‘Fourth Trimester’ Problems Can Have Long-Term Effects
NPR | Melody Lynch-Kimery had a fairly routine pregnancy. But when she got to the hospital for delivery, she says, things quickly turned frightening.

After an emergency cesarean section, Lynch-Kimery hemorrhaged; she heard later she’d lost about half the blood in her body.

“I just kept thinking ‘I’m not going to die. I’m not going to die. I’m not going to let you let me die,’ “ she says.

After that traumatic experience, Lynch-Kimery spent a week in the hospital. She went home with her newborn daughter, Sawyer, thinking her delivery complications were resolved.

Then, about three months later, she started to feel pain in her lower abdomen.

“Just randomly, one day I started to have a lot of burning,” she remembers. “Just a lot of cramping — a lot of pain"

Diversity in Clinical Research: Good Science, Better Medicine
Stat | Hispanic Americans have higher levels of diabetes and less access to health care services, yet they live on average about three years longer than non-Hispanic whites and six years longer than African-Americans.

Why?
No one really knows. Hispanics are underrepresented in both clinical trials and the genome-wide association studies that have informed our understanding of the molecular foundation of health and disease, so we can only guess.

But new research is offering some insights. A study published in Genome Biology suggests that people age differently based on how their genes interact with the environment at the so-called epigenetic level. (Think of epigenetics as molecular switches that can turn genetic processes on or off.) Most of the differences in life expectancy

DIVERSITY, continued on page 3

The Reasons So Many Older Adults Overdose on Opioids
The Atlantic | As the body ages, it often aches. In the United States, 81 percent of adults over 65 endure multiple chronic conditions such as arthritis, hypertension, heart disease, and diabetes. There also can be emotional pain from the loss of relatives and close friends, and concerns about the continued ability to live independently.

OPIOIDS, continued on page 3

Millions of Women Already Live in a Post-Roe America
The Intercept | I met Danielle in the counseling room of the Jackson Women’s Health Organization in Jackson, Mississippi, which sits on a busy corner in the city’s arts district. Its vibrant pink paint job has earned it the name “the Pink House,” and it is the state’s only remaining abortion clinic.

Dressed in gray sweatpants and a

JOURNEY, continued on page 2

QUOTE-WORTHY
“When it comes to mental health, there seems to be a fear that talking about prevention somehow implies people with mental illness are at fault for their struggles.”
—Amy Morin, social worker, psychotherapist

“We baby boomers are redefining [the] whole senior thing.”
—Doris Richardson, 74, on home-sharing among senior adults

The results offer “reassurance that [transgender women] can use PrEP without fear that it will decrease [hormone levels].”
—Akarin Hiransuthikul, of the Thai Red Cross AIDS Research Center, on a study showing that the HIV prevention drug does not affect levels of feminizing hormone therapy
DIVERSITY, continued

among various ethnic and racial groups can be accounted for by faster and slower rates of aging, with ethnic characteristics serving as a proxy for the unknown underlying epigenetic factors that shape the aging process.

This is just one example of the growing body of research suggesting that we must begin to tailor medical care to individual characteristics. But one-size-fits-all medicine still predominates today, in part because most clinical trials and other studies fail to reflect the diversity of Americans, even as we enter a new era in which the principles of personalized medicine are reshaping our understanding of health care.

Most clinical research includes participants who are overwhelmingly white, non-Hispanic, and, until recently, male. More than 80 percent of genome-wide association studies have been conducted among individuals of European descent. Hispanics represent 0.54 percent of those in genome-wide association studies, not more than a rounding error.

For the most part, current medical therapies, as well as most of those in development, have been tested inadequately—or not at all—in women, children, older adults, individuals with multiple chronic conditions, low-income individuals, and racially and ethnically diverse populations.

Besides interfering with the goals of science and medicine, research that doesn’t reflect the diversity of the U.S. is also bad for the business of health. Clinical trials of “enriched populations,” meaning populations that include individuals who share particular biomarkers, may lead to faster and less-expensive clinical trials. But by themselves they won’t increase our understanding of the effectiveness and safety of therapies for the broader population. Without diversity in clinical trials, those discoveries—which may also lead to new markets—will not happen.

For decades, advocacy groups have urged the National Institutes of Health, the Food and Drug Administration, and the biopharmaceutical industry to include people of diverse racial and ethnic backgrounds, as well as women, in clinical trials. While all agree on this worthy goal, the actual results are discouraging.

