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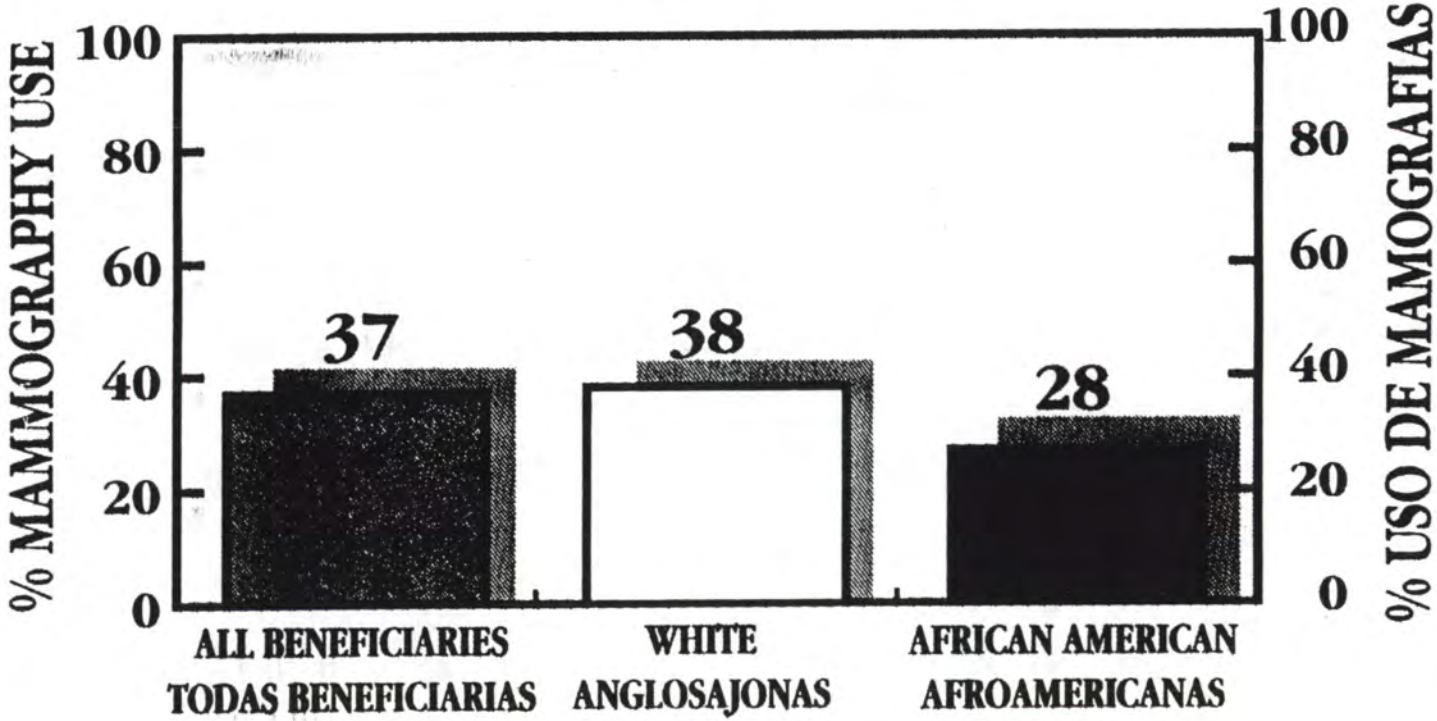
MAMMOGRAPHY USE
USO DE MAMOGRAFIAS

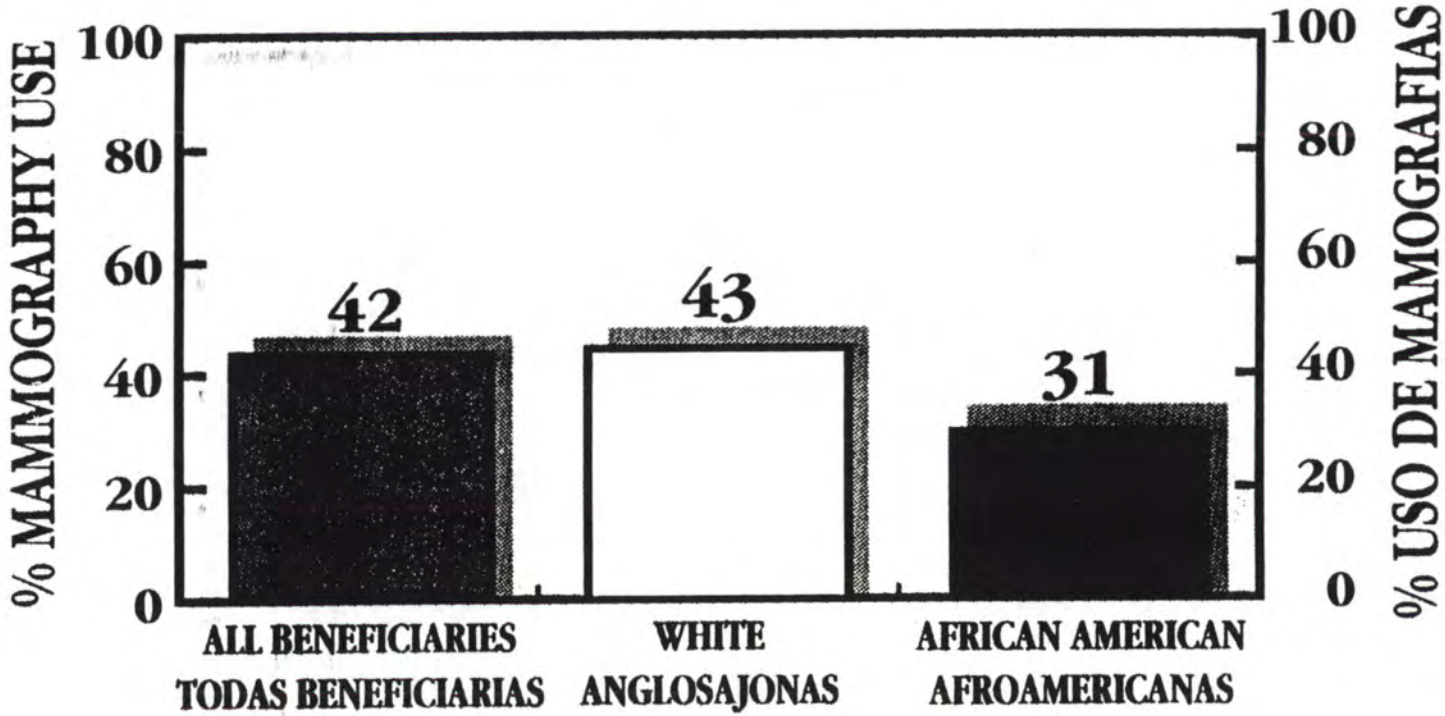
1992-1993



MEDICARE BENEFICIARIES
BENEFICIARIAS DE MEDICARE

MAMMOGRAPHY USE
USO DE MAMOGRAFIAS

CALIFORNIA: 1992-1993



MEDICARE BENEFICIARIES
BENEFICIARIAS DE MEDICARE

AARP Interview

GOP Plan Raises Rates For Medicare

Monthly Cost Up $7; More for Affluent

THE WASHINGTON POST
MONDAY, SEPTEMBER 11, 1995

By Michael Weisskopf A1
Washington Post Staff Writer

Premiums for most Medicare recipients would increase $7 a month in a Republican plan to be unveiled this week but would rise substantially for elderly persons of higher income, House Speaker Newt Gingrich (R-Ga.) said yesterday.

Moving to calm politically potent senior citizen groups in advance of the long-awaited GOP plan to restructure Medicare, Gingrich said on NBC's "Meet the Press" that increased premiums for the doctor care portion of Medicare are the only "direct changes" that could result in a "negative impact" for the program's 37 million recipients.

He said the modest premium increase envisioned for most recipients will be seen by the elderly as "not in any way unreasonable" to save the financially precarious program. And a phase-out in the Medicare subsidy for the more affluent—starting with elderly couples making $125,000 a year—will ensure that money is left for the poorest. "You're not just going to want to throw the money around so that a $25,000 couple with three children ends up subsidizing a multimillionaire," he said.

But Gingrich moved beyond defense to full-scale promotion of a plan considered vital to the GOP goal of balancing the budget in seven

See MEDICARE, A4, Col. 1

MEDICARE, From A1

years. Emphasizing that benefits will continue to rise from $4,800 today to $6,700 per recipient in 2002, he said health providers have given assurances that if not "trapped in government red tape, we can in fact deliver world-class health care" at that price.

Any additional cost to senior citizens, he said, would be more than compensated for by offering them a greater choice of medical plans than they receive today under Medicare.

Gingrich said such attributes may be hard for even his political opponents to resist. "Now my question to the president and the Democrats will be, 'If we can design a brand new approach, a way of strengthening the system, of giving seniors choice, and if, as a result of that, seniors will be able to choose world-class care for $6,700, why would you want to spend more? Why would you want to waste the taxpayers' money paying more money for the health care than you need to pay to get the best health care in the world?' "

Democrats also want to curb the spiral in spending that has left the Medicare trust fund, which pays for hospitalization, facing bankruptcy in 2002. But they argue that Republicans go too far in trying to limit growth—benefits would be $8,000 per recipient by 2002 without changes—so they can use the savings to give tax breaks to the affluent.

The American Association of Retired Persons (AARP), with its powerful grass-roots network of 33 million members, has lobbied hard against broad changes in the Medicare reimbursement formula for doctors and hospitals, arguing that increases in deductibles and copayments—the amount patients have to contribute—would fall hardest on the sickest and oldest.

Briefing

Martin Corry, a top lobbyist for AARP, said yesterday that while no one wants to see premiums for doctor care rise, the Gingrich plan is a "step in the right direction" because it "spreads the burden across the whole beneficiary population."

He said a premium surcharge imposed on wealthier recipients raises an equity issue. In the business world, companies receive the same tax breaks for insuring high-paid executives as others. "If it's such a good idea for the elderly, why not for a CEO with Cadillac health benefits," Corry said in an interview.

Medicare provides hospital coverage in its Part A without charge to recipients. Part B pays doctor bills and is optional, though very popular. A premium of 25 percent was set by Congress in 1982. In the 1990s, the formula was changed to dollar amounts. Today's is $46.10 per month, covering 31.5 percent of costs. It is supposed to revert to 25 percent next year.

Under the plan outlined by Gingrich, the premium would remain at 31.5 percent, costing recipients an extra $7 a month by 2002. Overall, the higher premium would save the government up to $60 billion over seven years, according to Corry.

The high-income recipients—$125,000 or more—would pay a higher premium, an increase that could quadruple their current monthly payment depending on annual income, Corry said.

"It's not compulsory," Gingrich said. "You don't have to take it. If you can get a better buy in the private market, you can get it. We're not sure there's any reason to say to a $25,000-a-year couple with three children, we're going to take taxes from you and transfer it to somebody who's well-enough off that they have a $125,000 per couple retirement income."

Staff writer Spencer Rich contributed to this report.

DATE: SEPTEMBER 11, 1995

CLIENT:
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The Plain Dealer

July 4, 1995 Tuesday, FINAL / ALL

SECTION: EVERYWOMAN; Pg. 2E

LENGTH: 1149 words

HEADLINE: MAMMOGRAM MESSAGE GOING UNHEEDED;
WHY MANY WOMEN DON'T GET TESTED

BYLINE: FROM STAFF AND WIRE REPORTS

BODY:

Last year Mary Ann, 52, wanted a mammogram - desperately.

She had all kinds of reasons. Cancer runs in her family. Her mother had a mastectomy a year ago. Doctors recommend annual mammograms for women 50 and older.

The last mammogram Mary Ann had was four years ago, when she found a special rate of $40 and paid for the test herself.

"I am one of the 38 million Americans who fall through the cracks," said Mary Ann, of Parma, who didn't want her last name used. "I don't fit into Medicaid or Medicare and I can't afford health coverage. I haven't had health coverage in 13-14 years.

"Mammograms are $90 and pap smears are more than $100. That's mighty expensive for me to pay out of my own pocket."

The high cost keeps many women from getting screening mammograms on a routine basis, according to a recent study.

Lost wages are an extra cost of mammography for many single women who head their households, according to Geri Blair, co-founder of the Cleveland group Minority Women Against Breast Cancer Uniting.

"Two or three hours mean a lot," said Blair. "If she has to choose between a mammogram and missing a paycheck, she's going to go to work."

But the high cost isn't the only reason Mary Ann and millions of other women haven't gotten their breast X-rays on schedule.

In a study conducted by medical researchers associated with the Mayo Clinic in Rochester, Minn., only one-third of women over age 40 had gotten screening mammograms within the previous year - even though 98 percent of the women believed that mammograms are effective in detecting breast cancer at an early stage, when cure rates are highest.

Besides cost, other reasons women give for avoiding regular screenings are concern about radiation exposure and fear that the mammogram will hurt according to Dr. Linda Bradley, a staff gynecologist at the Cleveland Clinic.
Another reason, she said, is some doctors do not suggest mammograms.

These insights mirror the findings of a study by Dr. Thomas E. Kottke and colleagues from the Mayo Clinic published in the Journal of the American Medical Association in April.

Only 18 percent of women in the study said their doctors contacted them when they were due for a mammogram.

Nine out of 10 women said they were likely to get a mammogram if their physicians were to order one. However, the women's ambivalence was clear: of the women who don't hear from their doctors, 45 percent said they didn't want their doctor to contact them when they were due for a mammogram.

Kottke sees this response as a woman's attempt to cope with her fears of the disease through avoidance.

"Coping in this manner implies adopting a passive attitude and avoiding thoughts about a problem as a way of controlling the tension that it generates," he stated in JAMA.

But in fact, by avoiding getting mammograms, women turn their backs on information that could save their lives.

Kottke writes that "these women will come to prefer screening only if the benefit of taking action [rather than the risk of inaction] is the dominant message and they received positive reinforcement for taking action."

Positive reinforcement is common practice at such northeast Ohio facilities as the Cleveland Breast Clinic in Middleburg Heights, the Cleveland Clinic and University Hospitals of Cleveland.

Education is one technique, through videos, printed information and teaching breast self-examination, said Bonnye Shatila, a nurse and spokeswoman for the Cleveland Breast Clinic. Another is ample time, so the patient doesn't feel rushed.

"We set aside half an hour, and if it takes longer, so be it," Shatila said. "Everyone understands."

Sensitivity to issues of the body and privacy is essential positive reinforcement in mammography, said Bradley of the Clinic.

"There are a lot of emotions around the breast," said Bradley. "It's a sexual organ that is also food-bearing, yet it also has disease potential."

At the Clinic, a patient who has an unsatisfactory experience can call her doctor, who in turn notifies the Clinic's ombudsman.

