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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 **JAPAN, continued on page 2**

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 on page 3**

Video | A Stroke at Any Age

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.**



Image via Skype

Could Flawed U.S. Safeguards Start Nuclear War by Mistake?

The New Yorker | On June 3, 1980, at about two-thirty in the morning, computers at the National Military Command Center, beneath the Pentagon, at the headquarters of the North American Air Defense Command (NORAD), deep within Cheyenne Mountain, Colorado, and at Site R, the Pentagon's alternate command post center hidden inside Raven **NUCLEAR, continued on page 2**

Sides Blur in War Against Growing Opioid Epidemic

The Washington Post | A decade ago, the Drug Enforcement Administration launched an aggressive campaign to curb a rising opioid epidemic that was claiming thousands of American lives each year. The DEA began to target wholesale companies that distributed hundreds of millions of highly addictive pills to the corrupt pharmacies and pill mills that **OPIOIDS, continued on page 3**



QUOTE-WORTHY



"[He] is very optimistic and sociable, with many friends."
—Researcher Veronique Billat, on how lifestyle may benefit 105-year-old French cyclist Robert Marchand (left)

"Humans have no natural immunity to HIV. So we're having to engineer an immune response that doesn't exist."
—Dr. Carl Dieffenbach, on developing HIV vaccine

"Right now, we need 'Generation Possible' to help us make some really important decisions about nuclear weapons."
—N Square Director Erika Gregory, on young activists who protest about issues, but nuclear threat is not one of them



▶ A Seattle travel agency specialized in arranging trips to Japan, where, for \$1,000, a woman could obtain a safe, legal abortion that she couldn't get in the U.S. at the time. *Image: iStock*

JAPAN, continued

because she was a woman that she'd be able to relate to me, but instead she confirmed the pregnancy and said, "Whatever you do, don't get an abortion." At that time, abortion wasn't legally available where I lived. So my boyfriend and I — thinking there was no alternative — thought we had no choice but to have the baby.

When I told my sister what the doctor had said, she told me there was another option. She presented the possibility of abortion. Deciding was not a struggle. It was a relief. I was 16 and I wanted to go to college. I was in no way prepared to have a baby. Most girls I knew who got pregnant left high school; the teachers didn't encourage them to stay. There were other things that I had in my mind for my life. Perhaps with a lot of investigation we could have found somewhere safe and legal closer to home, but Japan was an immediate option. It was easy to arrange and far more discreet an option than asking around as my pregnancy progressed.

My sister called my brother who was at Dartmouth at the time and had heard of a travel agency that managed [planning trips to Japan for abortions] in Seattle. [Editor's note: Abortion in the early months of pregnancy wasn't legalized in Washington State until 1970; "One Seattle travel agency specialized in arranging trips

to Japan, where, for \$1,000, a woman could obtain a safe, legal abortion, in a four-day stay that included one day for sightseeing."]

She got a hold of someone at the agency and told them, "I need to help my sister get a trip to Japan." They knew what she

[The travel agency] gave my sister the doctor's name and a planned itinerary. She looked up the physician and found he was U.S.-trained but now lived in Japan.

meant and they gave her the name of the doctor and a planned itinerary. My sister, bless her heart, looked up the physician and his credentials and found he was U.S.-trained but now lived in Japan.

My brother's university had an emergency fund for students. Through his dean, he was able to get \$600. I had \$400 in savings and my boyfriend chipped in, too. [Editor's note: Adjusted for inflation, the total cost of this trip would be \$7,407.62 today.]

Read the **story**, and find out how abortion is **regulated** around the world. ■

NUCLEAR, continued

Rock Mountain, Pennsylvania, issued an urgent warning: the Soviet Union had just launched a nuclear attack on the United States. The Soviets had recently invaded Afghanistan, and the animosity between the two superpowers was greater than at any other time since the Cuban Missile Crisis. U.S. Air Force ballistic-missile crews removed their launch keys from the safes, bomber crews ran to their planes, and fighter planes took off to search the skies.

President Jimmy Carter's national-security adviser, Zbigniew Brzezinski, was asleep in Washington, D.C., when the phone rang. His military aide, General William Odom, was calling to inform him that two hundred and twenty missiles launched from Soviet submarines were heading toward the United States.

Brzezinski told Odom to get confirmation of the attack. A retaliatory strike would have to be ordered quickly; Washington might be destroyed within minutes. Odom called back and offered a correction: twenty-two hundred Soviet missiles had been launched.

Brzezinski decided not to wake up his wife, preferring that she die in her sleep. As he prepared to call Carter and recommend an American counterattack, the phone rang for a third time. Odom apologized—it was a false alarm. An investigation later found that a defective computer chip in a communications device at NORAD headquarters had generated the erroneous warning. The chip cost forty-six cents.

Read the **story**, learn **more** about the command and control safeguard system, and get an historical **look** at the tense moments when the country inched closer to the brink of nuclear war. ■



Who We Are

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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.

TRIALS, continued

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. ■

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