The NIH Revitalization Act of 1993 requires all federally funded clinical research to prioritize the inclusion of women and underserved racial and ethnic groups. Yet between 1993 and 2013, less than 2 percent of cancer studies have included enough racial and ethnic group participants to report relevant results.

There is no single solution to the problem. But the NIH’s recently launched All of Us Research Program is a good start. Building a national cohort of 1 million or more Americans that reflects the rich diversity of the American population is a hallmark of the federal effort to accelerate research in personalized medicine.

Read more of the story.

OPIOIDS, continued

For those whose physical ailments prove almost paralyzing and chronic, health providers often prescribe opioid painkillers, such as hydrocodone and oxycodone. But that can lead to trouble.

Last year, the Department of Health and Human Services declared the opioid crisis a public-health emergency. The department has spent almost $300 million on treatment services and other initiatives, but still more and more Americans are dying of overdoses on opioids—in the forms of prescription pain pills, heroin, or synthetic drugs. While older adults are not the age group most affected by the crisis, the population of older adults who misuse opioids is projected to double from 2004 to 2020.

A lot of factors contribute to this rise among the elderly. Many undergo several surgeries and are prescribed opioids they use for a long time, which heightens their chances of developing a use disorder. Some take more than they need, because the opioids they’ve been prescribed aren’t holding their pain at bay. Older adults of color, who face more barriers to getting the medications they need for pain, may get prescriptions from friends or family without proper instructions. But a recent poll highlights just how widespread another factor might be: doctors failing to warn their own patients about the risks that come with prescription pain relievers.

Researchers involved with the University of Michigan’s National Poll on Healthy Aging polled a nationally representative sample of 2,000 Americans, aged 50 to 80, about what their health-care providers talked about when prescribing opioid medication to them. In the past two years, 589 said they filled an opioid prescription. This group knew how often to take the medication, but the majority didn’t recall their doctors or pharmacists talking about the risk of addiction, the risk of overdose, or what to do with leftover pills.

Read more of the story.
A New Front in the War Over Reproductive Rights
The New York Times | Marie Stettler has a tattoo on her arm that reads “Gelobt sei Jesus Christus, in Ewigkeit Amen.” It’s a German prayer her family used to recite together, and it means “Praise be Jesus Christ, for eternity Amen.” The family attended Mass weekly, and every Saturday morning at 4:30 they prayed together in front of the Eucharist for an hour. As a teenager in Soda Springs, Idaho, Stettler had a 4.0 G.P.A. and was named Caribou County Junior Miss. She prayed all the time, asking God at each big juncture of her life what he wanted her to do. Her friends, she said, saw her as “this Christian gal who is chasing the Lord.”

After high school, Stettler moved from Idaho to New York to Washington, taking classes here and there in things like design and music production. By her early 20s, she was restless and began praying

ABORTION, continued on page 2

Behind the Numbers: A Closer Look at Maternal Deaths in U.S.
ProPublica/NPR | The U.S. has the highest rate of maternal mortality in the developed world. Yet these deaths of women from causes related to pregnancy or childbirth are almost invisible. When a new or expectant mother dies, her obituary rarely mentions the circumstances. Her identity is shrouded by medical institutions, regulators and state maternal mortality review committees. Her loved ones mourn her loss in private. The lessons to be learned from her death are often lost as well.

The inability, or unwillingness, of states and the federal government to track maternal deaths has been called “an international embarrassment.” To help fill this gap, ProPublica and NPR have spent the last few months searching social media and other sources for mothers who died, trying to understand what happened to them and why. So

MATERNAL DEATHS, continued on page 3

How One Family Was Engulfed by the High Water of Opioids
Pacific Standard | On a beautiful, sunny April day, Chanda Lynn Germain sits talking with her brother, Zack Dahlbeck, on their back porch at home in Jamestown, New York. Chanda Lynn is wearing a tough leather jacket over a light blue gingham dress that matches Zack’s plaid shirt. They also share the same platinum blonde hair and piercing blue eyes.