"We had complaints a few years ago that the examination rooms were too cold," Bradley said. "They were fine for people in business suits or white coats, but the women waiting for their examinations were uncomfortable."

The patients' complaints were duly noted and the temperature raised, Bradley said.

Most breast centers try to create an upbeat atmosphere with pictures, attractive decor and positive employee attitudes, said Dr. Robert Shank, director of the Breast Center at University Hospitals and assistant professor of surgery at Case Western Reserve University.

The center's mammography technicians are specialists who understand patients' fears, Shank said.

Most important is getting women involved and responsible for their own breast health, Shank said. He sees increasing evidence that this is happening.

"They're very well educated about it," Shank said. "That's very helpful."

That is less true of older women, most of whom do not practice breast self-exam, according to Colleen Martin, a registered mammographer at a women's clinic in Bellevue, Ky.

Martin has offered to visit church groups and senior citizen clubs to teach women techniques for breast self-exam, but she finds little interest in the community. "People really don't want to know," she said.

"Fifteen to 20 percent of cancers cannot be visualized on a mammogram," Martin said. "So, women really need to do breast self-exam and they really need

to have a clinician do a breast exam once a year."

In the study, many women said they believed they had to be sick or have some sign of cancer before they needed a mammogram. However, the benefit of a mammogram is that it can detect abnormal cells and lumps in the breast years before there is any sign of illness or before a lump can be felt with the fingertips.

"Screening mammograms are used to screen in the absence of any signs or symptoms," Martin noted.

Screening mammograms involve two X-rays of each breast, a side view and an up-and-down view. Diagnostic mammograms - used when there is any question or abnormality - usually include additional views or magnifications.

A 1993 Ohio law requires any employer in the state who provides health-care benefits to cover up to $85 of the cost of a screening mammogram; the frequency varies with the woman's age.

There are at least a couple of glitches. The law doesn't require coverage for diagnostic mammograms (when a symptom is present), so that may have to be paid out of pocket; and if the radiologist who reads the X-ray doesn't work for the provider where the test was done, women may be billed twice.

Many of the women who arrive for their first mammogram have heard terrifying stories of how painful a mammogram is. Their fears are out of proportion to the actual experience.

"Mammograms should not hurt," said Bradley of the Clinic.

SPECIAL ARTICLE

MEDICARE COVERAGE, SUPPLEMENTAL INSURANCE, AND THE USE OF MAMMOGRAPHY BY OLDER WOMEN

JAN BLUSTEIN, M.D., PH.D.

Abstract *Background.* On January 1, 1991, the Medicare program began offering reimbursement for screening mammography every two years. This study examined the use of mammography in women covered by Medicare during the first two years that the screening benefit was offered.

Methods. Medicare bills for 1991 and 1992 from a nationally representative sample of 4110 women 65 years of age or older were examined to determine the degree of compliance with recognized guidelines for screening mammography and the extent to which the use of mammography was associated with having supplemental insurance, which shields patients from the out-of-pocket costs associated with using Medicare benefits.

Results. A total of 36.9 percent of older U.S. women had mammography during the first two years of the Medicare benefit for screening mammography. Only 14.4 percent of the women lacking supplemental insurance had mammography, as compared with 44.7 percent of those with employer-sponsored supplemental insurance, 40.1 percent of those with self-purchased supplemental insurance, and 23.9 percent of those with Medicaid supplemental insurance. These differences persisted in the stratified and multivariate analyses. As compared with women lacking supplemental insurance, women with employment-based supplemental insurance were more likely to undergo mammography (adjusted odds ratio, 3.03; 95 percent confidence interval, 2.17 to 4.23), as were women with self-purchased supplemental insurance (adjusted odds ratio, 2.97; 95 percent confidence interval, 2.13 to 4.15) and women with Medicaid supplemental insurance (adjusted odds ratio, 1.99; 95 percent confidence interval, 1.30 to 3.07).

Conclusions. The use of mammography was substantially below recommended levels during the first two years of Medicare coverage for screening mammography. Women lacking supplemental health insurance were at particularly high risk of failing to undergo mammography. Requiring copayments for preventive services is an obstacle to the effective mass screening of older women for breast cancer. (N Engl J Med 1995;332:1138-43.)

BREAST cancer is the most common cancer in women, and its incidence increases with age.[1] Since the late 1970s and early 1980s, key organizations — including the National Cancer Institute and the American Cancer Society — have recommended regular screening mammography for women more than 50 years of age.[2] However, it was not until January 1, 1991, that the Medicare program instituted coverage for biennial screening mammograms.[2]

Many Medicare beneficiaries have supplemental health insurance — employer-sponsored, individually purchased (so-called Medigap), or Medicaid.[3] To varying degrees, these supplemental policies shield patients from the copayments, deductibles, and "balance bills" associated with using Medicare-reimbursed services.[3-6] Out-of-pocket health care costs can be substantial for older people lacking supplemental insurance, many of whom have low incomes, do not qualify for Medicaid insurance, and are unable to purchase private supplemental plans.[3,6] For these patients, the extra costs associated with the use of Medicare-reimbursed services may keep them from taking advantage of Medicare benefits, particularly for services that are perceived as being discretionary.

This report explores the extent to which supplemental insurance was associated with the use of mammography by older women during the years 1991 and 1992, on the basis of data from the Medicare Current Beneficiary Survey. The survey provides a detailed picture of the personal, social, and medical circumstances of a large, nationally representative sample of older women.

Several investigators have demonstrated that health insurance is an important determinant of the use of mammography. For example, women with health insurance are more likely to have mammography than are women who are uninsured,[7] and women enrolled in prepaid health plans are more likely to have mammography than are women receiving their care in the fee-for-service sector.[8] Preliminary data from the 1992 National Health Interview Survey suggest that supplemental insurance may be an independent predictor of the use of various cancer-screening services by older women.[9] However, a host of other patient characteristics are associated with the use of mammography, including having a usual source of care, higher income, white race, higher educational attainment, and younger age. Patients' knowledge and attitudes about preventive care[10-13] as well as physicians' behavior[10,14,15] are also important determinants of whether mammography is used. The analysis reported here incorporates measures reflecting some of these important determinants of mammography use to estimate the effect of supplemental insurance.

METHODS

Study Population

The Medicare Current Beneficiary Survey is a probability survey based on a multistage, stratified cluster sample of Medicare beneficiaries in the 50 states, the District of Columbia, and Puerto Rico.[16] Both community-dwelling people and people living in long-term-

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care facilities are eligible. Beginning in 1991, the survey was administered in a longitudinal-panel fashion (that is, the same people were repeatedly resurveyed). Of the 14,530 persons identified for sampling at the start of the survey, 11,218 (77.2 percent) were still responding at the end of 1992.[17] Detailed analyses of the propensity to respond[17] and a description of the strategy to weight observations for nonresponse[18] appear elsewhere.

Among the 11,218 respondents described above, those who were female, 65 years of age or older, and community dwelling were included as subjects in the present study. Of the 4746 respondents who met these criteria, 335 (7.1 percent) had a history of breast cancer and so were excluded from analyses because they would be expected to undergo routine diagnostic mammography. Women who were members of Medicare-qualified health maintenance organizations (326, or 6.9 percent) were also excluded, since their bills for mammography would be unlikely to appear in Medicare's files. Several women met both exclusion criteria. The final analytic sample included 4110 community-dwelling women who were 65 or older.

Ascertainment of Use of Mammography

Whether a woman had undergone mammography during the calendar years 1991 and 1992 was ascertained with the use of *Current Procedural Terminology* (CPT) codes in Medicare's billing files for outpatient hospitals and physician suppliers. Subjects were considered to have had mammography during the relevant year if the pertinent code appeared in bills found in either of those files for that year. The analysis was begun with the expectation that screening mammograms would be coded by CPT code 76092 ("screening mammography, bilateral; two film study of each breast"). However, a preliminary examination of the 1991 bills revealed an unexpected pattern. A substantial majority of mammograms were recorded with the two other CPT codes for mammography — numbers 76090 ("mammography, unilateral") and 76091 ("mammography, bilateral") — which apply to diagnostic rather than screening mammography. For example, in 1991, among women 65 to 69 years of age, 8.5 percent had mammography coded as 76092, whereas 26.5 percent had mammography coded as 76090 or 76091. Similar coding patterns were noted for other age groups in both years. From a clinical perspective, it was clear that such a high percentage of women could not have undergone diagnostic mammography and that CPT codes did not reliably discriminate between diagnostic and screening mammograms. Subjects were consequently classified as having had mammography if any of the three codes was present.

Supplemental Insurance Status and Other Covariates

Whereas the use of mammography was ascertained by examination of Medicare bills, supplemental-insurance status and most other covariates were determined on the basis of subjects' survey responses during the final four months of 1991. Each subject was assigned to one of four insurance categories according to the supplemental insurance policies that she held during any part of that year. In ascending order, the four categories were Medicare only, Medicare plus Medicaid, Medicare plus employer-sponsored insurance, and Medicare plus self-purchased insurance. The categories were assigned in a mutually exclusive, hierarchical fashion, with patients assigned to the "highest" possible category. For example, subjects who reported having both employer-sponsored and self-purchased policies were assigned to the category Medicare plus self-purchased insurance.

Data on income were extracted from interviews conducted from May through August of 1992 and reflect the total incomes of the beneficiaries and spouses for 1991, including the cash value of any food stamps received. Those data were missing for 142 (3.5 percent) of the subjects, who were excluded from multivariate analyses. The county code of residence was used to assign subjects to "metropolitan" or "nonmetropolitan" status, according to whether they lived in a Metropolitan Statistical Area during 1992. A final measure, total reimbursement for 1991 under Medicare Part B, was included to reflect the subjects' overall use of outpatient services.

Statistical Analysis

Statistics were developed to describe the distribution of supplemental insurance in the sample. Observations were weighted appropriately to estimate the proportion and the number of community-dwelling female Medicare beneficiaries nationwide in each supplemental-insurance group. Then the proportion of women who had mammography in 1991, 1992, or either year was tabulated according to supplemental-insurance group and the other covariates. To explore potential interactions between those individual characteristics and supplemental-insurance status in determining the use of mammography, the proportion of women in each supplemental-insurance group who had mammography in either of the two years was tabulated in an analysis that was stratified according to each of the covariates. Finally, the effect of supplemental insurance on the use of mammography in either year was estimated with the use of logistic regression,[19] with simultaneous control for age, race, income, education, self-rated health status, total Medicare Part B reimbursement in 1991, smoking status, and living arrangement. Standard diagnostic techniques were used to test for multicollinearity,[19] and the model performed favorably.

In all analyses, SUDAAN software was used to incorporate weights reflecting the sampling strategy and adjustment for nonresponse and to take into account the potential design effect of cluster sampling.[20]

Results

Of the 4110 subjects, 500 had Medicare insurance only, 476 were classified as having Medicare plus Medicaid, 1142 as having Medicare plus employer-based insurance, and 1992 as having Medicare plus self-purchased insurance. The corresponding nationally weighted percentages and numbers of patients were as follows: 11.3 percent, Medicare only (1,305,632 women); 10.5 percent, Medicare plus Medicaid (1,221,092 women); 30.0 percent, Medicare plus employer-sponsored insurance (3,470,192 women); and 48.2 percent, Medicare plus self-purchased insurance (5,585,704 women). As compared with women with private insurance, women lacking supplemental insurance and women with Medicaid insurance were disproportionately of minority race, low income, and relatively limited education (Table 1).

In 1991, 25.7 percent of the women had mammography; a similar percentage (24.3 percent) did so in 1992. Taking both years together, during the first two years of the biennial benefit, only 36.9 percent of the female Medicare beneficiaries had mammography. In bivariate analyses, the use of mammography was strongly associated with having supplemental insurance (Table 2). Only 14.4 percent of the women lacking supplemental insurance had mammography in either of the two years, as compared with 44.7 percent of the women with employer-sponsored supplemental insurance, 40.1 percent of the women with self-purchased supplemental insurance, and 23.9 percent of the women with supplemental Medicaid insurance.

Having supplemental insurance was also strongly associated with the use of mammography in subgroups defined by age, race, income, and education (Table 3). Because these variables are likely to be strongly correlated with knowledge, attitudes, and beliefs about preventive care,[11-13,21] this relatively invariant relation evidences the importance of supplemental insurance in increasing access to mammography for women spanning a range of levels of knowledge about and attitudes toward mammography.

Finally, supplemental insurance was strongly associated with the probability of having mammography in a multivariate analysis adjusted for age, race, income,

education, self-reported health status, usual source of care, smoking status, living arrangement, place of residence, and total Medicare Part B reimbursement (Table 4). During the first two years of the biennial benefit, women with either type of private insurance coverage were approximately three times as likely as women lacking supplemental insurance to receive a mammogram (adjusted odds ratio for Medicare plus self-purchased insurance as compared with Medicare only, 2.97; 95 percent confidence interval, 2.13 to 4.15; adjusted odds ratio for Medicare plus employer-sponsored insurance as compared with Medicare only, 3.03; 95 percent confidence interval, 2.17 to 4.23). Women with supplemental Medicaid insurance were nearly twice as likely as their counterparts lacking supplemental insurance to have mammography (adjusted odds ratio for Medicare plus Medicaid as compared with Medicare only, 1.99; 95 percent confidence interval, 1.30 to 3.07). The rate of use for women with self-purchased private insurance was essentially identical to that for women with employer-sponsored plans. However, women with either type of private supplemental insurance were substantially more likely to have mammography than were women with Medicaid insurance (for example, the adjusted odds ratio for Medicare plus self-purchased insurance as compared with Medicare plus Medicaid was 1.49; 95 percent confidence interval, 1.09 to 2.04).

