone—"

"No way," Jim interjected. He frowned at his daughter, his brow furrowed under a lop of white hair. At 91, he wanted to remain in the woodsy Minnesota cottage he and his wife had built on the shore of Lake Minnetonka, where she had died in his arms just a year before. His pontoon—which he insisted he could still navigate just fine—bobbed out front.

Arlyn had moved from California back to Minnesota two decades earlier to be near her aging parents. Now, in 2013, she was fiftysomething, working as a personal coach, and finding that her father's decline was all-consuming.

Her father—an inventor, pilot, sailor, **CARECOACH**, continued on page 2

Abortion Doulas Offer Aid During Complicated Time

The Washington Post | "Do you support reproductive choices of all shapes and sizes?" the flier had read, posted online in early April. "Become an abortion doula." More than 50 women had seen the flier on Facebook or Twitter and responded to the email address at the bottom, not entirely sure what an abortion doula was. Twenty-five had been selected for a weekend-long training at a Virginia abortion clinic, and now, one Saturday morning in May, they'd arrived to see whether they were right for the work.

A doula, traditionally, was trained to support a pregnant woman through her delivery, explained a facilitator from a group called D.C. Doulas for Choice. Traditional doulas weren't medical professionals, but they could hold hands, offer distraction, supply heating pads. In a roomful of doctors and nurses focusing on the delivery of a healthy baby, a doula was **DOULAS**, continued on page 3

Video | Rural Maternity Care Crisis

Full Frontal with Samantha Bee takes a look at the crisis in maternity care in rural parts of the country. Many hospitals have closed their maternity ward doors or have been shuttered entirely.



Voices of Patients Living With Rheumatoid Arthritis

The New York Times | The pain and inflammation of rheumatoid arthritis affects over 1.4 million people in the United States. It can damage the joints and many other organs of the body and can strike at any age. While early treatments for R.A. work to relieve the pain associated with this condition, newer medications can prevent joint damage **ARTHRITIS**, continued on page 2

Saliva Test Could Be Critical Weapon in Fight Against HIV

Newsweek | A super-sensitive, accurate spit-based test to detect HIV could be around the corner. Stanford researchers have developed a test that was 100 percent accurate in one study involving a handful of patients, according to findings published Monday in the Proceedings of the National Academy of Sciences (PNAS). If these results are **HIV TEST**, continued on page 3



North Korean nuclear propaganda poster



QUOTE-WORTHY

"I hope I can quit working in a few years, but the way it looks right now, I can't see being able to."

—Charles Glover, 70, who works as a cashier in Tulsa

"That's what I got for telling my OB that I have [postpartum depression] and I need help. I was treated like a criminal."

—New mom Jessica Porten, on her 10-hour ordeal

"We need to get beyond this notion that it has to be perfect, and it has to be accurate. The larger the warhead, the less accurate it needs to be."

—Daryl Kimball, exec. director of Arms Control Association



CARECOACH, continued

and general Mr. Fix-It; “a genius,” Arlyn says—started experiencing bouts of paranoia in his mid-eighties, a sign of Alzheimer’s. The disease had progressed, often causing his thoughts to vanish mid-sentence. But Jim would rather risk living alone than be cloistered in an institution, he told Arlyn and her older sister, Layney. A nursing home certainly wasn’t what Arlyn wanted for him either. But the daily churn of diapers and cleanups, the carousel of in-home aides, and the compounding financial strain (she had already taken out a reverse mortgage on Jim’s cottage to pay the caretakers) forced her to consider the possibility.

Jim, slouched in his recliner, was determined to stay at home. “No way,” he repeated to his daughter, defiant. Her eyes welled up and she hugged him. “OK, Dad.” Arlyn’s house was a 40-minute drive from the cottage, and for months she had been relying on a patchwork of technology to keep tabs on her dad. She set an open laptop on the counter so she could chat with him on Skype. She installed two cameras, one in his kitchen and another in his bedroom, so she could check whether the caregiver had arrived, or God forbid, if her dad had fallen. So when she read in the newspaper about a new digital eldercare service called CareCoach a few weeks after broaching the subject of the nursing home, it piqued her interest. For about \$200 a month, a human-powered avatar would be available to watch over a homebound person 24 hours a day; Arlyn paid that

same amount for just nine hours of in-home help. She signed up immediately.

A Google Nexus tablet arrived in the mail a week later. When Arlyn plugged it in, an animated German shepherd appeared onscreen, standing at attention on a digitized lawn. The brown dog looked cutesy and cartoonish, with a bubblegum-pink tongue and round, blue eyes.

She and Layney visited their dad later

For about \$200 a month, a human-powered avatar would watch over a homebound person 24 hours a day.

that week, tablet in hand. Following the instructions, Arlyn uploaded dozens of pictures to the service’s online portal: images of family members, Jim’s boat, and some of his inventions, like a computer terminal known as the Teleray and a seismic surveillance system used to detect footsteps during the Vietnam War. The setup complete, Arlyn clutched the tablet, summoning the nerve to introduce her dad to the dog. Her initial instinct that the service could be the perfect companion for a former technologist had splintered into needling doubts. *Was she tricking him?*

Read the **story**. ■

ARTHRITIS, continued

before it causes serious disabilities. But regardless of whether R.A. occurs in a child or an adult, stiffness and pain can make life difficult. Here, four men and women speak about their experiences with R.A.