FAMILY, continued on page 2

The South Reveals Staggering Numbers on HIV Infection Rate
The New York Times | Early on a balmy morning last October, Cedric Sturdevant began his rounds along the bumpy streets and back roads of Jackson, Miss. Sturdevant, 52, has racked up nearly 300,000 miles driving in loops and widening circles around Jackson in his improvised role of visiting nurse, motivational coach and father figure

HIV, continued on page 3

QUOTE-WORTHY

“Studies should represent the demographics of the country ... so we can better understand how a particular drug or therapy works in different communities.”
–Dr. Jonca Bull, on lack of Hispanics in clinical trials

“Every minute that you can get the patient into treatment sooner will represent some brain cells that are saved.”
–Dr. Jeremy Brown, on treating heart attacks and strokes

“Just because [nuclear drone bombers] is not a great idea in a U.S. system doesn’t mean others don’t think about it that way.”
–Paul Scharre, on the proliferation of pilot-less bombers

Juan Vasquez found a clinical trial to join by himself online.
ABORTION, continued

Sarah Anne Ward / The New York Times

FAMILY, continued

The scene seems almost idyllic. Though they are adults now—Chanda Lynn is 23; Zack, 25—it’s not hard to imagine the childhood they describe, building forts in the woods and staying up until the early morning talking. Chanda Lynn—who was the only girl on the Jamestown junior high football team—proudly recalls beating up neighbor kids who teased Zack for being chubby. But soon the conversation has shifted from childhood memories back to pills, syringes, overdoses, and death.

For the better part of two hours, the siblings have been talking about the epidemic that has seized hold of not just their own family, but Jamestown as a whole. The one-time furniture capital of the country, which lies nestled in rolling hills and green farmlands, finds itself engaged in a losing battle against opioids.

Suddenly, a Facebook alert pops up on Chanda Lynn’s phone: “Somebody just died from a heroin overdose in Jamestown,” she says.

This day, Zack reacts to the news somberly. But in the past, he says, he would have greeted the news with excitement.

“If I flip back into my junkie brain, ‘Oh man, someone just died from pink bags, that’s got to be great shit!”’ he says, speculating that this latest overdose came from heroin laced with the powerful synthetic opioid fentanyl. Different batches of heroin are often sold in distinctively colored or marked bags, and when addicts know a certain batch is powerful, they seek it out.

Read the story, find out more about the opioid problem, and watch *American Epidemic*, a chronicle about four other families hit by addiction. ■

The “abortion pill” is really two separate drugs, mifepristone and misoprostol, taken 24 to 48 hours apart. Stettler took the first pill in the clinic, after what she recalls as a 10-minute meeting with a counselor who reassured her that she just wanted it all to not exist, which is kind of what the pill allows a woman to think can happen.”

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Within an hour, she said, she was overcome with remorse. She pulled herself away from suicidal daydreams, but as the hours slipped by, she couldn’t shake the sense that she had made a grave error. The second dose of medication, four tablets that would cause her to expel the fetus from her body, sat in a brown bag on her kitchen counter like a time bomb. She was supposed to take them the next day.

Read the story, learn more about abortion care and recovery, and watch a report that looks at whether a medication abortion can be reversed after it’s begun. ■

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, The SCAN Foundation, California Health Care Foundation and the Southern California Clinical and Translational Science Institute.
Deep inside Cheyenne Mountain in Colorado, a military team works in one of the nation’s most secure bunkers, on guard against a nuclear attack against the U.S.

Read the article and take a video tour of complex.

His London Buyers Club Is Being Credited With Drop in HIV Cases

BuzzFeed | A few days before Christmas 2016, a phone call took place that no one could have predicted.

One of the world’s most esteemed HIV doctors, Professor Sheena McCormack—one of the world’s most esteemed HIV doctors, whose life’s work as an epidemiologist has been to track and fight the virus—picked up the phone to deliver a message that would make headline news: In the space of 12 months, the number of gay men in London being diagnosed with HIV had dropped by 40%. Across England it was down by a third.

No British doctor has been able to report a fall this steep in more than 35 years of the virus. It is the kind of figure that in medical circles is so large as to look jarring, even false; and yet it was true.

Behind this story lay a series of secret meetings and a network of people with one man at the centre who, unknown to HIV, continued on page 2

Genetic Link Might Hold Key to Ending Opioid Epidemic

Wired | On a scale of 1 to 10, how would you rate your pain? Would you say it aches, or would you say it stabs? Does it burn, or does it pinch? How long would you say you’ve been hurting? And are you taking anything for it?