Table 1. Characteristics of 4110 Female Medicare Beneficiaries According to Type of Supplemental Insurance.*

Characteristic	Supplemental-Insurance Group			
	Medicare only (N = 909)	Medicaid (N = 476)	Employer-sponsored (N = 1142)	Self-purchased (N = 1992)
	percentage of beneficiaries			
Age (yr)				
65–69	24.4	24.0	33.6	24.4†
70–74	22.6	23.9	30.2	27.7
75–79	22.7	21.7	20.1	22.0
80–84	15.4	14.7	10.0	15.3
≥85	15.0	15.7	6.1	10.6
Race				
Black	24.7	27.9	6.0	3.7†
White	69.1	61.0	93.1	95.1
Other	6.2	11.0	0.9	1.2
Income (quartiles)‡				
<$7,461	46.6	72.0	9.0	20.0†
$7,461–$12,000	29.5	22.2	21.2	27.1
$12,001–$20,166	16.8	4.5	32.3	26.3
>$20,166	7.1	1.3	37.5	26.6
Education				
Grade school	47.4	62.4	14.6	22.5†
High school	42.4	30.9	54.2	54.1
College or higher	10.2	6.7	31.2	23.5
Self-rated health status				
Excellent	16.7	6.3	20.8	17.2†
Very good	20.0	13.6	27.2	28.2
Good	26.8	25.7	31.3	29.5
Fair	24.3	36.3	16.0	19.1
Poor	12.2	18.1	4.7	6.0
Usual source of care				
No usual source	19.2	7.1	7.9	6.9†
Doctor's office	58.9	67.9	76.2	76.1
Clinic, ER, OPD, or other§	22.0	25.1	15.9	17.0
1991 Part B reimbursement (quartiles)				
<$72	38.0	15.4	25.6	23.5†
$72–$340	24.7	22.9	26.5	24.7
$341–$1,128	20.1	26.7	25.2	25.6
>$1,128	17.2	35.0	22.6	26.1
Smoking status				
Not current smoker	83.3	85.2	87.3	87.7
Current smoker	16.7	14.8	12.7	12.3
Living arrangement				
Not living alone	63.0	53.1	65.7	55.7†
Living alone	37.1	46.9	34.3	44.3
Place of residence				
Nonmetropolitan	33.3	30.0	21.2	29.3†
Metropolitan	66.7	70.0	78.8	70.7

*Subjects were 65 years of age or older and living in the community.

†P<0.001 by chi-square analysis for the association between the supplemental-insurance group and the characteristic in question.

‡Analysis of this variable was based on 3968 women, since income data were missing for 142 of the 4110 subjects.

§ER denotes emergency [illegible] ment.

Table 2. Percentages of Female Medicare Beneficiaries Having Mammography in 1991 and 1992.

Characteristic	Percentage Having Mammography		
	in 1991	in 1992	in 1991 or 1992
Age (yr)			
65–69	32.5*	31.4*	46.4*
70–74	32.3	29.8	44.2
75–79	22.5	22.6	34.4
80–84	17.3	15.8	26.4
≥85	8.2	5.7	11.8
Race			
Black	16.3*	14.7*	25.2*
White	26.9	25.8	38.6
Other	16.4	8.7	21.2
Income (quartiles)			
<$7,461	14.5*	14.8*	24.0*
$7,461–$12,000	20.1	17.8	29.5
$12,001–$20,166	29.5	27.5	41.5
>$20,166	37.5	36.6	51.9
Supplemental insurance			
Medicare only	9.0*	8.8*	14.4*
Medicaid	16.1	13.7	23.9
Employer-sponsored	32.4	29.3	44.8
Self-purchased	27.5	27.1	40.1
Education			
Grade school	15.6*	14.9*	24.4*
High school	27.0	25.5	38.6
College or higher	35.3	33.3	48.8
Self-rated health status			
Excellent	27.6*	27.4*	40.7*
Very good	30.6	28.5	43.4
Good	24.5	24.5	35.8
Fair	23.5	20.6	32.2
Poor	15.6	13.4	24.3
Usual source of care			
No usual source	8.7*	11.3*	16.8*
Doctor's office	26.7	25.8	38.5
Clinic, ER, OPD, or other†	29.7	24.3	40.4
1991 Part B reimbursement (quartiles)			
<$72	6.2*	12.7*	16.0*
$72–$340	31.2	28.9	43.5
$341–$1,128	32.9	28.9	44.7
>$1,128	32.4	26.5	43.4
Smoking status			
Not current smoker	26.6*	25.0‡	38.0*
Current smoker	19.8	19.1	29.3
Living arrangement			
Not living alone	27.8*	26.1*	38.7*
Living alone	22.7	21.7	34.2
Place of residence			
Nonmetropolitan	22.7	22.9	33.8‡
Metropolitan	26.8	24.8	38.1

*P<0.001 by chi-square analysis for the association between having mammography during the indicated period and this characteristic.

†ER denotes emergency room, and OPD outpatient department.

‡P<0.01 by chi-square analysis.

Discussion

During the first two years of the screening-mammography benefit offered by Medicare, only 36.9 per-

Table 3. Percentages of Women in Each Supplemental-Insurance Group Who Had Mammography in 1991 or 1992, According to Various Charactenstics.

CHARACTERISTIC	SUPPLEMENTAL-INSURANCE GROUP			
	MEDICARE ONLY	MEDICAID	EMPLOYER-SPONSORED	SELF-PURCHASED
	percentage having mammography			
Age (yr)				
65–69	17.2	30.7	54.0	50.0*
70–74	16.0	33.3	48.8	48.6*
75–79	20.0	23.8	38.3	37.9*
≥80	6.7	11.1	26.6	23.6*
Race				
Black	15.6	21.7	43.0	27.6*
White	13.3	25.5	45.0	40.9*
Other	20.7	20.4	36.3	16.3
Income (quartiles)				
<$7,461	13.7	22.4	28.8	29.2†
$7,461–$12,000	11.4	25.6	34.7	32.2*
$12,001–$20,166	14.9	30.8	43.2	44.3*
>$20,166	16.6	35.9	54.8	52.0†
Education				
Grade school	11.5	22.4	32.1	28.5*
High school	15.0	24.8	44.0	41.5*
College or higher	25.8	37.6	52.7	48.6‡
Self-rated health status				
Excellent	14.8	26.2	49.9	40.5*
Very good	13.0	25.8	48.1	47.6*
Good	13.6	18.2	43.8	38.7*
Fair or poor	15.6	25.8	37.2	33.2*
Usual source of care				
No usual source	6.7	12.3	21.8	20.9†
Doctor's office	13.8	22.4	45.9	41.4*
Clinic, ER, OPD, or other§	22.6	31.1	51.3	42.3*
1991 Part B reimbursement (quartiles)				
<$72	3.2	5.7	17.3	21.3*
$72–$340	21.2	23.7	55.4	44.8*
$341–$1,128	17.2	23.5	55.1	48.4*
>$1,128	26.1	32.2	52.4	44.6*
Smoking status				
Not current smoker	16.2	23.2	46.5	40.9*
Current smoker	5.4	27.7	33.6	34.6*
Living arrangement				
Not living alone	14.7	21.0	48.0	42.0*
Living alone	13.8	27.1	38.9	37.8*
Place of residence				
Nonmetropolitan	12.8	19.4	41.9	38.8*
Metropolitan	15.2	25.7	45.7	40.7*

*P<0.001 by chi-square analysis for the association between supplemental-insurance group and having mammography, for women in this category.

†P<0.01 by chi-square analysis.

‡P<0.05 by chi-square analysis.

§ER denotes emergency room, and OPD outpatient department.

cent of the women over 65 years of age had mammography. Even among relatively younger women between the ages of 65 and 75 — for whom screening mammography is clearly effective[2,10] — only 45 percent had mammography during the two-year period. Therefore, despite coverage for screening mammography as part of the basic benefit package, a minority of older women complied with the U.S. Consensus Statement (which recommends annual screening mammograms for women over the age of 50)[22] or the U.S. Preventive Services Task Force guidelines (which suggest mammography every one to two years for women 50 to 75 years of age).[23] Moreover, women without supplemental insurance were at particularly high risk of failing to undergo mammography.

Although the Medicare program has played a key part in reducing barriers to care for older Americans, substantial financial obstacles remain.[24,25] In order to take advantage of the screening-mammography benefit, women must meet the annual Medicare deductible ($100 for Part B in 1994), provide the copayment for screening mammography (20 percent of $59.63, or $11.93, in 1994), and pay a "balance bill" for that service (up to 15 percent of $59.63, or $8.94, in 1994). Women who can locate providers who accept the Medicare benefit as payment in full are exempt from the "balance bill" charge. Previous research has shown that even small out-of-pocket costs reduce the use of preventive care services.[26] In our sample, the median income of women (and their spouses, if living) was $12,000. For many older women, screening mammography may have been an unaffordable luxury, particularly with competing out-of-pocket medical expenses, including prescription drugs, eyeglasses, and dental care.

It bears emphasis that some — but not all — supplemental policies cover preventive care services. In 1991, 39 state Medicaid programs provided some coverage for screening mammography[27]; increasingly, private policies have covered screening mammography as states have passed legislation mandating reimbursement for that service.[28] Reforms that took effect in July 1992 required that all Medigap policies include coverage for Medicare's Part B deductible as well as reimbursement of the 20 percent coinsurance charge.[29] Those reforms permitted the sale of more costly policies covering "balance bills"; under one option, policies could be written with specific funds set aside for preventive care services. Therefore, some — but not all — subjects with supplemental insurance could avoid out-of-pocket costs when they sought mammography. To the extent that some subjects with supplemental insurance in 1991 and 1992 faced copayments for mammography, the estimate reported here of the effect of having supplemental insurance on obtaining mammography is likely to be conservative relative to the effect that would have been observed had all supplemental insurance covered screening mammograms.

Although there is good reason to believe that having supplemental coverage made it more likely that women would seek mammography, it is also possible that women who were somehow more inclined to use screening mammography were also more likely to obtain supplemental coverage. In the evaluation of the likely extent of selection bias, it is notable that the three kinds of supplemental insurance included in the study differed

Table 4. Adjusted Odds Ratios for the Use of Mammography during 1991 or 1992 Comparing Women Who Had Various Types of Supplemental Insurance with Women Who Had Medicare Insurance Only.

SUPPLEMENTAL INSURANCE	ADJUSTED ODDS RATIO*	95% CONFIDENCE INTERVAL	P VALUE
Self-purchased	2.97	2.13–4.15	<0.001
Employer-sponsored	3.03	2.17–4.23	<0.001
Medicaid	1.99	1.30–3.07	<0.001

*Adjusted odds ratios comparing women who had different types of supplemental insurance with women who had Medicare only were derived from a simultaneous logistic-regression equation including age, race, income, education, self-reported health status, usual source of care, smoking status, living arrangement, place of residence, and total Medicare Part B reimbursement for 1991.

in the extent to which obtaining coverage under one of them could plausibly be attributed to a desire to obtain preventive care. For example, employment-based insurance for retirees typically does not require premium payments by people who are eligible,[4] so they often have little to lose by enrolling; it seems unlikely that enrollment would be strongly associated with the desire to obtain mammography. In the case of Medicaid supplemental insurance, qualification is based on pure income-and-assets criteria or on the individual beneficiaries' being "medically needy"; there is no evidence that qualification for the plan is highly associated with a desire to obtain preventive care services. The purchase of Medigap insurance is plausibly related to the desire (or the need) to consume more medical services of all types, yet this study found that women with plans they purchased themselves used mammography at a rate no higher than that of women with employer-sponsored supplemental plans. Moreover, the purchase of Medigap policies may reflect people's financial resources as much as it does their attitudes toward seeking medical care. In a 1982 survey of Medicare beneficiaries lacking supplemental policies, the most common reason given for not having Medigap insurance was that the respondent could not afford to buy such a policy.[5]

However, having supplemental insurance is clearly associated with factors that have previously been shown to influence the use of preventive care services, including age, income, race, and education. These factors were controlled for (as were, implicitly, other aspects of knowledge, attitudes, and beliefs that are correlated with these factors and that may be associated with the tendency to seek mammography)[10-13,21] in stratified and multivariate analyses. Although there may be residual unmeasured confounding factors, it seems unlikely that the resulting biases would be of a magnitude comparable to the effects observed.

Some women in the sample may have had mammography that was not billed to Medicare. For example, some women may have been screened through programs sponsored by voluntary organizations such as the American Cancer Society, which may provide services without billing Medicare. Because the 1991 survey included a question about mammography use during the year, it was possible to compare billing data with survey responses. In 1991, some women who reported having mammography had no corresponding bills. Although this group includes women who had mammography but did not bill Medicare, it also includes women who incorrectly recalled having had mammography during the period in question. Previous research suggests that such "telescoping" errors occur relatively frequently.[30,31] With respect to the "true" mammography rate, then, it can be noted that the fundamental findings reported here — that mammography rates in elderly women fell well below recommended levels, and that supplemental insurance was a strong predictor of the use of mammography — were unchanged when women who simply reported having had mammography were included among those classified as having had it. Self-reported rates of use for 1991 were somewhat higher than rates based solely on bills for that year, although they were lower than those cited in preliminary results emanating from the 1992 National Health Interview Survey, which are based solely on self-report.[9] Finally, all these estimates are prone to overstating the population-screening rate, since they incorporate both diagnostic and screening procedures.

What are the implications of this report for policy makers and clinicians? A 1988 paper described the "reverse targeting" of preventive care, in which uninsured women 45 to 64 years of age, who by virtue of their demographic characteristics are at high risk for preventable disease, were also the least likely to receive preventive care by virtue of their lack of insurance.[32] The results reported here show that the distribution of supplemental health insurance in Medicare beneficiaries also leads to "reverse targeting" of mammography, since women lacking supplemental policies — who are at high risk for nonscreening and for late-stage breast cancer diagnosis[33,34] because they are among the poorest, the least well educated, and the most likely to be of minority race — are also the most likely to experience financial barriers to care because of their lack of supplemental coverage.

Although this report has emphasized out-of-pocket expenditures as barriers to breast cancer screening, it is important to stress that seeking preventive care is not solely a financial issue. Among the women with private supplemental insurance in this sample, for example, fewer than one half had mammography during the two-year period. The knowledge, attitudes, and beliefs of patients,[10-13,21] along with the behavior of physicians,[10,14,15] are undoubtedly important contributors to the decision to have mammography. Studies have repeatedly shown that a prime reason for not seeking screening mammography is the patient's perception that her physician did not recommend it. For clinicians, the results reported here underscore the opportunity to encourage and educate older women about mammography and to acquaint them with the new Medicare benefit.[35] For policy makers, these findings reinforce previous studies showing that cost-sharing decreases the use of preventive services,[8,26] even for populations with "basic benefit packages." But more important, this report joins a small number of studies[32,36] demonstrating that within present U.S. health care–financing arrangements, the burden of cost-sharing for preventive services often falls on those least able to share costs and on those most vulnerable to preventable disease and preventable premature death.

I am indebted to M. Hogan and K. Skellen of the Office of the Actuary, Health Care Financing Administration, and to Dr. D. Judkins of Westat for assistance with the use of the Current Beneficiary Survey; to L. Weiss of Columbia University and T. Frenkel of Columbia–Presbyterian Medical Center for expert technical assistance; and to Drs. S. Shea and M. Duncan of Columbia University, Dr. K. Hanson of New York University, Dr. D. Soffel of the New School for Social Research, and L. Rubenstein of the American Association of Retired Persons for insightful comments on earlier drafts.

The views expressed here are those of the author, and do not necessarily represent the views of the above-mentioned readers, their affiliated organizations, or the Commonwealth Fund, its directors, officers, or staff.

