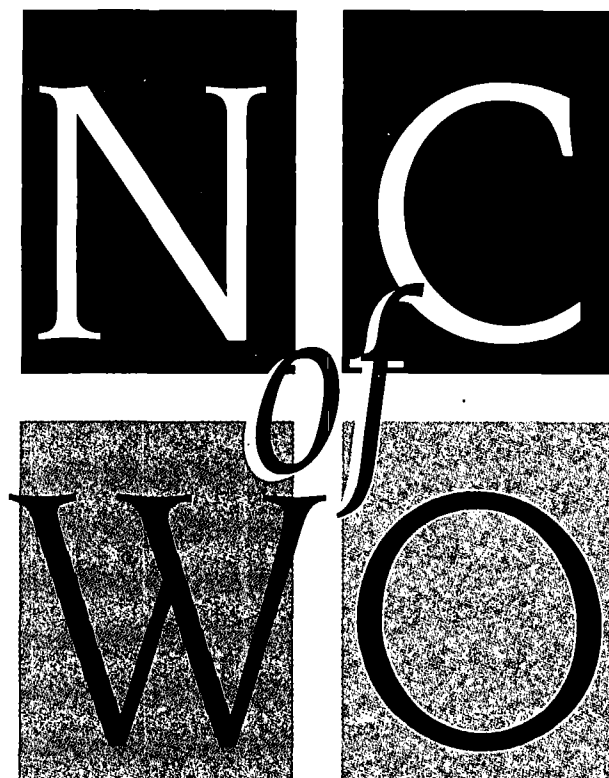


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National Council of Women's Organizations

Women's Equality Summit and Congressional Action Day March 15 - 16, 1999

Hillary Rodham Clinton - Guest Speaker

Grassroots leaders and activists from D.C. and across the country will
convene to educate themselves and Congress about the NCWO
Women's Agenda for the 106th Congress

The Equality Summit will highlight the following issues:

- Protecting and improving Social Security for women
- Securing affordable, quality child care for all who need it as a national priority
- Improving access to health care by increasing funding for family planning and requiring private insurance coverage for contraceptives
- Supporting Senate ratification of the United Nations Convention for the Elimination of All Forms of Discrimination Against Women (CEDAW) and measures to oppose gender apartheid in Afghanistan
- Supporting Fair Pay legislation
- Ending hate violence against all citizens and supporting the Hate Crimes Prevention Act

March 15:	1:00 - 1:30 pm	Registration - National Education Association
	1:30 - 2:00 pm	Opening remarks by Ellie Smeal, Pat Reuss, Susan Bianchi
	2:00 - 8:00 pm	Issue Briefing
	3:00 - 3:15 pm	Hillary Rodham Clinton on Social Security Reform
	6:00 - 7:00 pm	Screening of Lifetime TV film on Child Care
March 16:	7:45 - 9:00 am	Breakfast with Congressional Leaders
		#325 Russell Senate Office Building Caucus Room,
		Issue Briefings continue for new arrivals
	10:00 -12:30 pm	Congressional visits
	12:30 -2:00 pm	Lunch (restaurant map available)
	2:30 -5:30 pm	Congressional visits and feedback
	6:00 -8:00 pm	Reception with Gloria Steinem & the <u>New Ms. Magazine</u> (\$35)

To Participate - Contact Mulhauser and Associates with your name, address, phone number, fax and or email and affiliation. Phone (202) 463-0180, fax (202) 463-0182 or email, kmulhauser@consultingwomen.com

For more info & a complete up-to-date Summit Guide visit www.wlo.org/summit

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Lesbian Rights Summit Co-Sponsors

The Summit is organized by the National Organization for Women and sponsored by:

ACLU of Southern California ~ Act Up/East Bay ~ the Advocate
 ~ African-American Woman's Clergy Association ~ Allentown
 Women's Center ~ American Friends Service Committee
 ~ American Psychological Association ~ Catholics for a
 Free Choice ~ Center for Democratic Renewal ~ Center for
 Victims of Violent Crime ~ Center For Women Policy Studies ~
 Children Of Lesbians & Gays Everywhere ~ The Common
 Agenda Coalition ~ DC Rape Crisis Center ~ Emergency
 Services Network ~ Everywoman's Center ~ Faith Temple Church
 ~ Feminist Majority ~ Feminist Women's Health Center ~ Gay &
 Lesbian Activists Alliance of Washington, DC ~ Gay & Lesbian
 Attorneys of Washington, DC ~ Gay & Lesbian Advocates &
 Defenders (GLAD) ~ Gay & Lesbian Alliance Against
 Defamation (GLAAD) ~ Girlfriends Magazine ~ Human Rights
 Campaign ~ Justice For All ~ Lambda Legal Defense &
 Education Fund ~ Lesbian Avengers of Washington, D.C. ~
 Lesbian, Gay, Bisexual, Transgender Committee of the National
 Lawyers Guild ~ Metropolitan Community Church of Washington
 ~ Ms. Foundation For Women ~ N Street Village, Inc. ~ National
 Black Lesbian & Gay Leadership Forum ~ National Center For
 Lesbian Rights ~ National Gay & Lesbian Task Force ~ National
 Latinas Caucus ~ National Lawyers Guild ~ National Women's
 Alliance ~ National Women's Political Caucus, Lesbian Caucus
 ~ Noonmark Consulting ~ Northern CA Common Agenda
 Network ~ NOW Foundation ~ NOW Legal Defense & Education
 Fund ~ Ohio Gender Equity Coalition ~ Parents, Families &
 Friends of Lesbians and Gays ~ Planned Parenthood Federation
 of America ~ Planet Out ~ Pride At Work/AFL-CIO: The National
 Constituency Group of Lesbian, Gay, Bisexual, Transgender
 Trade Unionists ~ Pride Institute ~ Purple Berets of Santa Rosa
 ~ Service Members Legal Defense Network ~ Sexual Trauma &
 Recovery Services ~ Sisters of Perpetual Indulgence ~ SMYAL ~
 Stonewall Columbus ~ Tompkins Co. Task Force for Battered
 Women & Child Sexual Abuse Project ~ War Resisters League ~
 West Contra Costa Rainbow Coalition ~ Women Organized
 Against Rape ~ Women's Alliance for Theology, Ethics, and
 Ritual ~ The Women's Center ~ Women's Coalition of South
 Bay ~ Women's Institute on Sport & Education ~ Women's
 Supportive Services ~ World Congress of Gay, Lesbian &
 Bisexual Jewish Organizations ~ YWCA of the USA (Office of
 Racial Justice and Human Rights) ~ YWCA of Western N.Y.

