PBS' "TO THE CONTRARY"

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MS. ERBE: Domestic abuse, including spousal murder, increases at military bases in the U.S. as troops come home from Afghanistan. Is the military doing enough to prevent domestic violence?

REPRESENTATIVE MILLENDER-McDONALD: The military must now address domestic violence in its training program.

DELEGATE NORTON: Actually, the plot has suddenly thickened, because the military provides more and better domestic abuse services than the ordinary American gets.

MS. McGLOWAN: Is domestic violence really increasing, or did these murder suicides bring attention or uncover an existing problem in a hush-hush environment?

MS. CZARNECKI: This is not a yes or no answer, but it does underscore the need to reevaluate the issue as our troops come home.

(Musical break.)

MS. ERBE: Hello, I'm Bonnie Erbe. Welcome to, To The Contrary, a discussion of news and social trends from a variety of women's perspectives.

This week in the news, so many conflicting messages, so many drug and therapeutic alternatives. What's a woman to do about treating menopause, screening for breast cancer, or even getting a suntan?

Then, the Department of Defense takes a closer look at domestic violence in military homes after four wives are killed at Fort Bragg, North Carolina, allegedly by husbands.

Behind the headlines, California takes a novel approach to lowering its teen pregnancy rates and making reproductive health services more accessible to teens. A look at teen peer provider clinics.

We begin with alternatives to hormone replacement therapy. What's a woman to do about hormone replacement therapy since the government abruptly canceled its study of Prempro, the hormone replacement therapy derived from pregnant mare's urine? Many companies are trying to capitalize on the void. The popular drug remains on the market, but parent company Wyeth says sales have dropped 25 to 30 percent since the government reported women on Prempro increased their risk of heart disease, breast cancer, and stroke.

Six million American women used it until this summer, now doctors are being overwhelmed by promotional material for Prempro substitutes. Alternatives range from slightly different hormone formulations, herbal hormones, vitamins, soy products said to be natural sources of estrogen, and more. Experts are expressing concern over the various substitutes, since most have undergone far less safety and effectiveness testing than Prempro. This turnabout on women's health advice is nothing new. Studies have gone back and forth on the value of mammograms for breast cancer screening, and even whether exposure to sun is good for women or not.

Congresswoman Norton, there was just another survey out last week switching when we should start getting mammograms and how often. What is a woman to do with all this conflicting information?

DELEGATE NORTON: We've got to get used to the fact that this is the way it's going to be. This is a society that has a lot of information, a lot of medical information. It's going to let it all out there. And we have got to face the fact that short-term information, information about what has happened in the last 10 years, for example, can absolutely be repudiated by the time we get to the next 25 years. And live with that, and make judgments, wise judgments, understanding that.

MS. ERBE: You do want to pay attention to studies that come out, but when I was a child, 30-40 years ago, you didn't have these conflicting studies coming out. We are in a new medical information age, and people do need to recognize, particularly women, because a lot of these studies are aimed at women's health

issues, that what somebody says today, somebody next week may come out and say exactly the opposite, and how do you deal with this.

REPRESENTATIVE MILLENDER-McDONALD: Well, it's because you have to go by your own instincts. You know, I really do think that research, scientific stuff, is one thing. But your own feelings, your own feelings about menopause, and you should go with your own rhythm, how you feel about it. That's the way I did when I went through menopause, and I have two sisters, they did not take anything. I had to take estrogen for a while. I am now not on it. But it was because of the way I felt, the way I had to go about doing my business. I think what happened 10, 15, 20 years ago, women are more attuned to their bodies, they are more -- there are different types of medicines that they can use. So, I think that one has to go about her own thought, her own processes, and how she feels about it.

MS. McGLOWAN: This is what I'm confused about, and I'm not going through menopause, but my mother is. And she was on Prempro, and all the things, all the studies that came out. I think we're on information overload about that Prempro causes heart attacks and stroke and breast cancer. So she got off Prempro, and she went on another drug. Then she went to another doctor who said, well, this is just as bad as Prempro. So, what's a woman to do? Should she go with the homeopathic remedies, or the herbal vitamins that are not even cleared by the FDA?