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THE WHITE HOUSE

WASHINGTON

April 29, 1995

TO: Mrs. Clinton
FROM: Nicole Rabner

RE: Virginia Kelley and Mammography

Lisa told me that you wanted information about Mrs. Kelley's experience in being diagnosed with breast cancer and specifically, about her personal history of getting mammograms. I contacted Linda Dixon in Little Rock, who was very helpful in tracking down information. According to Dixie Seba and Dr. Haggard, Mrs. Kelley did have a yearly mammogram, and had been having them annually for several years before the cancer was discovered. However, the year that the tumor was detected, 1990, Mrs. Kelley was a few months late in having her annual checkup. In Leading With My Heart, she wrote:

> "I ... made time for my annual checkup. Ever since I'd turned forty-five, I'd made sure to go. Besides, Dr. John Haggard was an old friend, and I was always glad to see him. I usually scheduled my appointment for June, the month of my birthday, because then it was easy to remember. But I had been so busy that summer that I hadn't gotten around to it until August." (p.262)

According to Dr. Haggard, during this visit he detected the tumor by his own examination and then confirmed it with a mammogram. Dr. Haggard explained that Mrs. Kelley's specific type of cancerous tumor was one that grows and spreads very quickly and explosively and that her mammogram from the previous year had not indicated a tumor. In her autobiography, Mrs. Kelley wrote:

> "I was lying on the examining table looking straight up at Dr. Haggard when I noticed his expression change. He had already checked my left breast and was concentrating on the right. I could tell by his face he had found something he didn't like. 'Virginia,' he said, 'have you not felt this?' And I hadn't -- even though I checked myself regularly, the way we're told to." (p.262)

As you know, Mrs. Kelley spoke out about breast cancer and about her own experience as a breast cancer survivor. She stressed the importance of the combination of the three forms of examinations: self examination, doctor's examination and mammography. She underscored that in combination these forms of detection are far more dependable than any is alone. In her speech on 10/28/93 in Ottawa, Mrs. Kelley said:

> ... I want to encourage everyone that there are three forms of examination: self-examination, doctor's examination and mammography. I think each and every one is as important as the other, because you see, I had had two and I'm a member of the medical profession. I'm a retired nurse anesticist. You would think that I could find a tumor of this size. It was big. It was big. It had escaped me. I had had a mammogram, and my doctor found this, so you see I'm a believer it takes all three examinations...

Enclosed with your briefing book is a videotape of Mrs. Kelley's speech in Ottawa, in which she provides a compelling account of how she learned about her cancer and how she dealt both with the cancer and the subsequent treatments she received.

VIDEOS

September 11, 1995

DATE:	**Tuesday, September 12**
TIME:	**4:00 pm**
LOCATION:	**Room 459, OEOB**
FROM:	**Brenda Costello**

I. PURPOSE

To videotape remarks for three upcoming events.

II. BACKGROUND

PSA on Mammography

You will be taping a voice over for a PSA for the "Medicare Mammography" campaign in conjunction with "Breast Cancer Awareness Month", in October 1995. As you travelled around the country listening to older Americans share their experiences, feelings and fears about mammography and breast cancer, the Clinton Administration launched a yearlong national Medicare and mammography awareness initiative. The purpose of the campaign is to provide women aged 65 and older with the information and support they need to encourage them to get mammograms. A focus of the campaign is to inform medicare recipients of the availability of mammograms.

The statistics illustrates the need to raise women's awareness for this issue. Only 40% of women aged 65 and older on Medicare have used the Medicare mammography benefit. Of all the new breast cancer cases, 80% occur in women aged 50 and older, and half of all new cases occur in women 65 and older.

This PSA is the second in a series of PSA's to be aired across the country. This PSA will begin airing across the country on October 1, 1995, in conjunction with "Breast Cancer Awareness Month."

[Prepared by Barbara Woolley]

National PTA Press Conference

The National PTA is holding a press conference in Chicago on September 20th to unveil a new violence prevention program. They had invited you to serve as spokesperson at the event. The theme of the press conference is Violence Prevention: "Safeguarding your Children." The centerpiece of the project is a parent's guide to violence prevention which will be introduced at the press conference. The project takes a four part approach, including the guide for parents "Safeguarding your

Children," a PSA about the project, a publication for PTA leaders on community involvement, and the Press Conference.

Linda Ellerbee will be the moderator at the press conference and will introduce the video in the middle of press conference program . Ellerbee, who serves as the 1995-1997 National PTA Honorary Chair, also narrates the PSA. Other speakers at the press conference include National PTA President Joan Dykstra, Jerry Choate from Allstate Insurance, and the Principal of Ogden Elementary School, Loren Petrovich. Allstate Insurance is helping fund this initiative. (The video will also be shown at the PTA Board of Directors meeting on the 17th.)

Over 200 people are expected to attend the press conference, which begins at 10:00 am at the Ogden Elementary School in Chicago. Those attending include students, teachers, Ogden School PTA members, school board members, community leaders, and representatives from five National organizations (American Academy of Pediatrics, National Association of Elementary School Principals, National Association of Secondary School Principals, The National Center on Child Abuse and Neglect in the Department of Children and Families, and the National Crime Prevention Council.

Special acknowledgements: The Ogden School PTA and the Principal of Ogden, Loren Petrovich.

International Women's Forum

The International Women's Forum (IWF), an association of 3,000 top women achievers worldwide, has invited you to speak at their luncheon on Friday, September 22 during their Eleventh Annual Global Conference and Gala in Atlanta. The Leadership Foundation is the educational and charitable arm of the IWF organization. Each year, twelve women with exceptional potential are selected as Foundation Fellows and are teamed up with a female mentor in their field. The Fellows receive ongoing leadership training and a customized week long educational program at the Kennedy School of Government at Harvard.

The luncheon is a tribute to the top 12 mentor leaders in the first class of the Leadership Foundation Fellows Program (listed below). The Fellows program is funded by the US Department of Labor and several American based corporations.

The program begins at 11:00 am, and the video will be shown between speakers near the end of the program, at approximately 11:34 am. IWF President Carol Cox Waite introduces the video. Other speakers include Carol Cow Waite, who makes remarks and introduces the video; Linda Alvarado, Denver business owner and part owner of Colorado Rockies who speaks and presents the awards; Rosabeth Moss Kanter; two Fellows; an AT&T representative (AT&T is a sponsor); and Susan Greenwood, President IWF.

Approximately 500 women leaders from 17 nations are expected to attend the Conference, which is being chaired by Rosalyn Carter, and are mostly members of IWF. Secretary Shalala, Ruth Bader Ginsburg, Hazel O'Leary, and Pat Schroeder are all members, although their attendance has not been confirmed.

The twelve pioneer mentors being honored are:

Raydean Acevedo, President & CEO, Research Management Consultants Inc.
Gloria Jackson Bacon, M.D., Physician, Founder and Director, The Clinic in Altgeld, Inc.
Beth Bronner, Vice President, AT&T
Yvonne Brathwaite Burke, County Supervisor, Hall of Administration
Jennifer Dorn, Senior Vice President, American Red Cross
Susan Falk, President, Express Inc.
Mary L. Good, Ph.D., Under-Secretary for Technology Administration, U.S. Department of Commerce
Katharine Lyall, Ph.D., President, University of Wisconsin System
Cathy Mineham, President & Chief Executive Officer, Federal Reserve Bank of Boston
Judith Rogala, Executive Vice President, Office Depot
Jean Head Sisco, Partner, Sisco Associates
Elynor Williams, Senior Vice President, Public Responsibility, Sara Lee Corporation

III. PARTICIPANTS

HRC

IV. SEQUENCE OF EVENTS

HRC tapes three videos.

V. PRESS

Closed press.

VI. REMARKS

Scripts prepared by Lissa Muscatine and Sabrina Corlette.

FIRST LADY HILLARY RODHAM CLINTON
VIDEOTAPED REMARKS FOR
UNIVERSITY OF LISBON INTERNATIONAL SYMPOSIUM
"STRESS AND VIOLENCE IN CHILDHOOD AND YOUTH"
SEPTEMBER 12, 1995

I am sorry not to be able to join all of you in Lisbon for the International Symposium on Stress and Violence for Children and Youth. I too am deeply concerned about the world we are providing for our children. We are living in an increasingly violent and angry world. For many families, daily stresses are becoming more than they can cope with. As a result, children too often grow up in an environment of hopelessness.

The family life that might have offered children hope and a strong self-image is changing too often to a violent one. These are signals to all of us that our societies aren't offering the support and solutions which families need. In these circumstances, children are bound to grow up thinking that violence is a way out. Not believing in themselves, how can they care about others?

What can we do to give families the support they need to nurture their children? What can we do to reverse present trends?

The goals of this congress are an excellent place to start. I understand that organizations such as the U.N., Unicef, World Health Organization and Save the Children will be represented. It is time for all of us who care about children and families to put our heads and our energies together to attend to our common future.

I am sorry indeed not to meet your First Lady, Maria Barroso Soares [BAHR-ozo SWAR-es] at your conference. I hear from my friends that she is a woman who is deeply committed to the children and families in her country.

This congress, by concentrating on strengthening the family, offers hope that throughout a child's life, particularly in the early years, he or she can mature in an environment that offers a strong self-image and an alternative to violence. You have my best wishes and hopes for success.

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FIRST LADY HILLARY RODHAM CLINTON
VIDEOTAPED REMARKS FOR MAMMOGRAPHY PSA
SEPTEMBER 12, 1995

Breast cancer can be successfully treated when detected early. And finding it is as easy as having your picture taken.

[PAUSE]

If you're over 65, you're entitled to a mammogram -- Medicare covers most of the expense. Your cost is about the same as getting a roll of film developed.

[PAUSE]

So get a mammogram. And when you do, remember to smile, because it's a picture that can save your life.

FIRST LADY HILLARY RODHAM CLINTON
VIDEOTAPED REMARKS FOR
PTA ANTI-VIOLENCE CAMPAIGN
SEPTEMBER 12, 1995

I am honored to be able to speak on behalf of the largest and most venerable volunteer children's advocacy organization in the country. I'm sorry that I cannot be there in Chicago with you, but I am delighted to share -- even from afar -- in the unveiling of the National PTA's new violence prevention initiative. Your undying commitment to the education and welfare of our nation's children -- your faith in the value of children in our society -- strengthens all of us as we struggle to lay the foundation for tomorrow.

The violence prevention project offers a ray of hope to all parents battling against the increasingly hostile environment surrounding today's child. Unlike our generation, children today are faced with an increasingly complex and competitive world. It is a world that offers our children boundless opportunities -- but not always enough nurturing and guidance. We must have faith in our ability to point our kids in the right direction.

Your new booklet, *Safeguarding Your Children*, offers just the message parents need to hear: it <u>is</u> possible to raise and nurture healthy children in today's society. By examining issues such as family communication, drugs and alcohol, TV and the media, cultural diversity, and self-empowerment, you address the need to create tolerant, compassionate, and dignified living environments for children. By encouraging us to seek co-operation from our schools and communities, you offer the hope that springs from communal strength.

I commend you for your continuing commitment towards limiting the overwhelming amount of violence on TV and enhancing public broadcasting and educational television. How can we just **sit back and resign ourselves to the fact that our children may observe 32 acts of violence in a single hour of children's broadcasting? That by the age of 18 they will have witnessed 40,000 murders? For many families, television is a centerpiece of the household, often serving, sadly enough, as a "remote control baby-sitter."**

It is fair to say that all of us, television broadcasters included, share in the responsibility of providing hope, resources, and possibilities for the next generation. It is through the tireless commitment of the PTA to the community and nation that we can hope to obtain these goals. Thank you.

###

FIRST LADY HILLARY RODHAM CLINTON
VIDEOTAPED REMARKS FOR INTERNATIONAL WOMEN'S FORUM
MENTOR LUNCHEON
SEPTEMBER 12, 1995

Good Afternoon. It is an honor to speak to you, albeit electronically, on this special occasion. It was a great pleasure hosting all of you in the White House two years ago during your conference in Washington, D.C.

I wish I could be with you in person today to recognize and honor the twelve women of the IWF who have been the first Mentors for the Leadership Foundation Fellows program. Thank you for being so engaged in supporting and guiding other women so that they may fulfill their life's potential.

The Leadership Foundation Fellows Program holds much promise for women and I am proud that the Department of Labor is collaborating with the IWF and Harvard University to offer our country this groundbreaking initiative.

As members of the International Women's Forum, as women who hail from business, government, academia, the non-profit sector, the arts and the sciences you are in a wonderful position to counsel women who have already achieved a great deal. You are among the too few women in the world who have experienced life above the glass ceiling, and who know what it takes to get there.

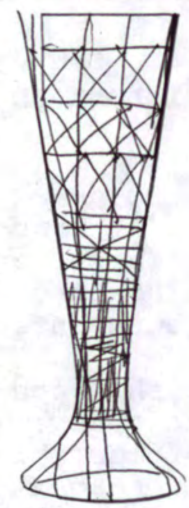
I applaud you for recognizing the opportunities you have had and assuming the responsibility that comes with them.

Every day in America, women and men give their time, resources, and energy to helping others. Some are recognized, others are not. Today is our opportunity to recognize the twelve Mentors.

The President and I would like to thank each of you for your service to the 12 Leadership Foundation Fellows, to your community, and to your country. You are making a difference in the lives of women. Best wishes to all of you.

###

HRC: talked with women
about struggles
have our own challenges
- combine family resp.
* bring mtg home & get
into day-to-day
challenges that women in
Amer. face.
Women's concerns
need to be underscored.



Get involved with
kids, but no time

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{ Adoption leave

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Long-awaited support and solutions for working mothers

GOOD ENOUGH MOTHERS

Changing Expectations for Ourselves

Melinda M. Marshall

Here is a book of role models for a generation of women that has none, and a source of inspiration for those who struggle with the compromises they face in choosing work AND family, rather than work OR family.

Melinda Marshall writes about how working mothers are changing the expectations they have of themselves and of what others expect of them—of how well they understand and accept the tradeoffs of finding fulfillment both inside and outside the home.

"Years ago I thought compromise was a dirty word . . . ," says one of Marshall's role models. "Now I think of it as something that keeps me . . . sane and healthy."

Chapters include:

- The unadorned truth about full-time motherhood
- Learning the art of compromise
- Getting rid of "the guilts"
- Refueling relationships with spouse, friends, and family

Good Enough Mothers gives women who don't identify entirely with either feminist or antifeminist thinking the support they need in the face of the media stereotypes that pit the homemaker with the spotless stemware against the powerful executive with the spotless career.

Backed up by commentary from sociologists, economists, noted authors, and other experts, personal stories from working mothers who have triumphed through compromise provide the **real** role models that the majority of today's working mothers have never had.

The author: Melinda M. Marshall is a journalist who has written for *Cosmopolitan, Redbook, Woman's Day, Working Woman, Parenting,* and many other publications. A magna cum laude graduate from Duke University, she now divides her time between writing and raising her two young children.