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LESBIAN
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 SUMMIT

a feminist
 strategy session

April 23-25, 1999

Washington, DC

lesbians & allies

This national summit will focus on current challenges and future strategies. We will celebrate our diversity and commonality, share ideas, have fun, and create a framework to ensure the values, vision and inclusion of lesbians in the feminist movement and feminists in the LGBT movement.

Mail registration and payment to:

National Organization for Women
1000 16th Street NW, # 700; Washington, DC 20036

Fax credit card registration to:

202-785-8576

Register Online:

<http://www.now.org/lrsummit.html>

Location & Accommodations:

Hyatt Regency on Capitol Hill

(conference rates avail. for reservations made by 3/24/99)

1-800-554-2220

Airline reservations:

1-800-368-5874

Summit questions & updates:

202-331-0066 ext. 771

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REGISTER FOR THE SUMMIT!

pre-registration deadline: 3/23/99

on-site registration on a first come basis

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- ☐ Post-marked before 3/23/99 \$75.00*
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The Hate Crimes Prevention Act

Strikes the Right Balance Between Federal and State Interests

The Hate Crimes Prevention Act of 1999, encourages federal and state cooperation to fight hate crimes. These proposed amendments a federal criminal civil rights statute (18 U.S.C. § 245) add coverage for bias crimes based on sexual orientation, gender, and disability and eliminate the highly restrictive jurisdictional requirements for prosecuting bias crimes based on race, national origin or religion. These important changes would provide a limited but crucial basis for federal authority to respond to acts of prejudice resulting in death or bodily injury.

► **This bill builds on the models of the Church Arson Prevention Act and the Violence Against Women Act, in striking the balance between federal and state responsibilities.** In those two important recent pieces of legislation, Congress identified a need for federal leadership, as well as a need to work in partnership with state and local jurisdictions, to ensure that all citizens are kept safe from bias-motivated violence. The limited use of these laws demonstrate that authorizing dual federal/state authority does not overwhelm the federal system and does improve the overall response to criminal activity.

► **Federal prosecutions under § 245 have always been limited, and this trend will continue under the HCPA.** In 1996, only 8 cases were brought for acts of violence based on race, national origin or religion under the existing § 245 statute. In the past two decades, there have never been more than ten in any one year. Even though this bill adds new protected categories, and gives prosecutors more flexibility, we would not expect a large increase in the number of federal prosecutions. Rather, the historical trend towards identifying a few important and particularly egregious cases for federal involvement should continue.

► **Federal bias crime laws can help support local jurisdictions in their response to hate violence.** This statute allows federal investigators to assist in complex investigations, including interstate cases, conspiracies, and other kinds of cases where federal resources and assistance proves necessary.

► **Because the statute requires the Attorney General to certify that any case subject to federal prosecution "is in the public interest and necessary to secure substantial justice," only the most serious cases will be prosecuted under federal law.** When Congress passed the original statute in 1968, they included this certification requirement to ensure that federal prosecutions under this statute did not intrude too much on state law enforcement and prosecutorial responses to hate violence. The federal statute has, in fact, been used in instances of egregious violence -- such as murder cases, serious assaults, and bombings -- particularly in situations where state responses proved insufficient.

▣ **Too many state bias crime statutes omit sexual orientation, gender and/or disability.** In these states, even the most severe bias-motivated crimes cannot be prosecuted as such. As of 1998, the Anti-Defamation League reports that, including the District of Columbia, only 21 state bias crime statutes cover sexual orientation, 20 cover gender, and 22 cover disability in some way.

▣ **Congress has an important leadership role in protecting civil rights at the national level.** When Congress passed the original statute in 1968, they recognized the need for uniform national protection from acts of violence that violate a person's civil rights. Federal laws like § 245 fill the gaps left by inadequate state remedies or problems in state enforcement, and may be the only remedy available if the perpetrator is a prominent or well-connected member of the community. Where local authorities are actively pursuing the case, federal law enforcement officers will merely play a limited monitoring role. Where local authorities are unable or unwilling to investigate or prosecute, § 245 provides a federal "backstop" that keeps victims of hate crimes from falling through the cracks, and reflects the historic federal role in protecting civil rights.

▣ **Federal laws like § 245 can encourage states to take hate crimes more seriously.** A few federal prosecutions can provide the leadership to encourage more local authorities to pursue hate crimes aggressively. Having the FBI begin investigating a case may raise the level of awareness about hate crimes in the local community, and the seriousness with which hate crimes prosecutions are pursued.

▣ **The bill requires an interstate commerce connection for crimes based on sexual orientation, gender or disability.** If enacted, these amendments would allow prosecution of bias crimes based on sexual orientation, gender, or disability, where the crime was in or affecting interstate commerce. This traditional approach to federal criminal law, followed in the Church Arson Prevention Act and in numerous other federal criminal statutes, raises no constitutional concerns and serves as a further limiting principle that respects state authority.

For further information contact Juley Fulcher, Public Policy Director, at (202) 544-7358.

March, 1999



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Hate Crimes Prevention Act

Violence Against Women Act of 1999 -- H.R. 357 / S.51

Prosecuting Violence Against Women As A Federal Civil Rights Crime

The Hate Crimes Prevention Act

The National Coalition Against Domestic Violence (NCADV) strongly supports amending the federal bias crimes statute, 18 U.S.C. § 245, to include gender-motivated crimes. This will cover some acts of domestic violence, sexual assault, and other forms of violence against women. Currently, Section 245 only covers crimes based on race, national origin or religion. NCADV endorses the Hate Crimes Prevention Act (HCPA) (also included as part of the Violence Against Women Act of 1999 (VAWA 99) - H.R. 357 / S. 51), proposing revisions to this statute adding crimes based on actual or perceived sexual orientation, gender or disability, and expanding the circumstances under which crimes based on race, religion and national origin can be prosecuted.

Why do we need to include gender in Section 245?

