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## 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**

## Video | American Epidemic

The Wall Street Journal looked at the devastating impact that the opioid epidemic has had on four families.

See related story below on how three generations of another family were hit by the scourge.



The Wall Street Journal

## 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



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

“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



Sarah Anne Ward / The New York Times

## ABORTION, continued

to find a path that was “meaningful and selfless.” So she moved again, this time to attend nursing school in Pittsburgh. She became active in the anti-abortion movement there, traveling to attend the March for Life, a huge annual gathering of anti-abortion activists in Washington. But although her faith felt revived, she began “living a double life,” she told me, casually dating a much older restaurateur, whom she described as a “billionaire.” In late October 2015, a month before graduation, she found out she was pregnant.

She had always looked forward to pregnancy, even the silly rituals like posting maternity photos to Facebook. This just wasn’t what she had imagined. She thought about how a pregnancy would affect the nursing career she was so close to starting. She didn’t want to marry her boyfriend or be attached to him forever through co-parenting. And being a single mother, she feared, would make it harder to attract the kind of “good Catholic guy” she hoped to settle down with eventually.

About a week later, she made a decision that nearly one million American women make each year: She would have an abortion. After reading about the abortion pill online, she made an appointment at a Planned Parenthood clinic a block from her downtown apartment. She would rather face her forgiving God, she thought, than her anti-abortion family and friends. “I didn’t want the baby, but I also didn’t want to have the abortion,” she said. “I

just wanted it all to not exist, which is kind of what the pill allows a woman to think can happen.”

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

## The “abortion pill” is really two separate drugs, mifepristone and misoprostol, taken 24 to 48 hours apart.

ought to “chase [her] own dreams.” 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. ■

## 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. ■



**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.

## MATERNAL DEATHS, continued

far, we've identified 120 pregnancy- and childbirth-related deaths for 2016 out of an estimated U.S. total of 700 to 900. Together these women form a picture of maternal mortality that is more racially, economically, geographically and medically diverse than many people might expect. Their ages ranged from 16 to 43; their causes of death, from hemorrhage to infection, complications of pre-existing medical conditions, and suicide. We were struck by how many perished in the postpartum period, by the number of heart-related deaths, by the contributing role sometimes played by severe depression and mood disorders — and by the many missed opportunities to save lives.

ProPublica and NPR plan to expand our 2016 photo gallery as we find more women and hear from more families. If you know of someone who died, please tell us here. Meanwhile, we highlight 16 women with portraits of their lives and deaths. Their stories are a reminder of just how much is lost when a mother dies. Examined together, these private tragedies point to a much bigger public health problem, and underscore the potential repercussions for women and families as Republicans in Congress push to revamp the health care system and roll back Medicaid.

JANUARY 26

### Amanda Rose Kotrba

**Amanda Rose Kotrba** never got over the frightening birth of her son, back in 2008. Late in her third trimester, she had developed a problem with her placenta — the organ that supplies nutrients to the developing fetus — and lost most of her amniotic fluid, resulting in an emergency Cesarean section. Seven years and a couple of miscarriages later, she was pregnant again. “She was scared,” her mother, Connie Holyfield, said. “She kept telling me that she was scared.”

Amanda was no shrinking violet — “feisty” and “headstrong” is how Connie described her 30-year-old daughter. She worked as a security guard and had a side business cleaning apartments in the Orange Park, Florida, complex where she and her longtime boyfriend lived with their son. She didn't have private



Amanda Rose Kotrba

health insurance or a car, but Medicaid covered her maternity care and provided transportation to prenatal appointments; other times, Connie would drive her. Toward the end of her ninth month, Amanda's visits to the doctor and the emergency room became more frequent. “She started having some bleeding, some back pain and some stomach pain,” Connie said. “She kept telling me she didn't feel right.” Amanda worried that her placenta was failing again. But the doctors and nurses who examined her always sent her home.

On Sunday, Jan. 24, Amanda was overcome by searing pain; when Connie arrived at the hospital, her daughter was undergoing another emergency C-section. Amanda had suffered a placental abruption — the organ had become detached from the walls of the uterus — and major bleeding. Her newborn daughter had a collapsed lung, and Amanda was so ill she could barely glance at the baby. After a few hours, she seemed to rally. Then, when Connie went to take a photo of the baby to bring back to her room, Amanda texted her: “More blood.” As Connie was signing consent forms for more emergency surgeries, Amanda gasped, “Mom, I'm not gonna make it.” She died 36 hours later, her body so ravaged that, her mother said, “She didn't even look like the same person.”

Read the rest of the women's **portraits**, learn **more** about maternal mortality, and find out **how** California successfully reversed the national trend. ■

## HIV, continued

to a growing number of young gay men and transgender women suffering from H.I.V. and AIDS. Sturdevant is a project coordinator at My Brother's Keeper, a local social-services nonprofit. If he doesn't make these rounds, he has learned, many of these patients will not get to the doctor's appointments, pharmacies, food banks and counseling sessions that can make the difference between life and death.

Negotiating a maze of unpaved roads in Jackson in the company car, a 13-year-old Ford Expedition with cracked seats and chipped paint, he stopped to drop off H.I.V. medication at a couple's home. One of the men was H.I.V.-positive, the other negative; they lived in the neighborhood locals call the Bottom, where every fifth or sixth home is abandoned, with broken windows, doors hanging off hinges, downed limbs and dry leaves blanketing front yards. Sturdevant banged on the door of a small house, its yard overgrown with weeds; he knew not to leave the package on the doorstep, where it could be stolen. After a while a young man emerged, shirtless, shrugging off sleep. He had just gotten out of jail. Sturdevant handed him the package, shook his hand and told him to “stay out of trouble.”

Sturdevant drove on another 15 minutes to pick up Marq (a shortened version of his name to protect his privacy), a teenager who was still reeling from the H.I.V. diagnosis he received the previous spring. As they headed to and from a doctor's appointment and a meeting with a counselor, Sturdevant, slow-talking and patient, with eyes that disappear into his cheekbones when he smiles and a snowy beard, gently grilled him, reminding him to stay on his meds. The teenager slumped in the back seat, half listening, half checking his texts.

Read the **story**, and learn more about **rates of HIV infection** in the U.S. ■

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