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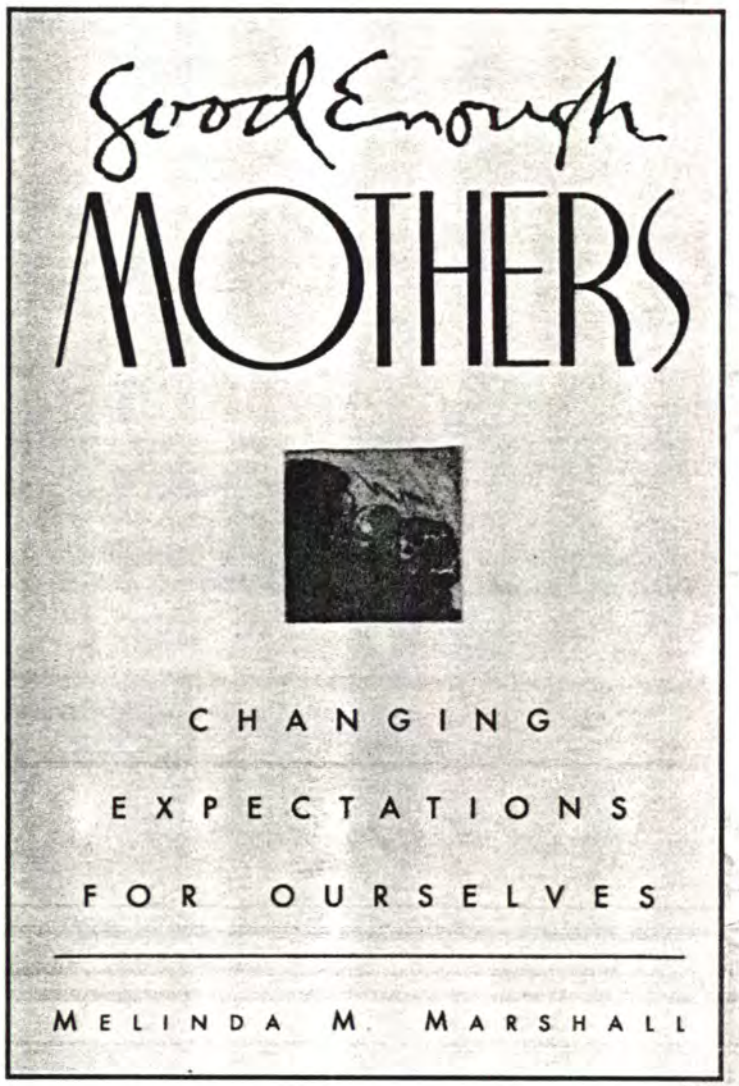

Like Big Brother, she is everywhere.

In television commercials she is Mom, concerned as Moms are by less-than-dazzling white socks. . . . In women's and parenting magazines she is Nurturer, monitoring her two-year-old's cholesterol intake, devising rainy day activities that stress sharing. On the nightly news, she's co-anchor—just back from maternity leave, but still tough, insightful, and a perfect size 8.

Of course, those of us toiling in the salt mines know she's a fabrication, the mythic product of media, our mothers, and our own memories. But we live in her shadow. And we tolerate her regeneration, hopeful, perhaps, that someday she really will represent us.

She doesn't. She never will. . . .

—Excerpted from *Good Enough Mothers*

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Introduction

In the course of my interviews for this book I spoke to a recently divorced mother of a kindergartner who pined for more time to simply "be" with her child. Whenever she picked up her daughter from school she felt a jealous stab looking at all the mothers arriving in their Volvos, wearing lycra and makeup, their nails manicured, their bearing suggesting plenty of sleep and time to read the newspaper. "They've got something I'd like," sighed this single mom. Then, unsure whether I wanted to hear more from her or more from the women in the Volvos, she asked, "Is this a book for women who choose to work or who have to work?"

Fifty-eight percent of all women working are also mothers; of mothers who work, 63 percent have children under the age of six. While that means the majority of mothers are not at home, the statistics do not indicate how many of these women must work--for obvious reasons. We all interpret financial "necessity" differently: For some, it means working to keep a family off welfare; for others, it means enabling them to afford a new house or a second car. There's something heroic about a woman who puts bread on the table, something selfish about one who works to afford a nicer table. The former warrant our sympathy; the latter, our condemnation. Or so women must think, because it was the rare individual I interviewed that didn't claim some sort of economic excuse for working for fear I would think her priorities skewed, or that I might automatically dismiss her as a "bad" mother. Of those who admitted they worked by choice, guilt consumed

them, not simply because they were putting their kids "unnecessarily" in surrogate care, but because they were so conscious of how other women judged them. "I'm in a wonderful position really," a photographer explained to me, "in that I have the choice of working. But it makes me feel like I'm choosing not to be with my son. It'd be so much easier if I had to work instead of working because I need to feel productive and creative and because--I know this sounds like a rationalization--I'll be a better person for my child."

How sad, after 30 years of fighting for the freedom to make our own choices, to find that we're afraid to make any for fear of making the wrong one. What a shame that women--not men, not the old-boy corporate network--are still arguing as to who has the "right" to be in the workforce. What a pity that we continue to complicate already agonizing decisions with such an irrelevant quandary. Men no doubt feel they have no choice but to work, and yet manage to exercise plenty of free will in structuring their personal goals and ambitions around this mandate. Yet women, despite overwhelming evidence that they're in the workforce and in it to stay, insist on tormenting themselves with "ideal" scenarios in which work plays no part, as though any kind of job outside the home were automatically a detraction from their job within it. If we're working, for whatever reason, why can't we regard it as a given, so that we might channel any dissatisfaction we feel into improving our situation instead of flogging ourselves for not being home?

It's a little like being a mother: Children are a challenge and even a complication, but we chose to have them, and no matter how tough it gets, we never for a moment actually wish we never had them. They're an irreversible reality, a responsibility we might have chosen to pass up but did not. Work, similarly, is a responsibility most adults assume, a burden at times, a complication, but also a challenge which, like children, requires enormous energy but which holds the potential for qualitative, as well as quantitative, reward. Isn't this the only constructive perspective for women who have no choice but to work? And isn't it a more healthy attitude for women writhing in guilt because they choose to compound the challenges of motherhood with work they enjoy?

That we should even be deliberating such a question is thanks to the massive wealth we as a country generated in the post-War twentieth century. Sociologist Kathleen Gerson points out in Hard Choices: How Women Decide Between Work and Family that for centuries staying home has been a luxury only the uppermost classes could afford; the Fifties were an historical aberration, the culmination of our zeal to emulate the leisured lifestyle of European women coupled with the advent of industrialization, which created a separate workplace in which wives and children could no longer labor, as they did on the farm, side by side with the men. When post-War prosperity removed the need for most women to work, we thought we had reached the apogee of civilization. Childrearing

consequently assumed sacred status; children might remain perfect creatures so long as they had mothers on hand to attend to every emotional or physical need and fathers who worked to ensure they never knew want. For perhaps the first time in history, children themselves were a luxury, a drain on family resources instead of an essential component of the family's survival strategy. As children of this uniquely privileged generation, as torch bearers of the Great Society, we grew up believing in a world where everybody might know material comfort, unlimited opportunity, and the full flowering of their self potential--because that was our experience as children.

"We were spoiled rotten," contends Kathy Carrol, a mother of three who spent nine years at home trying to recreate this illusion of painless plenty for her children before sheer exhaustion and dissatisfaction with her marriage prompted her to wonder why. "No wonder most of us are so unhappy and feel we can't cope," she observes. "After you're waited on hand and foot, promised the world, and given every material advantage to buffer you from reality, adulthood is a rude shock. Suddenly you have to work all day just to live. I don't want to set my kids up for such disappointment." When Kathy elected to return to work full-time, she made her two children and husband pick up the slack at home; now even her six-year-old is responsible, one night a week, for helping get dinner on the table. "I thought I was lucky to be able to stay home," she reflects. "I thought my kids were lucky to have

the perfect mom. But I wasn't doing them any favors. I feel I'm a better mother now, working, than I ever was as the family doormat. I feel I have more choices."

This is a book about choice for women who believe they don't have any. Our expectations, not our job, more often than not blind us to the possibilities: Either we choose to feel good about ourselves, our marriages, our children, and yes, even our jobs, OR we change what makes us desperately unhappy, recognizing and accepting the tradeoffs such change inevitably entails. We should, as the feminists insist, be entitled to pursue what we want, whether it is the Presidency of the United States or a quiet homelife with our children. But let's remember choice is as much a burden as a freedom in that we must choose not only what we want but what we are willing to give up to get it. We needn't compromise on our goals, but we most surely will have to compromise on the means.

Expectations, for Kathy Carrol, meant being nothing short of perfect, a wife any husband would find desirable, a daughter any parent would be proud of, a mother any child would adore, a friend to admire, a neighbor to envy. Short of being all things to all people, Kathy could not find in herself a person worthy of love or respect. But even had she been able to maintain the illusion, being the perfect wife, mother, daughter, neighbor, and friend failed to

net her what she wanted: a loving and nurturing partner, capable and giving children, understanding and supportive parents, friends whom she could embrace. Only when going back to work forced her to lower her expectations did she begin to feel less straitjacketed; only when she couldn't possibly do it all did she wonder why she had ever tried.

If I sound somewhat biased in my support of working mothers, it is no doubt because I am one. Like Kathy Carrol, I found not working put me at the mercy of expectations I couldn't possibly hope to ever fulfill. But for the sizeable population of mothers for whom staying at home is a choice they will fight to keep, I'm hardly advocating they put their kids in surrogate care and put in eight hours at some office job. I'm inclined to agree, in fact, with Amy Dacyczyn, author of "The Tightwad Gazette" and publisher of a newsletter with the same name, who believes that more women could stay home if only they were willing to contemplate a radical change in lifestyle--radical meaning moving to a cheaper part of the country, driving an older car, eating less meat, saying no to expensive fashion trends, and using less disposable merchandise. This choice, too, involves lowering certain expectations but may certainly offer salvation to the millions of women in factory or clerical jobs who believe they have no choice but to work. Amy and her husband Jim managed to live in Leeds, Maine, on $30,000 a year for seven years, saving 23 percent of it and spending 18 percent of it on things like new furniture, cars, and major appliances. She

feeds her family of eight for $170 per month, economizing elsewhere on clothing, gift-giving, entertainment, and household items. And she makes it work because to her, staying home to rear children is of paramount importance and worth any material sacrifice.

Now these are tradeoffs, rather severe ones for many Americans. But Amy chooses them--they are not imposed upon her--in order to realize her goal of staying home. I choose not to live that way, but I acknowledge that the balance I have achieved between work and family roles comes at a cost, and every day I must weigh whether I live with that cost happily or guiltily, or whether some other lifestyle entails tradeoffs I might accept more readily. It is always my choice, to change what I cannot tolerate, or tolerate what I cannot--or will not--change.

All women, single moms and head-of-households included, have some choice; many of us have more choice than we think we do; and a privileged few have more choices than they know what to do with.

This book is for every one of them.

Preface

~~Methodology~~

I had but one goal in my endeavor to write this book: I wanted to find role models, women who not only grasped the concept of balance but had attained it and maintained it, against formidable odds. I

didn't care who they were, or how representative they might be of certain ethnic, religious, socio-economic, or generational populations. One consideration limited the pool of whom I would interview and whom I would not: the age of their offspring. Mothers of young children (six and under) tend to confront the same hurdles, across all barriers of race, income, or age. I had initially thought to confine my inquiry to mothers of a certain generation, but quickly discovered generationally-correct age brackets of 32 and older or 31 and younger (Boomers and Thirteeners, according to those who compile statistics) were of no use to me in my particular quest.

I am not a demographer, keen on charting society according to statistical samplings. I am not a sociologist, trained to see, in those samplings, historical trends. I am not a psychologist, analyzing trends for behavioral insights. Hence this book is not a study, a survey, or an attempt to ascertain who women really are these days. I am a mother, eager to listen to other mothers for any clues as to how they've managed to keep their personal demons at bay, and I am a journalist, which is to say I've been trained to convey what people actually say rather than what I think they mean to say. Had I a kitchen table large enough and this were 1956, I wouldn't have needed to write a book to hear from my peers. But it is 1993 as I write this, and my kaffe klatsch is geographically scattered, critically short on time, and so accustomed to thinking and acting in a veritable vacuum of feedback that they have

forgotten a community of like-minded women even exists.

That community, I can attest, is alive and well. I've tried to give voice in this book to its more articulate and empathetic representatives. It seems a sad fact of our modern lives that we let our friendships drift to the point where only a personal crisis motivates us to reel them back in; the sadder consequence is our isolation, a self-defeating environment where inspiration rarely sheds light. I know I, like an architect I spoke with, lost such essential contact with my friends that I began to believe I had nothing in common with them, that I alone grappled with the conflict endemic to being a working mother. Totally ridiculous, I realize. But I had to embark on a book to prove it otherwise.

How did I find these role models? I networked--through professional organizations and playgroups, professional contacts and support groups. I picked up names on line at the supermarket, in the back seat of cabs, and in the pediatrician's waiting room. I hit up former classmates, former colleagues, and former neighbors for recommendations in their neck of the woods. I recruited everybody who showed the slightest interest in the book to generate more names for me. And I never ended an interview without getting phone numbers of other women. It got so neither my husband nor I could go anywhere, do anything, or see anybody without soliciting another contact.

As my pile of index cards grew, two "handicaps" became apparent: I could not physically meet with everybody, lacking the time and money to fly all over the country, and I knew next to nothing about my interviewees beforehand. That meant cold-calling women and asking them to commit at least an hour of their precious work day or evening at home to discuss fairly intimate questions with a perfect stranger. A recipe for disaster, you would think.

On the contrary, the anonymous and non-visual format of the telephone interview guaranteed honest results. One woman laughed when I apologized for taking so much of her time. "You're easier to talk to than my shrink," she explained, "and you're a whole lot cheaper!" It turned out the less we knew of each other, the less we could judge one another prematurely on the basis of what we looked like and how we dressed and what kind of car we drove or house we lived in or the office we occupied. I rarely had to press for details, as the medium ensured an almost confessionlike dialogue. ("Only women can get away with this kind of exchange," noted my husband.) Many women even allowed me to use their real names; those who requested a pseudonym I've indicated with an asterisk.

When it came to deciding whom to quote and whom to leave out, I made my selection with an eye to achieving as great a variety in backgrounds as possible, lest anyone erroneously conclude that there were some "formula"--a certain income, a certain ethnic or

class background, a certain type of job--that guaranteed happiness. Good Enough Mothers is predicated on the belief that there is not any one factor predisposing women to either fulfillment or exploitation. It is not a self-help book in the usual sense: Who you want to be and how you get there is entirely up to you. I've never believed in the concept that one size fits all, that one standard should be modeled for all to emulate. My hope, in trotting out women that have inspired me, is not to suggest the pool of answers is limited to their examples but rather to affirm the almost infinite ways in which women can find that ever-elusive peace of mind. Being "good enough," for all my ensuing attempts to describe its universal tenets, is different for every individual. My role models share but one thing completely in common: They're no longer interested in being perfect.