MS. CZARNECKI: Know thy self and thy family history. My mother is a doctor and her best advice is, you really have to have a good doctor, speak to your doctor. They have to know your entire family history, not just changing doctors every year or so. Medicine is not an exact science, and you have to do the best with the information you have, notwithstanding that we're on information overload these days with all these medical studies, and a lot of them are conflicted and contradictory. But you have to know how you've responded. You have to talk to your doctor about the over-the-counter products in addition to the prescription drugs you're taking, otherwise you can't chart a course that's best for you.

MS. ERBE: But, you know, in terms of -- and it seems to me that with all these conflicting studies coming out, a whole lot more of them are aimed at women's health issues than are aimed at men's health issues, a lot of time women can't talk to their doctors about herbal remedies, which can prove to be -- my mother has used herbal estrogen, et cetera, replacements through menopause and had a wonderful time with it. But the doctors don't know about the herbal remedies at all.

MS. CZARNECKI: I think that's going to change over the next decade. I think the public demands are going to be there.

DELEGATE NORTON: I just think the information overload is good.

MS. CZARNECKI: If you can sort through it.

DELEGATE NORTON: Just give me the information.

MS. CZARNECKI: We need to be educated.

DELEGATE NORTON: And let me decide. Knowing that you don't know for sure, at least let me know what's out there so I can make a decision.

MS. McGLOWAN: So no menopausal symptom is really the same. You have to look at it on a case-by-case basis?

MS. CZARNECKI: Sure, it's true.

MS. McGLOWAN: So, medicine might do something different for something else.

REPRESENTATIVE MILLENDER-McDONALD: And I think a woman has to be governed by her own mind.

MS. ERBE: And I will be governed now by my mind and move us along to the next topic.

The killings of four soldiers' wives allegedly by their husbands has prompted the Department of Defense to screen enlisted personnel and officer for problems with mental health and domestic violence. There were four spousal murders at Fort Bragg, North Carolina, with in a six-week period this summer. Three of the accused soldiers had just returned from Afghanistan's special forces deployment. The Pentagon announced this month it will screen soldiers heading home from Afghanistan for mental health problems. A 16-member team of experts has been sent to Fort Bragg to investigate the string of deaths. Speculation about the causes of the killings includes the stress of combat to psychotic side effects from the anti-malaria drug Lariam, which is given to soldiers in Afghanistan. According to the Los Angeles Time, police and neighbors said all the couples had domestic disputes. Studies of the domestic violence rate in military families is inconclusive. Some put the rate at two to five times that of the civilian population, while others found the two rates closer to equal when race and age differences are factored out.

So, Congresswoman, is this -- the Army does seem to screen for, take more care, the military I should say, take more care and protect against domestic violence than really any private employers would. Is that the case?

REPRESENTATIVE MILLENDER-McDONALD: Well, I have been told that it is, but you know when they try and treat a person coming back from combat as opposed to looking at the person before they go into combat, I think it's an issue now we must face. Given these killings, and especially given the information from the Los Angeles Times, there were problems before a lot of these soldiers went into combat. That is now an issue.

Given the great domestic --

MS. ERBE: So, what should the military do about it if they know somebody is troubled to begin with, not send them into combat?

REPRESENTATIVE MILLENDER-McDONALD: Well, I think this is something that they -- no, they must first take a mental type of test, and they must see whether or not this person is ready to go into combat. Of course, if he has or she has a problem that is mental, then you don't want to send that person over, or if they have a certain domestic violence problem that has caused them to be kind of off kilter, if you will, I don't think they need to go there.