Discrimination against women is an important factor in the perpetuation of violence against women. Batterers and rapists may view women as inferior and as deserving to be beaten or raped. Persistent bias against women in our criminal justice system protects abuse as a male privilege, giving men "permission" to commit violence against women. It is important to respond to this discrimination by recognizing gender-based crimes as a violation of a woman's civil rights. In addition, focusing on the potential motivation of the perpetrator makes it harder to blame the woman for provoking the assault or for failing to escape the abuse she experiences. Expanding the coverage of Section 245 also allows us to account for cases demonstrating multiple forms of bias, such as race and gender, or gender and sexual orientation.

How would a gender bias crime be prosecuted under the HCPA?

In order to bring a case under the HCPA, the prosecutor will have to be able to prove beyond a reasonable doubt that the perpetrator was motivated by bias against women. This proof can take the form of statements, derogatory epithets, a pattern of targeting women, extreme cruelty and brutality, sexual violence, and other factors showing gender-based motivation. For example, a case where a man abused his female partner physically, sexually and emotionally, called her a "bitch" or a "slut," frequently said that women are inferior to men, and had also similarly abused previous female partners, shows strong evidence of gender bias.

Cases involving acquaintances and strangers are also potential bias crimes. Consider the following example: a female college student is brutally gang raped by two male fellow students, who assault her repeatedly. One of the men is later heard to remark that he likes to "get girls drunk" and have aggressive sex with them. The other is later charged in a second gang rape incident. Gender bias could be shown by the nature and character of the assault, the statement, and the pattern of sexually assaulting women.

When Would Section 245 Be Used To Prosecute Gender-Based Violence?

Even where such evidence does exist, as a practical matter, not every act of domestic violence or rape would be prosecuted as a federal civil rights crime. There are only a few federal prosecutions of crimes based on race, national origin or religion each year. Most domestic violence and sexual assault incidents will continue to be tried as state crimes of assault, rape, or murder. Some state bias crimes statutes include gender, and in those states a prosecutor could proceed under a state bias crimes statute. In addition, this bill includes a required interstate commerce connection to the crime.

However, in certain situations, a federal prosecution is particularly appropriate. For example, if the perpetrator is a local official, a prominent person in the community, or close friends with law enforcement officers, the state system may not adequately investigate or prosecute the incident. In jurisdictions where there is a systemic failure to address domestic violence, an individual federal prosecution can send a message that such a widespread violation of women's rights should not be tolerated.

How Can I Help Support the HCPA?

Contact your member of Congress and urge them to co-sponsor this bill. In addition, thank Sen. Orrin Hatch (R-UT), Chair of the Senate Judiciary Committee, and Rep. Henry Hyde (R-IL), Chair of the House Judiciary Committee for holding hearings last session and ask for their support in getting the bill passed this session. To add your organization's endorsement of the bill to the list, contact the Human Rights Campaign, (202) 628-4160.

For further information, contact Juley Fulcher, Public Policy Director of the National Coalition Against Domestic Violence at (202) 544-7358

Additional Resources

Margarite Angelari, *Hate Crimes Statutes: A Promising Tool for Fighting Violence Against Women*, 2 Amer. Univ. J. Gender & the Law 63 (1994).

Center for Women Policy Studies, *Violence Against Women as Bias Motivated Hate Crime: Defining the Issues* (1991).

Northwest Women's Law Center, *Gender Bias Crimes: A Legislative Resource Manual* (1994).

Elizabeth A. Pendo, *Recognizing Violence Against Women: Gender and the Hate Crimes Statistics Act*, 17 Harv. Women's L.J. 157 (1994).

Kristin Taylor, *Treating Male Violence Against Women As A Bias Crime*, 76 B.U. L. Rev. 575 (1996).

Steven Bennett Weisburd & Brian Levin, *"On the Basis of Sex": Recognizing Gender-Based Bias Crimes*, Stanford L. & Pol. Rev. 21 (Spring 1994).



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Some Questions and Answers on Gender-Based Bias Crimes
*For further information, contact Juley Fulcher, NCADV (202) 544-7358
or Julie Goldscheid, NOW LDEF (212) 925-6635*

Q: Why should gender be included in a bias crime statute?

A: Women, and in some cases men, are subjected to gender-based violent crimes that violate the individual's civil rights, like bias crimes committed because of a person's race, national origin, sexual orientation, religion or disability. These crimes reflect a larger pattern of discrimination and send a message to all women that they are at risk. For women of color, or lesbians, bias crimes may include anti-woman bias as well as bias based on race or sexual orientation. When bias crime statutes leave out gender, they are covering up a very real form of discrimination.

Q: Isn't gender-based violence like rape and domestic violence different than other types of bias crimes?

A: While gender-based violence may not be *exactly* like racist or homophobic violence, it shares many important qualities with other types of bias crimes. For example, gender-based violent crimes are motivated and encouraged by discriminatory attitudes against the group being assaulted, and cause other members of the group to be fearful and even change their behavior to avoid potential violence. Like other types of bias crimes, the acts may include epithets, severe violence and other hallmarks of hate crimes.

Q: Is every act of rape or domestic violence a violation of the HCPA?

A: **NO.** While some may view all or virtually all acts of sexual assault and domestic violence as gender-based, a limited number of incidents will be subject to prosecution under the Hate Crimes Prevention Act (HCPA). To qualify for coverage, a gender-based bias crime must have circumstantial evidence that shows the perpetrator was motivated by gender, and the evidence must be sufficient to meet the high standard of proof in a criminal case. In addition, HCPA prosecutions require evidence that the act had a connection with interstate commerce.

Q: How can you tell whether a particular incident can be prosecuted under the HCPA as a gender-based crime?

A: A number of the factors listed in the FBI's existing training guide on evaluating evidence in bias crimes undoubtedly will be useful in determining gender bias for purposes of applying the HCPA -- these include biased comments or epithets, written statements, gestures, graffiti, etc., previous similar incidents happening at the same location (e.g. multiple rape incidents in a particular fraternity house), the perception of the community about whether the incident was bias-motivated, whether the individual participates in activities promoting women (e.g. works at a feminist bookstore or domestic violence shelter), the perpetrator's history of previous similar incidents, the lack of other explanations for the incident, and others. Cases brought under similar civil rights actions, such as cases under Title VII, 42 U.S.C. § 1985(3), and others, also provide guidance. Whatever one's position on the issue of whether rape, for example, is always gender-motivated, there surely are rapes with very strong evidence of gender-based motivation.

Congress has already recognized all of these principles in passing the Violence Against Women Act civil rights remedy, and the HCPA continues that commitment.