"Except," admitted one compromiser, "I guess I'm now trying to be perfect at trying not to be perfect."

Helinda H. Marshall

About the Author

Melinda Marshall is a journalist who has written on parenting, consumer issues, and travel for Cosmopolitan, Redbook, Woman's Day, Working Woman, Parenting, and Diversion; newspapers include The San Francisco Chronicle, The Boston Herald, the Chicago Sun, and clients of The New York Times Syndicate. She regularly contributes a four-page travel section to New Choices, a national monthly published by Reader's Digest.

Prior to the birth of her two children she was a senior editor with Hearst Professional Magazines for four years, primarily with Diversion magazine, a general-interest monthly for "physicians at leisure." As an editor she has lectured to would-be freelancers at the Aspen Writers' Conference, Charlotte Writers' Group, Juniata College, Queens College, Davidson College, and Johnson C. Smith College. Since graduating magna cum laude from Duke University in 1983, she has held various editing and writing posts; she was editor-in-chief of Charlotte magazine, Charlotte Business Quarterly, and Today magazine--regional and city monthlies in North Carolina.

She now divides her time between writing and raising Chase, 2, and Kathryn, who is 8 months old.

Endorsement for *Good Enough Mothers*,
by Melinda M. Marshall

"This book is for every mother who's ever felt guilty about working. Marshall shows us how to stop flogging ourselves and feel good about our marriages, our children and, yes, our jobs."

Ellen Levine, Editor-in-Chief, *Redbook*

From Chapter 1 Uncompromising Role Models: Victims, Feminists and Antifeminists

The Silent Majority

To look at our talk shows and tabloids, you would think anyone who stood up for herself and took personal responsibility for her life was a freak, and victims of every conceivable abuse and injustice, the norm. A week of watching Geraldo, Ophrah, and even segments of the nightly news (a typical "News Extra" topic: "Sex Addicts: Are You Getting the Help You Need?"), and anyone who was not molested by their father, beaten by their husband, raped by their employer, or sued by their children would have to conclude she is either the only such woman on earth or is "in denial," having failed to perceive her own dysfunction. The victim bandwagon used to be reserved for the genuinely downtrodden, notes historian Charles Sykes in A Nation of Victims, but now everybody--millionaire artists, Ivy-League students, the obese, children of addicted parents, homosexuals, American Indians, the elderly, the disabled, and women--is jumping on in record numbers, eager to be spared the arduous journey of walking unaided.[20] Since women alone account for 51 percent of the population, that would indicate a clear majority of Americans are dysfunctional or oppressed. Who indeed has not, or cannot, claim some sort of handicap that compromises his or her chances for complete happiness? Who doesn't deserve a leg up, if not a free ride?

The women who've triumphed over the obstacles tripping up the rest of us presumably number so few we have to keep recycling their

images on the covers of our magazines. Our current breed of role model tends to be media luminaries like Kathie Lee Gifford or celebrity moms like Demi Moore--as though overcoming a slip in network ratings or surviving a movie that bombs were hurdles with which we can all identify. "All these celebrities you read about have such an easy time balancing their lives," notes Elizabeth Woodman, a mother of two who helps her husband run a business, "but their world doesn't have much to do with the real world, and their lives certainly don't have much in common with mine."

Certainly none of them appear to pay any price for their fame or fortune: hubbies (rich, handsome, brilliantly successful) adore them, kids never suffer separation anxiety, friends have nothing but nice things to say, and their health and good looks never betray a lack of sleep or a week of pizza-on-the-run. We know such flawless portrayals are unrealistic; we stay interested almost out of a perverse delight in awaiting the inevitable breakdown. (Donald Trump, as we anticipated, is leveraged up to his eyeballs, and Princess Di's prince turned out to be not so charming.)

In contrast, the Connie Lezenbys of the world are everywhere, working in every walk of life, overcoming all manner of setbacks largely on their own steam. And yet we do not see their faces splashed across the supermarket racks, do not hear their stories on the nightly news, and rarely see their lives dramatized on a sitcom, precisely because we buy magazines and watch television to

see not ourselves, but an idealized image of ourselves. Advertisers wouldn't be able to sell a tube of eyecream, a can of hair spray, an ounce of perfume, or a single size-6 bikini if their models even remotely resembled us. Relying on the media for a sense of ourselves is like packing a loaded gun for protection and having it go off in our face: On the one hand, we are flattered to think we could look like the Guess jean girl and cavort on the beach with our hunky boyfriends, but on the other, we are frightened to find ourselves portrayed as little more than objects of desire, victims of sexual harassment and exploitation, passive, powerless, and voiceless women. The world the media would have us inhabit only exaggerates our vulnerability, peopled as it is with a frightening assortment of date rapists, serial killers, abusive husbands, sex-crazed employers, murderous pro-lifers, witch-fearing preachers, criminally violent policemen, corrupt officials, and utterly impotent politicians. Where in such a landscape would we hope to find women like Connie--vocal, pragmatic, resourceful and self-determinate?

But there is growing awareness of an alternate reality out there, one in which women do not cower or whine but assert themselves and make a measurable difference. Recently Redbook surveyed 1,000 mothers, 70.3 percent of whom worked (45.1 percent worked full-time, 21.4 percent, part-time, and 3.8 percent generated income while staying home), and to everyone's surprise, most of ~~us~~ them (54.2 percent between 30 and 40 years old, 70.4 percent with some college

education, and 49.2 percent with two kids under 18) are feeling very good about our lives, however depraved or victimized the media would portray us. Ninety-four percent said they're managing "quite well" juggling work and home. A full 85 percent believed there were advantages to being a working mom; 57 percent said they'd work even if they didn't need the money. Most (87 percent) feel they're doing a <u>better</u> job as mothers than their moms. Their kids think so (76.7 percent hear no complaints about the quantity of time they're spending together). Even more (89 percent) feel they're better wives than their own mothers were; only 8 percent worry that work is adversely affecting their marriage. And virtually <u>all</u> (98 percent) feel they're setting a good example for their kids.[21]

Like Connie Lezenby, they are neither victims nor superwomen. Those surveyed attribute their success to <u>doing less</u> in the way of housework and meal preparation. Many give credit to their husbands for easing their load: One in four working moms even leaves her preschoolers home with Dad. And if husbands don't help out enough, kids, relatives, or babysitters are recruited to pick up where Mom cannot. These women are confident enough to delegate; they don't need to prove they can do it all in order to feel worthy or desirable. For all that they cannot change, they are remarkably self-determinate, choosing what they want to do well and what they want to do just well enough and what they don't want to do at all.

But what warrants them our attention is that <u>their</u> goals are <u>our</u>

goals. They want well-adjusted, secure children who contribute to society rather than burden it; a relationship or marriage that will weather time and hardship; a pursuit outside the home that not only earns them a salary but allows them to flex their talents and discover new ones; an identity forged not by what they do or who their kids turn out to be or how other people perceive them but by who they are. And they are meeting these goals, despite gross social inequities, a persistent wage gap, and the utter negligence of government.

Shocking as this portrait of working mothers would appear against the more typical tableau of beleaguered stoics the media offers us, the Redbook survey is hardly singular in its findings. In all of my random cold calls, I noted that the more reason my interviewee had to feel sorry for herself, the more adamantly she resisted. Take Julie Benezet, the divorced mother of a five-year-old you met on page one. The divorce, which her husband filed eight months after she gave birth, wasn't her idea; working full-time during her daughter's toddlerhood wouldn't have been her choice. Yet she focuses on time she can make, actions she can take going forward.

"Since I make money by the hour, the more I work, the more it improves my income," says Julie. "But I don't have to make a spectacular income. I don't have to jump out of bed and drive my daughter crazy to get to work earlier. I can have a nice breakfast with her, walk her to school, get to my office after nine. I'll

only get this chance (as a parent) once--I can't pick it up twenty years from now. I'm not going to spoil it, or risk her emotional health, feeling bitter about what I tried to but couldn't fix."

And then there's Pam Resnick, a mother of a 10-year-old and six-year-old who owns her own paper recycling business but could just as easily have caved in to her husband's expectations that, like his mother, she be home baking cookies, taking care of the house and his needs, and rearing the children. "There have been some hard years being an ambitious woman with a man who never had that kind of mother," Pam remarks. "But I'm more confident now that what I'm doing is important. I think I know that being home would be too constraining: If I had to put all my energies into my children, I'd make them crazy. They're healthier for not being the only focus.

"I've always been eager to please," she reflects. "Eager to please my husband, my family, my extended family, the people in my community. But I've been standing up for myself a little more. I'm not going to be pushed around as much, trying to please everybody and winding up living the kind of harried lifestyle I truly question."

I heard lots of variations on the same theme: Motherhood overloaded the circuits, but on the brink of burnout, it was motherhood that sparked the life-saving epiphany. "I don't have to make myself miserable trying to meet everyone's expectations," says Kathy

Kaufman, a lighting designer with two toddlers. "I probably should have gotten further along in my career, but that's for lack of drive on my part: My priorities have shifted. There's nothing I feel I'm owed."

A Paradigm for Non-Victims

Which underscores for me a curious irony. Over and over I was impressed with the resourcefulness of my interviewees; whatever the road block, their attitude was, "I'll find a way around it." These were women not handicapped but empowered by the sudden limitations motherhood imposed on them in their struggle for self-actualization. If feminism, as Faludi defines it, "asks that women be free to define themselves--instead of having their identity defined for them, time and again, by their culture and their men,"[22] the working mothers I met were all paragons of feminist virtue, role models the women's movement might celebrate.

Yet on the contrary, these are women who, in Faludi's estimation, have compromised, have bought the backlash, have buckled under the pressure exerted by men, the media, Madison Avenue, Pennsylvania Avenue, the religious Right, the Republican Party, our shrinks and support groups, our employers, and our parents. These are women apparently too stupid to note they were being manipulated and exploited. These are women so wimpy they'd sooner give in to what others believe they need than fight for what they really need.

"Instead of assailing injustice," Faludi writes, "many women have learned to adjust to it. Instead of getting angry, they have become depressed. Instead of uniting their prodigious numbers, they have splintered and turned their pain and frustration inward. Millions of women have sought relief from their distress, only to wind up in the all-popular counseling of the era where women learn not to raise their voices but to lower their expectations." (italics mine).[23]

Anything short of having it all, that is, smacks of women being compromised, not women choosing less. The childless and single Faludi cannot conceive of limitation, cannot imagine the trade-offs inherent to parenthood. Hence she assumes any trade-off we're living with cannot possibly have been our choice, must certainly have been imposed upon us against our will or knowledge. Any suggestion that we chose our imperfect predicament is heresy: Our salvation depends on acknowledging our victim status. Money and political clout doesn't get channeled to self-determinate, individually empowered women but to women who can prove themselves objects of a society-wide oppression.

So the Champions of Choice, ironically enough, would insist we have none (at least the antifeminists credit us with having engineered our own misery). As Faludi describes us, we're victims of our chromosomes, hormones, and maternal nature; we're too deferential

to male authority, too needy of male validation, and too subjective to innuendo and misrepresentation to resist manipulation. The only active role we might play in our destinies, the only choice she sanctions, is to claw our way to the top where we belong, thus proving unequivocally our equality and merit to all who might otherwise doubt it. Whether we want to be there, whether we like being there, whether we're willing to endure the process of getting there is irrelevant. Accepting anything short of what we know we deserve and all that men owe us signals betrayal. To compromise is to contribute to the backlash, to further our own oppression, to undo 35 years of struggle. To lower our expectations or temper our ambitions or accommodate anybody else's agenda ahead of our own is a choice we are not permitted.

Make no mistake: There is a backlash, and it has cost us dearly in the form of job discrimination and sexual harassment, limited wage-earning potential and financial security, limited choices in birth control, and limited political representation. But let's suppose feminism were to overcome this backlash and secure, at last, the economic security and freedom of choice for which they have long struggled. Let's imagine the playing field were suddenly level and that all employers treated, promoted, and paid men and women strictly according to merit. Would our conflict between home and office ebb to insignificance? Would our decisions regarding how we spent our time (and with whom) become any less agonizing? Would we find, once all obstacles were removed, that we no longer lived with

tradeoffs, never again needed to compromise? Would we finally have it all?

And most importantly: Would that make us happy?

1. Sylvia Ann Hewlett, A Lesser Life: The Myth of Women's Liberation in America, Warner Books, New York, 1986, p. 43.

2. Ibid, pp.43-44.

3. Ibid., p. 185.

4. Susan Faludi, Backlash: the Undeclared War Against American Women, Crown Books, New York, 1991, p. 316.

5. As quoted by Faludi in Backlash, p. 251.

6. As quoted in an interview with Susan Faludi, Backlash, pp. 253-254.

7. Hewlett, pp. 12-13.

8. Hewlett, pp. 49-50.

9. Faludi, p. 317.

10. Hewlett, p. 24.

11. As quoted by TK in "The Mouse That Roared TK," Working Woman, October 1991, p. TK.

12. Personal telephone interview with Ethel Roskies.

13. exit poll statistics showing how many women voted for clinton

14. The actual quotation reads "The woman who is truly Spirit-filled will want to be totally submissive to her husband...This is a truly liberated woman. Submission is God's design for women." From The Spirit-Controlle Woman by Beverly LaHaye, as quoted in Backlash, p. 247.

15. Hewlett, p. 341.

16. Sylvia Ann Hewlett, When the Bough Breaks: The Cost of Neglecting Our Children, Basic Books, New York, 1991, pp. 242-258.

From Chapter 3 Stay-at-Home Mothers: The Unadorned Truth

Let me introduce you to my friend Gretchen, a full-time mother with three children ages 4, 3, and 1. She and her husband, Phil, just moved into a six-bedroom home to accommodate their expanding family; Gretchen is already talking about Number Four, despite Phil's insistence that three is the limit. Seven days a week, 24 hours a day she is on call for her children, although twice a week a sitter relieves her so that she can volunteer at a local hospital, whose fundraising committee she chairs. What little leisure she has she's currently devoting to getting the new house fixed up--making curtains, buying furniture, replacing the bedding--but looks forward, with her two older children in school part-time, to pursuing some of the craft projects she enjoyed before the birth of her third child.

That mythical Fifties mother, the one we keep insisting no longer exists--she does, despite 25 years of feminine mystique-bashing, and Gretchen is her most recent incarnation. Husband Phil earns all the income; she is devoted wife and mother, homemaker, and charity volunteer. Unlike Donna Reed or June Cleaver or even her own mother, however, Gretchen is not home because society expects her to be. On the contrary, she has consciously chosen a role increasingly unrepresentative of women, one which her peers both envy and denounce. She acknowledges that her choice is an economic "privilege," given the fact that in most households today two incomes are a necessity. But marrying a man whose salary obviated the need for hers was not merely good fortune: Gretchen clearly envisioned her homemaking role and chose someone who could make her dream a reality.