DELEGATE NORTON: Good point. I think there was a deep point you made about looking more closely at people when they come out of combat, because I bet if you looked at these guys going into Afghanistan, you wouldn't have seen anything in particular. In fact, what has happened here is a researcher's dream, because what it tells you is that we really don't know. I mean, what the military needs to do, it seems to me, is to look at a set of its own folks who have, in fact, had access to these multitude of services. Look, there's nobody like the military for providing people not only with services, but very particularized services that

can be customized. They need to do some true research. They need to look at military people who have had access to these services, military people who have not. They need to look at people who have taken this anti-malaria drug, people who have not. There is a wealth of information hidden there, and we're not going to know what caused this, or what to do about it unless we systematically use these terrible incidents to study this problem.

MS. McGLOWAN: I just want to play devil's advocate here, because the drug Lariam, they say the side effect, aggressiveness, depression, psychotic episodes, 20 percent of the people that have taken this drug that have not been in the military, as a whole, had these side effects. Now, three to four people were affected by this. Can we look at the drug, maybe that might have caused it.

MS. CZARNECKI: Stories in the military have been for years that that drug has had side effects, but it's been a quiet story. But I want to underscore a point that you said, since the demise of the Cold War, our military men and women have not seen a lot of combat action with the exception of the Persian Gulf War in 1991, and now returning from Afghanistan. We haven't probably focused enough on returning men and women, and how they might be affected. But you are absolutely correct in saying that the family support services in the military are unparalleled. It's mostly for spouses and for children whose husbands are in the military people and have been away, but I think they are now refocusing some of those efforts on a lot of the mental health capacity for the people who are returning.

I work with a fellow right now who is a reservist, he's a psychologist. He's been called up several times this past year alone to deal with military families. I think we're going to see more, and more needs to be done.

MS. ERBE: All right. And thank you, Karen Czarnecki for that, and thank you for joining us for this part of the show.

Behind the headlines, polls show more than half of 17 year olds in California say they're sexually active. California has the second highest teen pregnancy rate in the nation. Polls also show teens believe they face significant barriers when trying to access reproductive health care services. California is leading the nation in trying to make those services more accessible to teens with a novel experiment called Teen Peer Provider Clinics.

Russell Davis is a medical assistant at the Tricity Health Care Clinic in Freemont. It's a different type of clinic which was designed and is run by and for its teen clientele.

A group called The Get Real About Teen Pregnancy Campaign surveyed 60 reproductive health clinics in California; 71 percent of them do not offer separate office hours for teens; 87 percent of the clinics do not offer separate locations for teens. This discourages teens from using them for fear that they will be seen by disapproving adults. But here, among friends and peers, myths they learn at school are dispelled.

MS. AYALA: One thing we heard from the guy was, if you stick your finger in your ear, and then you put it inside of a girl's vagina, if she says it burns, it means she has an STD. I mean, this is the kind of stuff that they -- you know, they really believe it.

Some people say if you withdraw that prevents pregnancy, but it really doesn't. The first time you do it, you can't get pregnant, don't believe it.

MS. ERBE: Young women consistently have higher rates of sexually transmitted disease than older women, but don't go for medical help because they can't afford it. This clinic and the seven others across the state like it are free, confidential, and accessible.

MS. HARDY: We also try to make it more of a teen-friendly space by hanging up posters that attract teens. We decorate the waiting rooms where they feel comfortable, it looks like a teen room. And, there is a separate entrance for the teens to come in.

WOMAN: Most of your results for your tests, like your PAP smear and your STI check will come back within two weeks, and I'll try contacting you then. Everything is confidential and if anybody answers the phone and says you're not there, I'm just going to say, okay, thanks, I'll try you later. I'm not going to tell anybody my name, where I'm from. And my phone number comes up blocked, too.

MS. ERBE: The percentage of female clients reporting they always use birth control nearly doubled from 44 to 81 percent at the teen clinics, a factor some experts say contributed to a recent decline in teen pregnancy rates. And 64 percent returned for follow-up care as opposed to only 48 percent at clinics without peer counselors.

Frankie Martin started as a teen counselor when he was in high school. Now in college, and still working at the clinic as a medical assistant, he plans to go to medical school.