Steven Pete has no idea how you feel. Sitting in Cassava, a café in Longview, Washington, next to a bulletin board crammed with flyers and promises—your pain-free tomorrow starts today; remember: you’re not alone in your battle against peripheral neuropathy!—he tells me he cannot fathom aches or pinches or the searing scourge of peripheral neuropathy that keep millions of people awake at night or hooked on pills. He was born with a rare neurological condition called congenital insensitivity to pain, and for 36 years he has hovered at or near a 1 on the pain scale. He’s 5’ 8”, with glasses and thinning brown hair, and he has a PAIN, continued on page 3

When Anxiety and Depression Collide With Pregnancy

Marie Claire | When my daughter was about three months old, I attended a party with a bunch of other new moms. They were gushing—GUSHING—about parenthood. I stood silently in a circle of the rosiest faces you ever did see, wondering what on earth they were experiencing. Someone turned to me to ask how my daughter was.

DEPRESSION, continued on page 2

A Southern Christian Doctor’s Journey to Providing Abortions

Newsweek | A 12-year-old girl showed up in Dr. Willie Parker’s waiting room in Illinois. The girl was an incest victim, having been impregnated by her father, and she and her mother wanted her to have an abortion. The girl was stoic, which led Parker to conclude that she had figured out a way to project herself out of her traumatic predicament. “The right

QUOTE-WORTHY

“I just don’t see the importance of that piece of paper.”
–Karen Kanter, with Stan Tobin (left). Both 75, they live together but are not married (and they’re not alone).

“We should be rewarding quality research that will make an impact on real people’s lives.”
–Dr. John Ioannidis, on the crisis in research reliability

“That dust was like baby powder. We were covered in it.”
–Paul Laird, who helped clean up a Pacific island where soil was left radioactive by atomic tests. He and other ill veterans are being denied medical benefits by the military.
ABORTION, continued

answer was to end that pregnancy,” he tells Newsweek over the phone.

Some Americans would feel for Parker in this situation, while others would think he committed a moral evil in carrying out the abortion, especially since the girl, at 23 weeks into her pregnancy, was just four weeks shy of entering her last trimester. This is one of the memories that has stayed with Parker, a 54-year-old African-American Christian traveling abortion provider in the Deep South. An outspoken advocate for reproductive justice, he estimates that he sees 50 women on his busiest day, performs at least 1,000 abortions a year and has completed more than 10,000 over his career.

As a physician, he didn’t always perform abortions.

Parker describes other memorable encounters with patients and draws readers into his personal and professional evolution as an abortion provider in his personal narrative, Life’s Work: A Moral Argument for Choice, which was released Tuesday. He argues that his profession is rooted in justice, and that the procedure is rooted in moral good.

Speaking from his own experiences of race and class discrimination, Parker compares restrictions on abortion to slavery. The physician, entirely bald with a salt-and-pepper beard, dressed in a blue pin-striped shirt and navy suit with a white pocket square tucked away, spoke Wednesday night at the Strand Book Store in New York City about how, in both circumstances, someone claims to know what’s best for another individual and has control over that person’s autonomy. “If you’ve never lived with your back against the wall,” he said, “you won’t get why a woman would go to any length to end a pregnancy they do not want.”

Read the story, and find out more about a study on how abortion restrictions hurt the most vulnerable.

Contact Us: For help with script questions, contact hhs@usc.edu, (800) 283-0676, or visit www.usc.edu/hhs. Follow HH&S at www.facebook.com/hollywoodhealth and on Twitter @HollywdHealth.
Doctors could not determine why Diana Hardeman, 33, an otherwise healthy and fit young woman with no apparent risk factors, had suffered two strokes in less than three years. Read article and watch as she tells her story.

At 16, Her Mother Flew to Japan Alone to Have a Legal Abortion
New York Magazine | In 1966, writer Alexis Cheung’s mother flew from Seattle to Japan, alone, to have an abortion. She was 16. “It’s strange, as a daughter, to wish you could protect your mom from something that happened so many years ago. But as aggressive rollbacks on women’s health care ensue … her experience no longer seems so far-fetched. My mother’s abortion was a footnote in an otherwise expansive and fulfilled life—a life, of course, enabled by her decision. This is her story in her own words:

When [my period was] two weeks late, I went to the doctor because my cycle was usually like clockwork. I knew right away that I was pregnant, within six weeks. I bypassed our family doctor and went to another GP. She was the only female doctor in town [Everett, Washington, about an hour from Seattle]. I thought...