And this is her dream. With four years of college and an MBA, she certainly isn't raising her family for lack of better career options. Nor does she stay at home, with two children 13 months apart and now a toddler to supervise, because it's any easier: Few would contest that caring for and playing with very young children day in and day out requires Herculean endurance and the patience of Job. Add to this the fact that Gretchen takes care of even traditionally male chores--from taking out the garbage to getting the car fixed--and one must conclude she does it all because she wants to, because she derives great satisfaction from her role, and because she firmly believes her full-time presence is, for her

children, a benefit for which there is no substitute.

"If you're not there more than at the very beginning or very end of the day," explains Gretchen, "your kids are going to know their nanny better than they know you. Sure, once in a while you find somebody wonderful who really loves your kids, but I've seen plenty of nannies who sit there in the park, with the kid in the stroller, and they don't say a word. There's no interaction.

"I think it's awful. I think the kids suffer," she comments. "And I think we'll see it when they're adults."

The Mommy Wars

Admit it. Already you don't like her, and not just because she's got a husband who supports her and three beautiful children (because you just know they are) and matching towels in every bathroom. You find her contentment vexing because you know darn well how relentless and even boring caring for young children can be--and yet she seems to take it in stride. Or you find her choices threatening: Does nothing about the workplace entice her? Is she not compelled by centuries of hard-won opportunities for women to take advantage of any of those opportunities?

But most of all, you find her moral superiority--her unassailable belief that a good mother is one who stays home--makes you just bristle. What does she know about your caregiver, or your child's needs? Never mind that you've already judged her: How dare she condemn you (and your children) for your choices!

Sensitive to the fact that you may be working because you have no choice, she wouldn't dare--except perhaps in the privacy of her own home, among her stay-at-home friends. Ask her and she will admit to harboring rather passionate convictions about mothering. But with her working friends (she has one) she typically "dances around the issue."

"We're very cautious about what we say because we don't want to insult each other," observes Gretchen, noting that her friend works because she prefers it to staying home. "So I say, 'I think it's good you recognize that it's better for you and the kids to be working, but I just wouldn't be comfortable.'"

Oh to be so politic! But that's how we '90s moms are, ever smiling and publicly tolerant, despite the fact we're locked in mortal combat over how we choose to raise our children. And we thirtysomethings do exercise choice, don't we? Our mothers had to stay home; we don't. Women ten years our senior had to uphold the feminist cause; we needn't. We may choose to have babies, or we may choose to remain childless careerists. We can have it anyway

we like. Right?

Okay, so maybe the majority of us have to work. So maybe now we're handcuffed to the vacuum cleaner and the briefcase. So maybe our entire life hangs by a thread, a thread our caregiver may cut at any given moment by not showing up, getting sick, getting deported, taking a better situation, or quitting on a whim. So maybe on some days, there appears to be only the Right Choice, and the Wrong Choice. And on those days, even though working may not have been our choice to make, women like Gretchen make us believe we chose wrong. Nobody has it all, we know, we've been told a thousand times. But Gretchen so embodies the Good Mother image most of us carry in our box of cherished fantasies that we wither in her presence, as though flashed with a silver cross.

What makes it even worse is the tendency of the Righteous to (publicly) harbor no hostility toward the Damned. Gretchen maintains she feels "almost sorry" for her working peers; she senses not hate from them but envy. And it's true, you don't hate her. Some days your hat's off to the full-time mothers for being able to endure the numbing routine and incessant policing seven days a week instead of two. But on other days, merely the image of this woman crafting a brontosaurus out of sugar paste and sheet cake for her two-year-old's birthday drives a stake through your heart. You dread running into her at the playground, fearful of engaging in one of those subtle games of one-upsmanship over whose

kid goes to bed without hassle or whose refrigerator contains more foods rich in beta-carotene. You can't help scrutinizing her for signs of superior mothering skills and hoping for evidence of deficient ones. Yet you're supposed to be above all this pettiness: The Mommy Wars, after all, are over. That sort of mutual intolerance was an '80s thing, an outgrowth of women's insecurity at embracing "new" roles while trying not to impinge on the old ones.

Certainly the press has covered it to death, the public has made it cocktail-party banter, and the political climate is one of tolerance, tolerance, tolerance (or you'll be sued). But the Mommy Wars continue to smolder like the Cold War before disarmament. Stay-at-home mothers, their numbers shrinking, their esteem chronically low, their image slurred by a society that devalues a mother's role, are ever more fervent that their offspring turn out better so they won't have to stoop to say, "I told you so." The working mothers, their numbers imparting no solidarity, their esteem corroded by guilt, their image forever undermined by a society that continues to worship a feminine mystique, are praying their kids turn out functional so they can stop being defensive and apologetic and instead assert, "See? I did do it all."

The Unadorned Truth

"A generation or two ago, mothers were home," notes Valerie

Buickerood, a member of Mothers' Network, a support group for stay-at-home mothers. "Today, half of all mothers are in the workforce and the other half of us feel we're being looked down upon."[1]

"Often our value is based on what we do," says Joy Bier, addressing her peers at MOMS, another support group. "Have you ever been at a party and someone asks you what you do and although you love being at home, you wish you could say something like, 'I just won the Nobel Prize?'"[2]

"My husband is a perfectionist, and occasionally he'll tell me, if some errand wasn't run or dinner's not ready, 'You're home all day, you should be able to do that,'" explains Chris Goudy, who quit her job to stay home with her two-year-old, even though financially her husband felt they couldn't afford it. "I feel myself boiling, thinking the whole time that if men stayed home, they'd see!"

"When my son brings in the newspaper from the driveway 'for Daddy,' he says, that sends a strong message home to me," comments Karen Cooke, who chose to be home with her two sons rather than work part-time for her husband's business. "It says I'm not the one sitting down to find out what's going on in the world; I'm expected to be making dinner. I'm in a bubble."

"Every day there's something that drives me off the wall," admits Trish Rachlin, who's expecting her third child, "and I can't stand

being that way, I can't stand that point where I yell and scream and act like a maniac."

A shortage of patience, too much isolation, and too little appreciation, understanding, or support--these are the short-term costs of staying home. If the number of support networks mushrooming up around the country in response is any indication--groups such as FEMALE (Formerly Employed Mothers at the Leading Edge); MOMS (Moms Offering Moms Support); The National Association of Mothers' Centers, with its own hotline; Home by Choice; Mothers at Home, which publishes Welcome Home magazine; Mothers of Pre-Schoolers; and GEMS (Group to Encourage Moms)--electing to be Mom is tantamount to martyrdom. Ask any woman who chooses to work and she will apologize for lacking the saint-like qualities she perceives among women who devote themselves to full-time childrearing. It's hard work. There's no leisure. There's no let-up, no back-up, no escape. And the payoff can be years down the road, if at all. "The hardest part," says Mary Schnog, who has been home for almost four years, "is that you're not sure what the end result's going to be--if this all worked, if I did the right thing."

To be sure, if we were to focus solely on those serendipitous magical moments--first steps, first words, gleeful exchanges, mimicked expressions--that full-time mothers are privileged to witness, staying home would be an undeniable luxury. Yet

childrearing on day-to-day examination seems hardly the kind of job any woman would really covet. "If I were to be perfectly honest," confides an editor friend of mine, "when my daughter was very young and still sort of a lump, it was very easy to leave her. The office was kind of a refuge." Now this woman has tremendous difficulty leaving her two-year-old, but has no doubt that caring for her daughter full-time, if it were financially feasible, would be far more stressful than going to work. So why does someone like Gretchen, who admittedly struggles to get her husband to help out, who toils daily at so many tasks that will be undone moments later, who yells just as much and gets frustrated and exhausted just as much and whose kids aren't even perfect--why does she bug us?

Because, for starters, she's so enviably clear about what she wants and what she's doing. (Remember the sense of instant loathing you felt upon seeing anybody wearing a button that said, "I've Found It!"?) She has no doubt that working is incompatible with good parenting. "One of the problems I see with my sister-in-law and her husband, who both work," Gretchen confides, "is that their daughter, who's two, gets away with everything. When they get home at night, they're exhausted: They haven't had any time to themselves, they haven't had any time with their child. She's not having any limits set on her because they're too tired, and the little time they do have with her, they don't want to ruin. Parents who aren't with their kids that much, they feel guilty, so when their child's giving them a hard time, it's just easier to

give in. But that doesn't help in the long run."

In addition, Gretchen's confidence, compared to yours, is unshakeable, because all those whom we annoint "experts" in childcare also think she's doing the right thing by staying home. "You can tell a baby who's been responded to, who, when he cries, gets picked up and held instead of being left to scream," she notes, echoing the scientific establishment. "All the research that's been done indicates that the more children are responded to, the more optimistic they become as people and the more they have a positive impact on their environment."

And finally, Gretchen gets under our skin because she comes darn close to a real-life Perfect Mother, someone who, unlike our own mother, we can't dismiss on the grounds that she's a throwback to an aberrant generation or in denial or somehow being smoked by a societal conspiracy. She doesn't feel she's sacrificing the best years of her life, but living them. Most enviably of all, she appears to be incredibly untouched by true hardship, by having to make agonizing decisions, by having to give up anything of value. She has what we so desperately want: Peace of mind.

What Fuels the Illusion

Rationally, of course, you know this to be a fallacy. But there's good reason why you cling to it, this Apotheosis of Motherhood: the

weight of scientific research, the opinion of countless childcare experts, and even the voice of the media lend credence to the Good Mother formula as prescribed by Gretchen.

As a pseudo-stay-at-home working mother and incorrigible fence-sitter, I make it a habit to track what academic circles are saying about my lifestyle choices, just in case they might suddenly offer information that will make up my mind for me. I'm always on the lookout for research "proving" that women who work are a) in the majority (because misery loves company); b) raising more, not fewer, Nobel prize winners or Olympian medalists; and c) not handicapping their children emotionally, let alone screwing them up for life because I need and want to work. But engrained, as I am, with a formidable body of evidence from my own youth suggesting that staying at home is what makes for superior children, I'm just as sensitive to reports suggesting surrogate care is harmful. My own kids experience "nonmaternal" care now 40 hours per week, and have since my youngest was nine months old. On most days I feel confident we're all doing just fine. But then I pick up the newspaper and doubts are sown anew.

In 1986 a professor at Penn State by the name of Jay Belsky made quite a stink by asserting that the effects of extensive, early nonmaternal care resulted in "insecure attachments" and "heightened aggressiveness, noncompliance, and withdrawal in the preschool and early school years."[3] His study, based on how children behaved in

the "strange situation" of being left first with a stranger and then entirely alone in a room, was but one of several, yet attracted a good deal of press because he quantified what many of us feared or suspected. Mothers needed to be caring for their own offspring during the first year of life, or their kids would turn out to be social time bombs.

Belsky has since attempted to clarify his conclusion to say his research pointed up the need for better parental leave policy and job security, more part-time job opportunities for mothers of young children, and more affordable, high-quality care for infants and toddlers--but holds to his theory that early, extensive daycare is harmful to infants.[4] More recent studies seeking to amass all strange-situation data show "a significant association between the likelihood of insecure infant-mother attachment...and the experience of nonmaternal care" although the magnitude of the effect proved rather small: While 71% of children cared for exclusively by their mothers tended to be securely attached, nearly just as many (65%) of the children whose mothers worked were also deemed to be securely attached.[5]

Methodological loopholes such as widely varying care experiences and homogeneous socio-economic backgrounds have given disbelievers plenty of ammunition, but the sheer volume of evidence seems to solidify the stay-at-homers' stance. Perhaps the federally-funded study now under way, touted as being the most comprehensive, in-

depth study of young children to date, will provide more conclusive results come 1996, but I'm not holding my breath: Given the fact that no study will ever be able to take into account every variable in an issue so complex as childcare, and given the degree to which we've politicized the whole issue of daycare, it's bound to be hopelessly equivocal.

I've slowly come to realize that the child-rearing experts are also fundamentally allied with the full-time mothers. Brazelton, Spock, Sears, Arlene Rosenberg and Penelope Leach all had my undivided attention when it came to caring for newborns by offering Mothering Manuals for Idiots. On issues such as whether to nurse, how to discipline, when to toilet-train, and what to do about sibling rivalry, they were life-savers. My standard present at all baby showers was a copy of Leach's Your Baby and Child, because in the middle of many nights and many crying jags, it never failed me.

But their sympathies are decidedly lacking for mothers who graduate from infant care to a job that denies them on-going bonding and breastfeeding opportunities. T. Berry Brazelton, the nation's childcare guru and author of Working and Caring, was quoted in Esquire as saying, "The only kind of really bad mother, the only kind who can harm her children's development, is not the mother who spends time away from her child, but the one who doesn't care about her baby."[6] But then in an interview with Bill Moyers, he says a child's first year should really be spent "bonding" with his mother

or he'll become a delinquent, a social outcast--a terrorist, even.[7] So much for caring for workers.

Penelope Leach doesn't even try to walk the line. In her impassioned essay in Parenting, "Are We Shortchanging Our Kids?" she makes it wrenchingly clear that we as a society will pay a huge price for passing off our children to other caregivers. "The parenting journey...has already carried many mothers and fathers beyond doing what is best for their children and on to doing what seems least harmful," wrote Leach. "Not being able to see the negative results makes it dangerously easy for parents to assume there are none; to believe other people's assurances that a course of action in childrearing that feels uncomfortable is perfectly fine; and to follow that same course again with subsequent children." Even stay-at-home mothers blanched at their potential inadequacies: who hasn't felt if maybe they couldn't be a more dedicated, insightful parent? Leach went on to conclude, "The plain truth is that most infants and toddlers would be better off if it were practically and economically possible for parents to do the bulk of the caring themselves."[8]

A friend of mine who had to return to work six weeks after her daughter was born confessed she sobbed after reading Leach's manifesto ("It is clearly best for newborns," writes Leach, "to have something close to full-time mother care for several months at least--conveniently linked with the period a baby is

breastfeeding...."[9]), "as if I had any real choice," she said. After all, we can forgive ourselves mistakes regarding our own destiny, but jeopardizing our children's future (particularly when we think we're securing it) is untenable. No mother could conceive of doing so consciously, and what Leach did was raise consciousness. More than that: She, the undisputed authority, had said in no uncertain terms that good mothers are mothers who stay at home.