MR. MARTIN: And just to let you know, we ran the pregnancy test, and the results came back negative. You know, that works out good. Let me take your blood pressure really quick, all right? Okay, 118 over 70, that's pretty normal. All right, that should be good. Any questions about anything else at all? All right. So you can hang out here, and the nurse will be with you right now.

I go to school, give presentations, do youth outreach. I started off initially being a counselor, they wanted to get a male counselor in here, and I was one of the first male counselors ever hired in the teen clinic. I've also transgressed to being a medical assistant. I also do HIV testing and counseling.

MS. ERBE: Teen peer counselors undergo extensive training on family planning. They must pass state exams and monitor hours of counseling sessions to qualify for this work.

MS. BRINDIS: So many young people came into the clinic and had never used a method of contraception, or had used a very ineffective method. And once they leave the clinic, after receiving the counseling and education and the appointment and visit, they've left the program with many more effective methods of contraception.

MS. ERBE: The only services not provided by teens here are the actual medical exams, performed by young doctors and nurse practitioners.

MS. YU: I mostly do the medical, I would say we do the technical stuff. Because most of the peer counseling, and they do most of the counseling, and talk to them about basic information, about their birth control, and also about STD prevention.

MR. DAVIS: It's just like trying to help my friends clarify like things they've heard about different kinds of STDs, and other kinds of birth control methods to help them figure out like things that would be beneficial to them.

MS. RODRIGUEZ: I live with my grandparents. I'm going to say, oh, yeah, I'm sexually active, you know, I need to go get birth control. So, my older cousin brought me.

MS. FANUNCIO: A lot of people just act like they know a lot, but they really don't. But they are embarrassed to ask. And that's why, also, confidentiality is good, too, that way people don't feel like, oh, heard you asked a stupid question. You know, so they don't feel embarrassed about it.

Like, well, I can talk from like the Asian community, and like health sex is not really discussed or talked about, and my parents don't even mention anything about it. So, like, for me, I'm glad that the teen clinic was here.

MS. AYALA: Some kids, because they go to their pediatrician for such a long time, and then to actually have their pediatrician acknowledge to their parents that, yes, I think it's time for this young woman to receive a pap smear every year. Oh, my God, no, she doesn't need that. Because it's not just for checking for cervical cancer, it looks for all other kinds of infections, too. So it's kind of hard to make that transition.

MS. RODRIGUEZ: Adults have a different point of view than like younger teenagers in a lot of different things.

MS. AYALA: Most healthcare services focus on adults, so having a youth only and youth run clinic is really important because I think youth really appreciate being served by their peers as opposed to being told what to do by adults.

MS. ERBE: Dawn Tacker, you run the Vista Clinic in Oceanside, California. Tell us how it works, is it more effective in your view in preventing teen pregnancy?

MS. TACKER: It definitely is. We just saw the statistics. There is no comparison. The teens that are working as peer providers are more credible because they're coming from that point of view. They communicate more effectively, more efficiently, because they are part of that culture. And they're also serving as role models, people that are showing that these methods are okay to use, that it is socially acceptable to use condoms. So they're breaking down the myths, and they're increasing usage of contraception, and that's making a difference across the state

DELEGATE NORTON: Bonnie, and I think Juanita will agree with me, if, in fact, she were to come to Congress to ask us to fund this peer approach, you would find the right wing Republicans saying, don't do it, because we don't want anybody to be talking to teens about preventing pregnancy. Look at the madness of America, we have a situation where during the time in your life when your hormones are most raging, when the media are drowning young people in sex, is the time in your life when you have the least access to information about what to do about it. It's madness.

REPRESENTATIVE MILLENDER-McDONALD: And not only that, teens are more prone to feel relaxed in talking with their peers than talking with adults. Adults tend to come with preconceived notions about teenagers, and I think it's just a great program. I'm happy to be in the state that has brought about this innovative type of program.

I agree with Eleanor. You bring this to Congress, it will not be passed by any legislation, and it's a shame because we're trying to reduce numbers, trying to show a difference of teens taking responsibility for their own lives, then we should be in the forefront of trying to bring about legislation.