Minorities Face Hurdles in Joining Clinical Trials
The New York Times | Like a man on a flying trapeze, K.T. Jones has leapt from one medical study to another during his 15-year struggle with cancer, and he has no doubt that the experimental treatments he has received have saved his life.

Mr. Jones, 45, has an aggressive type of Hodgkin’s lymphoma that resists the usual therapies. At the start of his most recent clinical trial, his life expectancy was measured in months. That was more than three years ago. He received a drug that helped his immune system fight cancer — a type of immunotherapy, the hottest area in cancer research and treatment.

“I’ve been over 12 months now with no treatment at all,” he said. “I walk half-marathons.”

Mr. Jones is one of many patients who have benefited from lifesaving advances in immunotherapy. But he’s an outlier: He is African-American. As money...
TRIALS, continued

Many patients from minority groups live in areas without easy access to a major cancer center, such as the Hopkins Kimmel Cancer Center in Baltimore.

pours into immunotherapy research and promising results multiply, patients getting the new treatments in studies have been overwhelmingly white. Minority participation in most clinical trials is low, often out of proportion with the groups’ numbers in the general population and their cancer rates. Many researchers acknowledge the imbalance, and say they are trying to correct it.

Two major studies of immunotherapy last year starkly illustrate the problem. The drug being tested was nivolumab, a type of checkpoint inhibitor, one of the most promising drug classes for cancer. In both studies, patients taking it lived significantly longer than those given chemotherapy.

In the first study, of 582 patients with lung cancer, 92 percent were white. Three percent were black, 3 percent were Asian and 3 percent were listed as “other.”

In the second study, of 821 people with kidney cancer, 88 percent were white, 9 percent Asian and just 1 percent black.

According to 2015 census figures, whites make up 77 percent of the United States population, blacks 13.3 percent and Asians 5.6 percent.

A 1993 law requires that all medical research conducted or paid for by the National Institutes of Health include enough minorities and women to determine whether they respond to treatment differently than other groups. Minority enrollment in its studies was about 28 percent in clinical research and 40 percent in Phase III clinical trials in 2015, the N.I.H. said.

But the N.I.H. paid for only about 6 percent of all clinical trials in the United States in 2014, and those it does not support do not have to adhere to its rules. The lung and kidney studies of nivolumab, for instance, were paid for by the drug’s maker, Bristol-Myers Squibb. Researchers say such studies, geared toward getting a drug approved for new uses, are often done quickly, and minority patients may be left out because it can take longer to find and enroll them.

One obstacle, researchers say, is that people in minority groups tend to have lower incomes and less education, and therefore less awareness of medical studies and how to find them. Many live in areas that do not have easy access to a major cancer center. Moreover, minority patients with cancer are more likely to have other, poorly controlled chronic diseases like diabetes that may make them ineligible for studies, according to Dr. Julie R. Brahmer, from the Johns Hopkins Kimmel Cancer Center.

Even if they do qualify and want to enroll, financial hurdles can be daunting. Read the story, find out more about clinical trials, and get information about minority participation in research.

OPIOIDS, continued

illegally sold the drugs for street use.

Leading the campaign was the agency’s Office of Diversion Control, whose investigators around the country began filing civil cases against the distributors, issuing orders to immediately suspend the flow of drugs and generating large fines.

But the industry fought back. Former DEA and Justice Department officials hired by drug companies began pressing for a softer approach. In early 2012, the deputy attorney general summoned the DEA’s diversion chief to an unusual meeting over a case against two major drug companies.

“That meeting was to chastise me for going after industry, and that’s all that meeting was about,” recalled Joseph T. Rannazzisi, who ran the diversion office for a decade before he was removed from his position and retired in 2015.

Rannazzisi vowed after that meeting to continue the campaign. But soon officials at DEA headquarters began delaying and blocking enforcement actions, and the number of cases plummeted, according to on-the-record interviews with five former agency supervisors and internal records obtained by The Washington Post.

The judge who reviews the DEA diversion office’s civil caseload noted the plunge.

“There can be little doubt that the level of administrative Diversion enforcement remains stunningly low for a national program,” Chief Administrative Law Judge John J. Mulrooney II wrote in a June 2014 quarterly report obtained under the Freedom of Information Act.

In fiscal 2011, civil case filings against distributors, manufacturers, pharmacies and doctors reached 131 before dropping to 40 in fiscal 2014, according to the Justice Department.

Read the story, and find out more about opioid overdoses.