And the media, presumably unbiased but historically sympathetic to working mothers (too sympathetic, says Leach), ultimately dispenses "expert" opinion according to the current fad perceived among its readers. "You Can Go Home Again" Child magazine asserted in one of its headlines, citing as evidence of this going-home trend the fact that "women ages 20 to 44 in the labor force dropped from 74.5 percent to 74 percent"[10]--a staggering half a percentage point! Never mind that most mothers with young children work and will continue to work: this is old news. When it comes to selling magazines, any statistic, however insubstantive, can be massaged to support the more provocative thesis.

Given this bedrock of societal support, is it any wonder Gretchen seems immune to the bouts of crushing doubt, paralyzing insecurity, excess guilt, or minus self-esteem that the rest of us suffer? Is it any wonder we accord her the moral high ground? Is it at all surprising we want what she has?

Gretchen, predictably enough, doesn't see herself as a perfect mother living anywhere near a perfect life. And while she feels rewarded, she doesn't feel she's getting off easy.

"Sure, you can have a career, you can have a happy marriage, and you can have kids," Gretchen concludes, "but not all at the same time. I want my daughter to have choices open to her, but I wouldn't want her to fool herself into thinking that she can have everything and do everything, because that's crazy; something's eventually going to break down. There are compromises."

Exploding the Myth

I went to high school with Gretchen. Back then, I would never have guessed her destiny to be that of committed wife and mother; I thought that was my destiny. My own mother and grandmother were stalwart proponents of the sequential-reward philosophy: that you can have everything but not at the same time. Exclusively dedicated, as they were, to raising children, their expectations for their children were very high--and pretty clearly communicated. For daughters it was understood that the highest achievement, the only success that really counted, was Motherhood. It was a woman's raison d'etre, it was the backbone supporting a host of inviolable family traditions, and it was the means by which each generation honored the sacrifices made on its behalf by the last.

Until my mother's older sister Anne came along, all the Whitaker women had embraced this responsibility and carried out their biological duty with puritanical dedication. Anne had four children and adopted two, but relocated at a tender age to the opposite coast and quickly established herself as a business woman par excellence. Tales of her exploits, her money-making schemes, her complete lack of maternal instinct colored our dinner conversation for most of my youth. Her character was often most damningly portrayed by her own tongue: Very matter-of-factly she would describe how she conned a dying woman (Anne was, among other things, a registered nurse) into selling her diamond ring to Anne for a fraction of its worth. She told these stories, no doubt, just to see her mother and her sister writhe in horror. We found her irresistable: It wasn't that she was immoral so much as amoral, a species rare and exotic in our rigorously sheltered environment.

Anne was the proverbial black sheep, the rebel who found her cause not to be mothering. The censure and criticism she endured would have withered my mother Joan who, only 15 months Anne's junior and educated as her twin, was forever trying to smooth the waters between sister and mother. In family movies, Joan is always attempting to get Sister to smile instead of smirk at the camera, to behave, to smooth down her dress and look presentable, or stop fighting with her brother. Ever the little mother, Joan graduated from Mount Holyoke in 1951 eager to get married and get on with the real business of her life: After a few health setbacks, she had her

first child in 1956, at perhaps the apex of America's infatuation with total domesticity. Indeed, my mother was nearly solely responsible for the Baby Boom, with 10 pregnancies in 11 years. She embraced childrearing and homemaking with the zeal of a crusader, and she excelled at both.

To be sure, Joan didn't have six children solely to compensate for her sister's deviance or to court her mother's approval; she really wanted a big family, long before the feminine mystique ensured its popularity. In tenth grade, she told me, she was fantasizing about having babies, and to this day, she is fond of reminding us we are her most rewarding accomplishment. We grew up, however, sharing a driveway and several acres with her parents, who figured daily in our lives and, of course, in hers. Though they live now a mile away, such chronic parental scrutiny may in part explain why my mother continues to be driven to heroic levels of achievement.

It wasn't enough to birth, nurse, nurture, and guide us through the shoals of adolescence, even while she herself endured paralysis in both legs after back surgery when her youngest was still in diapers. She literally made our home, braiding some 20 rugs, patching nearly 30 quilts, knitting upwards of 250 sweaters (by her own conservative estimate), and tending, seasonally, to about 200 houseplants and an acre of garden. When my youngest brother was in school, she wrote a book about how to grow herbs and salad greens indoors that ultimately sold nearly 100,000 copies--an achievement

she dismisses by pointing out that the book was a hit among college students growing marijuana in their dorm rooms.

The book yielded a consistent guest spot on local television and radio shows, and she abetted sales by lecturing and teaching horticulture. Those classes, "sell-outs" for nearly 20 years, currently furnish a roster of clients for her burgeoning landscape architecture business--a business she's been building while pursuing her degree at Temple University. For five years she's been laboring feverishly at her drafting board, learning how to draw on a computer, gutting out required curricula in engineering and physics, teaching horticulture once a week, playing mini-recitals at her parents' retirement community, organizing her garden club, and being, still, the good homemaker and wife to my father.

My brothers and I are immensely proud of her. Yet our attempts to remind her of what she's accomplished, to acknowledge her many talents and shower her with praise, fall somewhat upon deaf ears. (She is legendary for saying, not minutes after someone has complimented her on her cooking, "Didn't you think that turkey was moist?") Our appreciation is never enough to assuage her doubts that she is <u>good enough</u>. My mother, at 66, is still trying to live up to the expectations of others--those, not coincidentally, of <u>her</u> mother. Never mind that the world perceives her in a superhuman light: So long as her mother withholds final approval, she cannot ever rest satisfied she did the job and did it well.

Textbook, isn't it? The proud legacy of full-time motherhood happens also to be frequently a legacy of low self-esteem, a condition not easily corrected, even if you grow up to be Gloria Steinem (who is still rectifying her poor self image). Perhaps my grandmother, yanked out of college by marriage and saddled as a very young woman with three children, did not always grin while bearing her responsibilities. Motherhood was expected of women of her generation, taken for granted as the sum of a woman's self-worth. An athletic woman with a passion for nature, art, and literature, perhaps she chafed--then--at being so narrowly defined. Years later, how could she not envy my mother, living a life richer in possibilities and studded with accomplishments? With her own child-rearing days past, she could no longer compete. Perhaps, having felt at one time responsible for and in control of her children's future, she could not accept the role of powerless bystander. Perhaps unconsciously she adopted her own mother's unyielding stance: She could not relinquish authority; she would not. Hence to this day she holds my mother hostage by communicating only the martyrdom of her own insatiable expectations.

My mother maintains that no one can appreciate the constriction of this tie to her mother. What everyone sees instead is the grandmother I know, the enthusiastic and ebullient matriarch who is enormously proud of her 18 grandchildren and 23 great-grandchildren, the mother who is profoundly grateful that her focus

in life was her family. She was my constant companion growing up, a woman whose interests became my own, a grandmother who nurtured my proclivities and rejoiced in whatever I did, bubbling with praise and encouragement. Yet even as a little girl, I was struck by her constant self-deprecation. Exceedingly knowledgeable, as she was, about antiques, she never answered a question about a museum exhibit or piece of furniture without prefacing her comment with a comment like, "I'm such a stoop, my friend Chris Batdorf could tell you so much more...." We never played a game together without her professing her "stupidity." She never broached a discussion on an article in the Smithsonian or Atlantic Monthly without reflexively denigrating her comprehension of it. Self-effacement was more than an expression of modesty; it was a pathology.

So I begin to understand why my mother's radar is so sensitive to criticism. She still treads the well-worn ruts of her youth, when her impression of her mother was of a woman hard to please, frequently negative, and rarely satisfied with anyone--least of all with herself.

Come the Empty Nest

Gretchen, certainly, is by no means laboring to fulfill her mother's expectations; I've no doubt she's exceeded them. Nor is she struggling to define herself as something "more than just a mother," because she chose this definition, narrow though it might

be, over others. The rewards, fortunately, of full-time motherhood are immediate and apparent to Gretchen, not contingent on her kids turning out to be more successful than her neighbors', not marred by an unspoken competition with her mother or anybody else.

But there are trade-offs to being a mother exclusive of other roles, tradeoffs Gretchen may well have in common with generations of mothers in my family. Nothing so vicious, say, as having children who become drug addicts or high school dropouts; nothing so inevitable as divorce or financial ruin or a nervous breakdown. (Nothing so calamitous as working mothers in their weakest, most vindictive moments have wished might befall their detractors.) No: The occupational hazard of doing anything so devotedly is being unable to stop doing it, as one's identity has come to be utterly defined by it. Being able to indulge in the pursuit of one role over all others means achieving a level of mastery so close to perfection that it becomes impossible to believe persistence won't pay off, that total mastery is possible, nay, obligatory.

Gretchen fears that she won't be able to let go of her children. Like her mother before her, she is the end-all, be-all, omniscient caretaker and provider for her husband and children; she jokes that if she were to die no one else would marry Phil because she has made him so entirely dependent on her, from scheduling his social life and ironing his golf shirts to anticipating, interpreting, and answering his children's physical and emotional needs. "My family

is so dependent on me," Gretchen muses, "that when I'm dependent on them, emotionally, can I say goodbye and let them lead their own lives?

"That's my biggest concern. If I were working, I wouldn't be quite so dependent on their feedback. I'd have something else to fulfill me. I know my mom is still searching for that. For her, right now, this empty-nest period is the most difficult, far more difficult than when we were little. She's having a really hard time making the transition. I know if we were to move to California she would be heartbroken. I hope that I'll be able to let my kids go and do their own thing and not make them feel guilty."

Big deal, you say. Menopause and an empty house is a long way off; what haunts working women are fears about tomorrow, not that day 20 or 30 years down the road. Except that what Gretchen's really talking about is losing control over who she is by dint of losing control over her children--allowing them to individuate. Control is an issue with which we're all intimately familiar, something we all grapple with every day, working or not, because everyone looks to us to impose control. It's absolutely essential to making our lives work. Yet we hardly resist the responsibility; if anything, we fantasize about having total control, about having our lives run like a Swiss watch. If we were to have more control, we would have less disappointment. If we were to have more control, we would be less disappointing to others. We would be cherished; we would be

heroic. And finally, we might be really happy with ourselves.

As parents, however, our ultimate responsibility is to let go, to have done our job well enough that our children won't need us. Thus letting go of our role as nurturer, if indeed that's our primary role, means opening up a vacuum of purpose in our life, not to mention triggering an identity crisis. That black hole, for Gretchen, appears to be 18 years distant. But in fact the dependency that today, with very young children, she looks forward to shrugging off, tomorrow she will be fighting to retain. As our mothers continually remind us, children grow up awfully fast.

Enlightened Despots

Ask Linda Miller, a former nurse with a nine-year-old daughter and a six-year-old son. Linda claims she's no control freak, and yet daily despairs at the erosion of her influence on her children. She frequently finds herself "nearly exploding with anger" because she's being "tuned out"--whereas her husband, upon making the slightest request of his children, commands immediate attention and response.

"Where, when, did I lose this power over the kids?" she muses. "It annoys me and angers me, being taken for granted: 'Mom will pick it up, Mom will do it.' Mom's part of the scenery, part of the woodwork. That's the major tradeoff (of staying home), the lack of

About the Author

Melinda Marshall is a journalist who has written on parenting, consumer issues, and travel for Cosmopolitan, Redbook, Woman's Day, Working Woman, Parenting, and Diversion; newspapers include The San Francisco Chronicle, The Boston Herald, the Chicago Sun, and clients of The New York Times Syndicate. She regularly contributes a four-page travel section to New Choices, a national monthly published by Reader's Digest.

Prior to the birth of her two children she was a senior editor with Hearst Professional Magazines for four years, primarily with Diversion magazine, a general-interest monthly for "physicians at leisure." As an editor she has lectured to would-be freelancers at the Aspen Writers' Conference, Charlotte Writers' Group, Juniata College, Queens College, Davidson College, and Johnson C. Smith College. Since graduating magna cum laude from Duke University in 1983, she has held various editing and writing posts; she was editor-in-chief of Charlotte magazine, Charlotte Business Quarterly, and Today magazine--regional and city monthlies in North Carolina.

She now divides her time between writing and raising Chase, 2, and Kathryn, who is 8 months old.

Endorsement for *Good Enough Mothers*,
by Melinda M. Marshall

"This book is for every mother who's ever felt guilty about working. Marshall shows us how to stop flogging ourselves and feel good about our marriages, our children and, yes, our jobs."

Ellen Levine, Editor-in-Chief, *Redbook*

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It's Time for Working Women to Earn Equal Pay

Fact Sheet

Equal pay has been the law since 1963. But today, 35 years later, women *still* are paid less than men—even when we do similar work and have similar education, skills and experience. In 1966, women were paid 74 cents for every dollar men received. That's $26 less to spend on groceries, housing, child care and other expenses for every $100 worth of work we do.

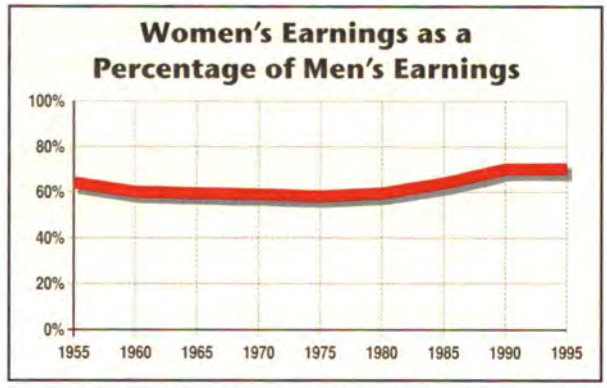
Because we're paid less now, we have less to spend on our families and less to save for our futures. And when we retire we'll earn smaller pensions than men. In 1994, women's private-pension benefits were less than half those of men—just $3,000 a year, compared with $7,800.

Sure, we've made progress. But not nearly enough and not fast enough. In the 35 years since the Equal Pay Act passed, the pay gap between men and women has narrowed by less than half, from 41 cents per dollar to 26 cents. And research by the Institute for Women's Policy Research (IWPR) finds that most of the recent change is because men's real wages have been falling—not because women's have risen.

Equal Pay Is an Issue for *All* Working Women

Over the past few decades, laws barring discrimination in education and employment have helped give working women opportunities our mothers never had. Today, women work in many different fields, each requiring different skills and experience and paying different wages. But opening doors for working women has not closed the door on pay discrimination. Equal pay is a problem for *all* working women—

- For women *lawyers*, whose median weekly earnings are nearly $300 less than those of male attorneys, and for women *secretaries*, who receive about $100 a week less than male clericals;
- For women *doctors*, whose median earnings are more than $500 less each week than men's, and for the 95 percent of *nurses* who are women but who earn $30 less each week than the 5 percent of nurses who are men;
- For women *professors*, whose median pay is $170 less each week than men's, and for women *elementary school teachers*, who receive $70 less a week than men;



Source: Institute for Women's Policy Research. *The Wage Gap: Women's and Men's Earnings.* Note: Women's earnings as a percentage of men's earnings are based on the median annual earnings of full-time, year round workers.

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