Jennifer Vido, 41

Jennifer Vido, a French teacher and writer, developed symptoms of rheumatoid arthritis at age 8, when her ankle began to hurt and she developed a limp. At the time, juvenile rheumatoid arthritis was relatively unknown and there were few effective treatments for the disease. Ms. Vido had to chew 16 aspirin a day to curb the pain, and her school developed a modified gym program for her.

Today, range-of-motion exercises are generally part of the treatment plan for someone with R.A. However, since these exercises were not included in Ms. Vido’s early treatment, she has lost some flexibility, particularly in her knees and wrists.

Because of increasing pain after the birth of her second son, Ms. Vido had a hip replacement at age 33. She was unable to continue teaching full-time because of her pain, but Ms. Vido, with her husband, Durbin, is able to teach one class a day and enjoys writing, as it is a very “arthritis-friendly” career. Ms. Vido began to take biologic drugs more than 10 years ago, and they have helped curb the joint damage that R.A. was causing. She understands that she will always have to make modifications in her life because of her pain but is grateful to be able to remain active.

Read the **profiles** of the others and **listen** to their stories; more on RA **here**, and get **information** on lupus, which is closely linked to arthritis. ■



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.

DOULAS, continued

focused solely on the emotional well-being of the mother.

D.C. Doulas for Choice, a volunteer-based collective, believed pregnant women needed equal support if they decided not to become mothers at all, the facilitator explained. And so, if the aspiring doulas in this room made it through training, and apprenticed through a series of shadow shifts, then this is what they were signing up for: To be in a surgical room with a woman through one of the most intimate emotional experiences of her life; to hold her hand while she has an abortion.

The facilitator asked everyone to share strengths they could bring to the table, and hang-ups they'd try to leave at the door. Bringing: openness, empathy and willingness to learn, said the aspiring doulas. Leaving: nerves, distraction and preoccupation with their own busy lives. "Family judgment," said a doula named Grace. "My mother has told me she would disown me if I had an abortion."

The other women sitting around the table winced. Grace shrugged a little, as if to say, What are you going to do? The night before this training, she'd been worrying that her parents might ask about her weekend plans, but here she was, anyway.

The women the doulas helped would be strangers, the facilitators explained. The doulas would know them only by their first names. After they left, the doulas would never see them again.

Outside the clinic, abortion was vast and abstract. Inside, abortion was a five-minute procedure happening to actual people. To be an abortion doula meant being a part of the pro-choice movement at its most granular, most personal, where philosophical debates fell away.

On the first day of training, a doctor had come in, a chic, funny woman who walked through the mechanics of the procedure, passing around medical instruments: a tenaculum, metal dilators. On the second day, they went over a list of neutral phrases and topics for if they found themselves not knowing what else to say: "It is almost finished." "You're so strong." "Are you watching anything good on TV?" Ask what patients were planning to have for dinner — they wouldn't have eaten



To be an abortion doula means being a part of the pro-choice movement at its most granular, most personal, where philosophical debates falls away.

since the night before. Talk about their kids. Patients who already had kids loved talking about their kids.

"It feels a little vague," worried a woman named Lila as they went over how to explain their roles to patients. "I'm circling around, like, 'I'm here for you,' but am I communicating what that would really, actually look like for me to be in the room?"

The final activity was role-play; the trainers had written scenarios on index cards. "Grace, are you comfortable going first?" a facilitator named Lindsey asked, selecting a card for the young woman who had said she needed to leave behind family judgment.

Another trainer lay back in a chair meant to mimic a surgical table. "I'm freaked out," the pretend patient told Grace. "The protesters outside are making me nervous — are they here every day?"

Read the [story](#). ■

HIV TEST, continued

confirmed in much larger studies, the test's proponents believe it could be an important tool in the fight to eradicate HIV.

Multiple oral HIV tests are already on the market, including one that can be done at home. However, researchers say theirs is far more sensitive and can detect infections sooner—possibly as soon as two weeks after a person is exposed.

The advantages of using spit rather than blood to diagnose HIV is obvious—you can't be infected by the spit of a person who is HIV-positive. People are also generally much more willing to give you their spit than their blood, Dr. Nitika Pant Pai, an HIV testing researcher at McGill University who was not involved in the research, told Newsweek. "The beauty of oral testing is the non-invasive part of it," she said, especially for people who might be particularly hesitant to have a blood draw done like children, young adults and pregnant women. (The paper noted the test might be useful for population screening in contexts where blood-based collection might be ill-advised, like prisons, or among people who might be particularly difficult to draw blood from, including infants and people whose veins are compromised due to repeated injections.)

Blood and saliva are actually related. You can find most of the stuff you find in your blood—in very low levels—in your spit. (The reason HIV is not transmissible through spit is because saliva itself can mess with the virus.) However, the levels of HIV antibodies that are detectable in spit are so, so low—and there's no getting around that. "You can't amplify a protein. There's no way to amplify a protein. But if you can somehow convert a protein to a DNA signature, then you can amplify the DNA," study author and Stanford University chemist Carolyn Bertozzi said.

Read the [story](#). ■

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