MS. McGLOWAN: With all due respect to both of you, and Dawn, and anybody that's trying to do something positive in the community I like, but I do not agree with the fact of teens raising teens. To me, from my standpoint, that's like an inmate running a prison. That's like an inmate telling an inmate what to do because an inmate knows because it's from their point of view.

DELEGATE NORTON: They pass a state exam.

MS. McGLOWAN: I know you think that's a little to the extreme, and I like the fact that you have teen hours where teens can go in, but I do not support teens counseling teens.

MS. TACKER: Are you saying that a teen that can take a college level calculus course, or biology can't counsel --

MS. McGLOWAN: I don't support teens counseling teens on life situations. I think that's for an adult. Now, for teens to go to a planned parenthood clinic, and give them a time when they're embarrassed or don't want to be around adults, that's fine. But how can a teenager that's 12 to 19 take a test and be eligible to something psychological-type counseling --

MS. ERBE: Let Dawn respond.

MS. TACKER: They certainly don't start at age 12.

MS. McGLOWAN: I read from 12 to 19.

MS. TACKER: From 12 to 19, teens in the State of California can receive free and confidential reproductive health care. Our teen provider model ad Vista Community Clinic, and all the other clinics that were funded by the California Wellness Foundation generally have teen staff from ages 15 to 24-25. These peer counselors tend to be a little bit older, they're also supervised at all times by a teen clinic supervisor, who is usually an adult. And, of course, the clinicians are there. The clinicians are the ones that are providing the follow-up counseling. The teens will initially go in, they'll troubleshoot the areas where they see concerns, they'll write their notes, they'll document everything, and then point out to the clinician where additional counseling is needed. It's not in a vacuum.

REPRESENTATIVE MILLENDER-McDONALD: And what is wrong with this, Angela?

MS. McGLOWAN: See, I, from my point of view, I thought it was a teen sitting with a teen counseling on what's out there for them sexually, sexual experiences, any questions they have. But you've answered it. You have people that are older that are supervising. So, you're just not putting a teen with the teen.

MS. TACKER: We are, and the teen will have one-on-one time with that teenager. Those teens are passing the statewide family planning health worker exam that adults take. They're actually sitting and getting higher scores than many of our clinic adult staff. So they have the skills they need, they're more credible as counselors, and they work hand-in-hand with adult clinicians.

MS. ERBE: Wait a minute. Do we know for a fact that teens do not -- that there are teens out there who, given the alternative of either a teen provider clinic -- I'm sorry, of no teen provider clinic, and just a clinic staffed by adults, would rather have unprotected sex or without any kind of counseling at all versus having to go to an adult for these kinds of services?

MS. TACKER: That's a great question. In fact, the study we just looked at basically looked at a peer provider clinic, a regular adult run clinic, and a control group, and we found that the largest increases in contraceptive use, coming back for services, using more efficient, effective means of birth control all were found in the peer provider model. So this is a thoroughly evaluated, thoroughly documented model that works.

DELEGATE NORTON: And, plus, you're not going downtown where your mama goes, so they can't tattle on you.

REPRESENTATIVE MILLENDER-McDONALD: And in some cases, they really do not deal with sex, having spoken with some of their peers about that. I mean, abstinence is there as well.

MS. TACKER: Right. In fact, the two things that we stress at very single visit --

MS. McGLOWAN: Educate me now, educate me.

MS. TACKER: -- abstinence, and parental notification, that's required by law, it's required by Title X, and it's very effective given what we're trying to accomplish.

MS. ERBE: Hold the thought until after we go to credits.

That's it for this edition of To The Contrary. Next week, as the sad anniversary of 9-11 approaches, we tell you how that tragic event changed the way women around the world view American women. Whether your views are in agreement or to the contrary, please join us next time. And we want to hear from you, write us at To The Contrary at pbs.org, or visit our PBS Online web site at pbs.org.

(End of program.)