Q: Aren't bias crimes committed by strangers? How can someone who knows, or is married to, or has dated a person, commit a hate crime against them?

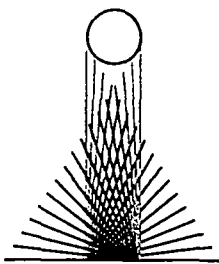
Although some bias crimes are committed by strangers, others are committed by neighbors, acquaintances, classmates, co-workers and other people known to the victim. An individual can be involved in a personal relationship and still mistreat their partner because of gender-based stereotypes, for example, that women who are not submissive deserve to be beaten, or that women who dress a particular way are asking to be raped.

Q: Won't adding gender to the federal statute compromise existing federal enforcement of hate crimes by taking away resources?

A: The addition of gender, or any other new category to § 245 will not "dilute" more traditional race-based or religious-based protection, because it will not relieve us of the responsibility to continue to take race-based violence, or religious-based violence seriously. Indeed, the HCPA recognizes this by simultaneously strengthening federal enforcement of crimes based on race, national origin or religion while expanding protection against crimes based on sexual orientation, gender or disability, and by requesting additional personnel to carry out Congress' mandate.



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THE HATE CRIMES PREVENTION ACT OF 1999

NOW LEGAL DEFENSE

AND EDUCATION FUND 119 CONSTITUTION AVENUE, N.E., WASHINGTON, D.C., 20002 (202) 544-4470 FAX (202) 546-8605

March 15, 1999

Dear advocate,

Early last year, our Congressional allies introduced legislation, the Hate Crimes Prevention Act, to improve federal criminal law dealing with hate crimes. The bill amended 18 U.S.C. 245 which currently says that it is a federal crime for private individuals to commit violence against persons when that violence is motivated by the person's race, color, religion or national origin. The HCPA expanded the law so that federal prosecutors can also pursue bias crimes based on gender, sexual orientation and disability. In just over 8 months, the Hate Crimes Prevention Act of 1998 gathered 169 House sponsors and 33 Senate sponsors, which is a pretty impressive record. Advocates made a valiant attempt to bring the bill to the floor of both Houses, but our efforts were stymied by partisan politics and lack of time. We are determined to pass the bill THIS YEAR, with the Administration's support and with even MORE sponsors than last year.

The Hate Crimes Prevention Act of 1999 (HCPA '99) will be introduced on Monday, March 15, 1999. The Senate's original sponsors include Senators Kennedy (D-MA), Specter (R-PA), Wyden (D-OR), Smith (R-OR) and Schumer (D-NY). The House original sponsors include Representatives Conyers (D-MI), Morella (R-MD), Gephardt (D-MO) and Forbes (R-NY).

Enclosed please find fact sheets and information on the Hate Crimes legislation and why it is needed. This bill is not only a **top priority for the women's movement**, but is also at the top of the agenda for the Leadership Conference on Civil Rights, a national coalition with 180+ organizational members who work together to promote civil rights for ALL. To review the Hate Crimes Prevention Act itself and to get a list of the current sponsors, please visit <http://thomas.loc.gov>. For more information on hate crime prevention please visit the following web sites: www.adl.org; www.civilrights.org; www.multicultural.miningco.com.

Also included in your packet is a list of Senators and Representatives who are sponsors of this year's bill, along with those who were sponsors of last year's Hate Crimes Prevention Act. We have also included VAWA '98 and '99 sponsors, since the hate crimes legislation is in both the House and Senate versions of these bills as well. If your Senators and Representatives are sponsors, thank them and ask them to put every effort to the bill's passage. If they are not original sponsors, encourage them to become supporters and co-sponsors of the bill as soon as possible. Even if they are not among the likely supporters of the bill, a visit and/or calls and letters from their constituents may persuade them to reconsider their position.

If you have any questions please contact me or Jackie Payne at NOW LDEF's DC Office, (202) 544-4470.

Sincerely,

Pat Reuss

NOW LDEF Senior Policy Analyst

Congress of the United States

Washington, DC 20515

March 9, 1999

Hate Crimes Prevention Act of 1999

Deadline to Be An Original Cosponsor is March 11th at 5:00 p.m.

Dear Colleague:

We are writing to urge you to join us as an original co-sponsor of the Hate Crimes Prevention Act of 1999, and we hope that you will agree to join us as an original sponsor. This bill would amend federal law to make it easier for federal law enforcement officials to investigate and prosecute cases of racial and religious violence, and would permit federal prosecution of violence motivated by prejudice against the victim's sexual orientation, gender, or disability. Identical legislation will be introduced simultaneously in both Houses.

Hate crimes are uniquely destructive and divisive. They injure not only the immediate victim, but the whole community and sometimes the entire nation. The brutal slayings last year of James Byrd, Jr. in Texas and Matthew Shepard in Wyoming shocked the conscience of the country, and so has the recent murder of Billy Jack Gaither in Alabama.

Current law does not permit federal involvement in cases involving crimes motivated by bias against the victim's sexual orientation, gender, or disability. It also erects unduly rigid jurisdictional hurdles to federal investigation and prosecution of racial, religious, and ethnic violence.

Our bill would remove these hurdles and add certain types of violence motivated by prejudice against the victim's sexual orientation, gender or disability to the list of criminal acts which permit federal intervention. It would also make it easier for federal authorities to prosecute racial, religious and ethnic violence -- in the same way that the Church Arson Prevention Act of 1996 helped federal prosecutors combat church arsons -- by modifying the current strict jurisdictional requirements under federal law for such prosecutions. With these changes to current law, the federal government would no longer be constrained to wage the fight against hate crimes with one hand tied behind its back.

State and local authorities currently prosecute the overwhelming majority of hate crimes and they will continue to do so under this legislation. Strengthened federal jurisdiction is needed as a back up for state and local law enforcement to ensure that justice is done. Federal jurisdiction allows the FBI to help local authorities investigate and prosecute these crimes. In addition, the bill provides grants for state and local programs designed to combat hate crimes committed by juveniles.

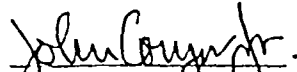
The Hate Crimes Prevention Act of 1999 would not supplant the states' role as the primary prosecutors of hate crimes. Our bill would result in only a modest increase in the number of federal prosecutions of hate crimes. Indeed, the Attorney General or other high ranking Justice Department officials must approve all federal hate crimes prosecutions, thereby ensuring restraint at the federal level.

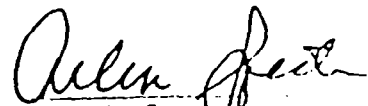
This bill enjoyed strong bipartisan support (over two hundred cosponsors) in the previous Congress and continues to have the endorsement of the Administration and over 80 leading civil rights and law enforcement organizations.

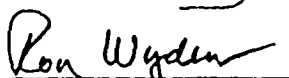
The Hate Crimes Prevention Act of 1999 is a constructive and measured response to a problem that continues to plague our nation -- violence motivated by prejudice. If you have any questions or would like to co-sponsor this bill, please contact Angela Williams (47878) with Senator Kennedy or Dawn Burton (56906) with Representative Conyers.

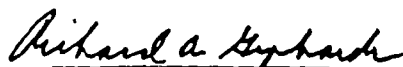
Sincerely,

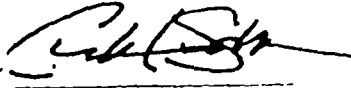

Sen. Edward M. Kennedy

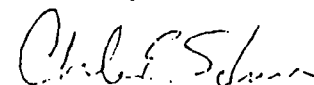

Rep. John Conyers, Jr.


Sen. Arlen Specter

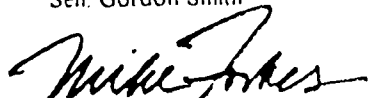

Sen. Ron Wyden


Rep. Richard A. Gephardt


Sen. Gordon Smith


Sen. Charles E. Schumer


Rep. Constance A. Morella


Rep. Michael P. Forbes

The Hate Crimes Prevention Act is supported by President Clinton, the Department of Justice, twenty-two state Attorneys General, and a broad range of national civil rights groups, state and local government associations, and law enforcement organizations:

African-American Women's Clergy Association	NAACP Legal Defense Fund, Inc.
American-Arab Anti-Discrimination Committee	NA'AMAT USA
American Association of University Women	National Asian Pacific American Legal Consortium
American Citizens for Justice	National Association of Commissions for Women
American Ethical Union, Washington Office	National Alliance of Postal and Federal Committees
American Federation of Government Employees	National Association of Protection & Advocacy Systems
American Federation of State, County, and Municipal Employees, AFL-CIO	National Black Women's Health Project
American Foundation for the Blind	National Center for Victims of Crime
Americans for Democratic Action	National Coalition Against Domestic Violence
American Friends Service Committee	National Coalition of Anti-Violence Programs
American Jewish Committee	NCCJ
American Jewish Congress	National Congress of American Indians
American Nurses Association	National Council of Churches of Christ in the USA
American Psychological Association	National Council of Jewish Women
Americans for Democratic Action	National Council of LaRaza
Americans Veterans Committee	National Education Association
And Justice For All	National Federation of Filipino American Associations
Anti-Defamation League	National Gay and Lesbian Task Force
Aplastic Anemia Foundation of America, Inc.	National Jewish Democratic Council
Asian American Legal Defense & Education Fund	National Mental Health Association
Asian Law Caucus	National Organization of Black Law Enforcement Executives
Asian Pacific American Labor Alliance	National Parent Network on Disabilities
Asian Pacific American Legal Center	National Partnership for Women & Families
AYUDA	National Puerto Rican Coalition, Inc.
Bazelon Center for Mental Health Law	National Respite Network
Bi-Net	National Sheriff's Association
Business and Professional Women, USA	National Spinal Cord Injury Association
Catholics for Free Choice	National Urban League
Center for Democratic Renewal	National Women's Law Center
Center for Women Policy Studies	NOW - National Organization for Women
Chinese Americans Citizens Alliance	NOW Legal Defense & Education Fund
Church Women United	Organization of Chinese Americans
Coalition of Labor Union Women	Parents, Families and Friends of Lesbians and Gays
Congress of National Black Churches	People For the American Way
Disability Rights Education and Defense Fund	Police Executive Research Forum
Fair Employmen Council of greater Washington	Police Foundation
Federal Law Enforcement Officers Association	Presbyterian Church (USA), Washington Office
Federally Employed Women	Service Employees International Union, AFL-CIO
Gender Public Advocacy Coalition	Society for the Psychological Study of Social Issues
General Federation of Women's Clubs	Southeast Asia Resource Action Center
Hadassah	Union of American Hebrew Congregations
Hispanic National Law Enforcement Association	Union of Needletrades, Industrial & Textile Employees (UNITE)
Human Rights Campaign	Unitarian Universalist Association
International Union of United Aerospace and Agricultural Implements	United Church of Christ - Office of Church in Society
Japanese American Citizens League	United Methodist Church
Jewish Council for Public Affairs	The United States Conference of Mayors
Jewish Labor Committee	United States Student Association
Jewish War Veterans of the USA	The Woman Activist Fund, Inc.
Jewish Women International	Women of Reform Judiasm , Federation of Temple Sisterhoods
Labor Council for Latin American Advancement	Women's Legal Defense Fund
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HATE CRIMES PREVENTION ACT (HCPA)

BACKGROUND

The Hate Crimes Prevention Act would strengthen existing federal hate crime laws in two ways. Under current law, 18 U.S.C. 245, the government must prove both that the crime occurred because of a person's membership in a designated group and because (not simply while) the victim was engaged in certain specified federally-protected activities - such as serving on a jury, voting, or attending public school. The HCPA would eliminate these overly-restrictive obstacles to federal involvement, which have prevented government from involvement in many cases in which individuals kill or injure others because of racial or religious bias.

Second, the HCPA would authorize the Department of Justice to assist local prosecutions, and, where appropriate, investigate and prosecute cases in which the bias violence occurs because of the victim's sexual orientation, gender, or disability. Current federal law does not provide authority for involvement in these cases at all.

FEDERAL RESPONSE TO BIAS CRIME

18 U.S.C. 245 was enacted in 1968 and is limited to crimes directed at individuals because of their race, color, religion, or national origin. Federal bias crime laws enacted subsequently have provided additional coverage. The **Hate Crime Statistics Act**, enacted in 1990, requires the Justice Department to collect data from state law enforcement officials for crimes directed at individuals on the basis of their race, religion, sexual orientation, disability, or ethnicity. The **Fair Housing Act's** criminal provisions include violent crimes based on gender and disability. The **Hate Crimes Sentencing Enhancement Act**, enacted as a section of the **Violent Crime Control and Law Enforcement Act of 1994**, provides for enhanced penalties for crimes directed at individuals because of their "actual or perceived race, color, religion, national origin, ethnicity, gender, disability or sexual orientation...." The **Violence Against Women Act**, also enacted as part of the 1994 crime bill, provides criminal penalties for persons who commit violent acts if they have traveled across state lines in connection with abusing a spouse or violating a protective order.

ENHANCING FEDERAL AND STATE COORDINATION

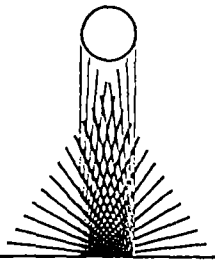
State and local authorities investigate and prosecute the overwhelming majority of hate crime cases - and will continue to do so after the HCPA is enacted. Since 1991, for example, the FBI has documented over 50,000 hate crimes. During that period, however, the Justice Department brought only 37 cases under 18 U.S.C. 245. The HCPA would provide a necessary backstop to state and local enforcement by permitting federal authorities to provide assistance in these investigations - and by allowing federal prosecutions when necessary to achieve a just result.

The HCPA would limit the federal government's jurisdiction to only the most serious violent crimes directed at persons, not property crimes. Prosecutions under 18 U.S.C. 245 can only be brought if a crime is certified in writing by the Attorney General or her designee that an individual prosecution would be "in the public interest and necessary to secure substantial justice." As they do now, federal authorities would consult with state and local authorities before deciding whether assertion of federal jurisdiction is warranted.

There is currently no general federal criminal prohibition against violent crimes directed at individuals because of their sexual orientation, gender, or disability. The federal government must have jurisdiction to address those bias-motivated crimes in states in which the law is inadequate. For example, including the District of Columbia, only 21 states now include sexual orientation-based crimes in their hate crime statutes, 20 states include coverage of gender-based crimes, and 22 include coverage for disability-based crimes.

SUPPORT FOR THE HCPA

The HCPA attracted bipartisan support from 33 Senators and 169 Representatives in the last Congress. The measure is supported by President Clinton and the Department of Justice, 22 State Attorneys General, and over 100 national law enforcement agencies, civil rights groups, and local government associations.



NOW LEGAL DEFENSE

AND EDUCATION FUND 119 CONSTITUTION AVENUE, N.E., WASHINGTON, D.C., 20002 (202) 544-4470 FAX (202) 546-8605

March, 1999

The Hate Crimes Prevention Act of 1999

AMENDS 18 U.S.C. § 245 TO INCLUDE GENDER-BASED BIAS CRIMES

Gender-based crimes currently are not included in the federal "hate crimes" law. The federal criminal civil rights law, 18 U.S.C. § 245, makes it a federal crime for private individuals to commit bias-motivated violence against persons engaging in certain federally-protected activities who are attacked on the basis of race, color, religion, or national origin. The current law excludes sexual orientation, disability and gender-based bias crimes. Current proposals to amend the law would permit the Department of Justice to assist local prosecutors and, where appropriate, to investigate and prosecute bias crimes based on gender, sexual orientation and disability.

Bias crimes, otherwise known as hate crimes, are crimes in which an offender intentionally targets a victim based on the victim's real or perceived membership in a protected class. Bias crimes hurt not only the intended victim, but also serve to intimidate and subjugate the entire group. Laws against bias crimes have been enacted to address this anti-social element and to send a message that such crimes against the community will not be tolerated. In addition, because crimes involving serious bodily injury can be treated as relatively minor offenses such as simple assault, naming the crime as a bias crime is essential to recognizing the true harm and ensuring that the crime will not go unpunished.

Currently, 20 states have laws against gender-based bias crimes. In a few of these states, courts have successfully identified and prosecuted gender-based bias crimes. These courts identified the crimes as gender-based bias crimes by analyzing factors like those identified by the FBI for Hate Crime Data Collection. In some cases, once a crime was identified as gender-based bias crime the state was able to treat the underlying offense more seriously.

New Hampshire: *Although convicted on five occasions for assaulting one woman, a batterer never served time for the assaults. Upon his next misdemeanor assault conviction, a superior court judge held that the batterer had a pattern of assaulting, terrorizing, and demeaning women and that his actions were motivated by a hostility towards women. The judge then used the state hate crime law to more than double the jail time the batterer must serve for his misdemeanor assault conviction. As a result, the man will now serve two to five years in jail.*

Maine: *A serial batterer was found to have violated that state's civil bias crime law for his bias crimes against women. Two former girlfriends and his ex-wife recounted his abuse, including severe physical battering, death threats, assault on his wife while she was pregnant, and constant slurs and profanities including calling the women "sluts," "bitches," and "whores" and telling them that they made him sick. He was ordered to stay away from the three women and to refrain from violence against other women.*

Massachusetts: *A Massachusetts state court found a serial batterer's abuse constituted bias crimes against women under the state's bias crime law. Four women testified that his abuse included severe physical battering, rape, death threats, unlawful restraint and constant verbal abuse. He called the women "whores", "bitches", and "sluts", and made derogatory comments that they and all women are weaker than men, and not as smart as men.*

Unfortunately, the majority of states do not have legislation outlawing gender-based bias crimes. And, of the states that have enacted these laws, many lack comprehensive penalties, procedures and enforcement. This federal amendment will provide a backstop to local law enforcement. It will authorize the federal government to assist local prosecutors and where appropriate to investigate and prosecute gender bias crimes. **Twenty Two Attorney's General support amending 18 U.S.C. § 245 to include gender-bias crimes.**

Congress has already acknowledged the existence of gender-based bias crimes and the connections among domestic violence, rape, and sexual assault and other hate crimes. In the Violence Against Women Act of 1994 (VAWA I), Congress created a civil remedy for gender-based violence. The 1993 Senate Report supporting the civil rights remedy of Violence Against Women Act (VAWA) stated:

"Whether the attack is motivated by racial bias, ethnic bias, or gender bias, the results are often the same. The victims of such violence are reduced to symbols of hatred; they are chosen not because of who they are as individuals but because of their class status. The violence not only wounds physically, it degrades and terrorizes, instilling fear and inhibiting the lives of all those similarly situated."

As the first cases are being litigated under VAWA's civil remedy, federal judges join Congress in recognizing the connection between gender-based bias crimes and other hate crimes.

Federal District Court: *Raped, restrained, battered, disfigured, threatened with a loaded shot gun, verbally threatened and harassed upon attempting to leave, a Washington woman sued her ex-husband under the VAWA civil rights remedy. The court found allegations of rape and sexual violence; gender-specific epithets; acts that perpetuated stereotypes of a woman's submissive role, severe and excessive attacks, especially during pregnancy, and acts of violence committed without provocation and at times when the plaintiff asserted her independence, were sufficient to conclude that the violence was gender motivated.*

The Federal Hate Crime Statistics Act, enacted by Congress in 1990, directs the Department of Justice to collect data from state law enforcement officials for crimes directed at individuals on the basis of their race, ethnicity, religion, sexual orientation, or disability. Because this Act excludes gender, the FBI keeps no records of gender bias crimes. Although there are no national surveys that track bias crimes against women, statistics gathered on the number of rapes and incidents of domestic violence in the United States demonstrate the pervasive nature of violence against women.

In some states studies have attempted to identify violent assaults against women that may be motivated by bias. In Arkansas, a mostly rural state with a population of 2.3 million, 81 women were murdered in 1990 in cases where robbery was not a motive, according to the Arkansas Women's Project. Some were raped and killed, others were murdered with excessive cruelty and disfigurement. For example:

Arkansas: Two days after her second wedding anniversary, a woman was found stabbed approximately 130 times in the breasts, vagina, buttocks, eyes and forehead. Her husband has been charged with the murder.

Clearly, there is a shocking and widespread rate of violence against women, which may include many bias-motivated crimes. The lack of precise data only highlights the need for resources to study and track the problem. **Recognizing this, the Department of Justice supports amending 18 U.S.C. § 245 to include gender-bias crimes.**

Concerns that adding gender-based bias crimes to the federal hate crime legislation may overwhelm the system are misplaced. As with traditional bias crimes, gender bias crimes will only be charged in those cases that meet the criteria for a bias crime. Just as every criminal attack against an African-American is not now prosecuted as a racial hate crime, not every assault causing a woman serious bodily injury will be prosecuted as a gender-based crime. The FBI guidelines for distinguishing between crimes and bias crimes in hate crime data collection can successfully be applied to determine if a crime is based on gender-bias. *These factors can include a history of misogynistic behavior, a pattern of assaulting women, sexual violence, bias language, epithets, extreme brutality, mutilation and the seemingly motiveless cruelty that characterizes bias-related crimes.* As the state cases cited above demonstrate, it is possible to identify and prosecute cases of gender-based bias crimes.

For all of these reasons, 18 U.S.C. § 245 must be amended to include gender-based bias crimes

A more detailed memorandum further explaining why gender-based bias crimes should be recognized and how they should be evaluated is available from NOW LDEF. *For further information, contact Julie Goldscheid, NOW LDEF (212) 925-6635 or Pat Reuss, NOW LDEF (202) 544-4470. Reference Materials available upon request.*

Understanding Gender-Based Bias Crimes

Like bias crimes against individuals based on race, color, religion, ethnicity, disability and sexual orientation, bias crimes against women based on gender are a form of wrongful discrimination. In the past, society has erroneously viewed sexual assault, domestic violence, and other forms of violence against women as “private” or “family” matters outside the proper realm of law enforcement, or as the victim’s own fault. Over the years, society has begun to recognize that this violence against women is not personal, but is targeted at women because of their gender, just as some violence is targeted at members of other groups because of their race, color, religion, ethnicity, disability, or sexual orientation.

Acts of gender-motivated violence reflect men’s efforts to dominate and control women, and are fed by stereotypes of what women are and how women should act. These forms of violent domination and control serve to enforce the imbalance of power between men and women in our society and to reinforce women’s traditionally subordinate and circumscribed roles. They are often intended to intimidate women into staying in or returning to their “place” -- subservience to men at home, in the workplace, and throughout society.

Like other forms of bias crime, gender-based bias crimes are attacks not only against the individual, but against her entire community. Individual bias-motivated attacks instill fear in all women, threatening and restricting women’s lives. They limit where women work, live, study, and travel. As a noted report on gender-based bias crimes by the Center for Women Policy Studies explains, “[women -- whether they are white or women of color, heterosexual or lesbian, old or young -- know that they cannot go places men can go without the fear of being attacked and violated.]”

Florida: USA Today reports on a murderer hunts his prey, claiming victim after victim. One by one, the bodies of the murdered women are discovered, horribly mutilated. The media reports that the murderer “has a taste for petite brunettes”. Women in the community are frozen with fear. Some begin sleeping in groups with guns. Women leave the town by the hundreds, many refusing to return. The murderer is eventually identified when his DNA matches semen left at the crime scenes.

Because women are a part of every community, they may be more likely to be intimately connected with the perpetrator of gender-based bias crimes. In other hate crimes, an attacker generally has to go at least outside his own home, if not outside his neighborhood, to find a target for his bias-motivated violence. For example, a white man may engage in violent acts against a family of color who moves into the neighborhood. In so doing, he sends a message that they, and those like them, are not welcome. In addition to attacks by strangers or relative strangers, women may also be victims of gender-based bias attacks by those they know intimately. As women live in practically every home in every neighborhood, a man who wishes to engage in gender-based bias violence will likely find a target for that violence at home. According to the Department of Justice, intimate partners perpetrate over one million rapes and assaults each year.

Michigan: A young bride is severely and repeatedly beaten by her husband. Eventually she divorces him and gets an order of protection. The police refuse to enforce the order. Her ex-husband stalks, harasses, threatens, and assaults her. One day he abducts her in public at gun point. He batters her, rapes her repeatedly, and attempts to take her across state lines. She escapes and her testimony gets him convicted. Four and one-half years later he is released from prison. Two weeks after that, he is back stalking, threatening, harassing her. The police admit “as soon as he has the opportunity he will kill her” and tell her that the law will not protect her. She sleeps with a loaded gun. Perhaps realizing that the law does not protect her and those like her, the commission grants her an unrestricted license to carry a concealed weapon.

Women of color, lesbians, and those who resist traditional roles experience bias crimes based on their gender as well as their race, color, religion, sexual orientation, disability, national origin, language, and immigration status. Violence targeted at these women may reflect intersecting forms of bias. Women are part of every community traditionally protected by civil rights laws, but without protections against gender-based attacks, their unique experience of intersecting forms of prejudice cannot be fully remedied.

House Hate Crimes Prevention Act of 1999

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*as of: March 11, 1999

Because VAWA '99 (H.R. 357) contains the hate crimes bill in its Title III, Subtitle E, current sponsors of House VAWA '99 are already HCPA '99 sponsors in name.

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*as of: March 11, 1999

ORGANIZATIONS THAT HAVE ENDORSED THE WOMEN'S CONVENTION (Partial list)

Action for Development	Lambda Legal Defense and Education Fund, Inc.
*American Association of Retired Persons	Lawyers Committee for Human Rights
*American Association of University Women	Leadership Conference of Women Religious
*American Bar Association	*League of Women Voters of the United States
American College of Nurse-Midwives	Louisville Women-Church
American Council for the United Nations University	Lutheran Office for Governmental Affairs
American Federation of Teachers	Maryknoll Mission Association of the Faithful
*American Friends Service Committee	Maryknoll Office of Global Concerns
*American Jewish Committee	Massachusetts Women-Church
*American Nurses Association	Na'amat USA
American Veterans Committee	National Association of Social Workers
Americans for Democratic Action, Inc.	National Association of Women Lawyers
*Amnesty International USA	National Audubon Society
Association for Women in Development	National Coalition Against Domestic Violence
Association for Women in Psychology	National Coalition of American Nuns
Anti-Defamation League of B'nai B'rith	*National Council of Negro Women
*Bahá'is of the United States	National Council of the Churches of Christ in the USA
Black Women's Agenda	National Council of Women of the USA
*B'nai B'rith International	*National Council of Women's Organizations
Bread for the World	*National Education Association
*Business and Professional Women/USA	National Jewish Community Relations Advisory Council
BVM Network for Women's Issues	National Women's Conference Committee
Catholics for A Free Choice	*NOW Legal Defense & Education Fund
Center for Advancement of Public Policy	NETWORK - A National Catholic Social Justice Lobby
Center for Policy Alternatives	Older Women's League
Center for Reproductive Law and Policy	Oxfam America
Center for Women's Global Leadership	Planned Parenthood Federation of America
Center of Concern	*Presbyterian Church (U.S.A.), Washington Office
Chicago Catholic Women	Psychologists for Social Responsibility
Chicago Women-Church	Robert F. Kennedy Memorial Center for Human Rights
Church of the Brethren, Washington Office	San Francisco Bay Area Women's Ordination Conference
*Church Women United	*Sierra Club
Coalition on Religion & Ecology	Sisterhood is Global Institute
Coalition for Women in International Development	Sisters of St. Joseph of Peace
Columban Fathers' Justice & Peace Office	Soka Gakkai International - USA
Commission on the Advancement of Women/InterAction	Society for International Development/Women in Development
D.C. Statehood Solidarity Committee	*Soroptimist International of the Americas
Earthcommunity Center	Union of American Hebrew Congregations
Eighth Day Center for Justice	*Unitarian Universalist Association, Washington Office
Episcopal Church	Unitarian Universalist Service Committee
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*Feminist Majority Foundation	*United Methodist Church
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*Friends Committee on National Legislation	United States Committee for UNIFEM
*General Federation of Women's Clubs	Washington Office on Africa
Global Commission to Fund the UN	Winrock International
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Guatemala Human Rights Commission	Women Empowering Women of Indian Nations (WEWIN)
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International Center for Research on Women	Women's Environment and Development Organization
International Gay and Lesbian Human Rights Commission	Women's Institute For Freedom of The Press
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March 1999

CONVENTION ON THE ELIMINATION OF ALL FORMS OF DISCRIMINATION AGAINST WOMEN

"...obtaining Senate advice and consent to the ratification of CEDAW is a top Administration priority during this [105th] session of Congress."

President Bill Clinton
From a letter to the Senate leadership, March 11, 1998

"...it is long past time for America to become party to the Convention on the Elimination of Discrimination Against Women."

Secretary of State Madeleine Albright
March 12, 1997

"Violence and discrimination against women don't just victimize individuals; they hold back whole societies... Guaranteeing human rights is a moral imperative with respect to both women and men. It is also an investment in making whole nations stronger, fairer, and better."

From the official U.S. Government statement to the World
Conference on Human Rights, Vienna, Austria, 1993

BACKGROUND

On December 18, 1979, the United Nations adopted the Convention on the Elimination of All Forms of Discrimination Against Women (Women's Convention or CEDAW). The call for a Women's Convention emerged from the First World Conference on Women in Mexico City in 1975. Until 1979, when the General Assembly adopted the Women's Convention, there was no convention that addressed comprehensively women's rights within political, cultural, economic, social, and family life. As of February 1999, 163 countries had ratified the Convention.

CURRENT STATUS

In June 1997 the Clinton Administration informed the Senate Foreign Relations Committee of its priorities for ratification of international treaties in the 105th Congress. The Women's Convention is the only human rights treaty listed in Category 1: "Treaties for which there is an urgent need for Senate approval."

The United States was active in drafting the Convention and signed it on July 17, 1980. It was transmitted to the Senate Foreign Relations Committee in November 1980. In the summer of 1990, the Committee held hearings on the Convention. In the spring of 1993, sixty-eight senators signed a letter to President Clinton, asking him to take the necessary steps to ratify the Women's Convention. In June 1993, Secretary of State Warren Christopher announced at the World Conference on Human Rights in Vienna that the Administration would move on the Women's Convention and other human rights treaties.

In September 1994, the Senate Foreign Relations Committee reported out favorably on the Convention, by a vote of 13 to 5 (with one abstention). Unfortunately, this occurred in the last days of the Congressional session, when several senators put a hold on the Convention, thereby blocking it from the Senate floor during the 103rd Congress. When the new Senate convened in January 1995, the Convention reverted to the Senate Foreign Relations Committee. The committee has taken no action since then.

FOR ADDITIONAL INFORMATION, CONTACT
THE CO-CHAIRS OF THE WORKING GROUP ON THE WOMEN'S HUMAN RIGHTS TREATY:

Pat Rengel, Amnesty International, U.S.A.
tel: (202) 675-8577, fax: (202) 546-7142, E-Mail: prengel@aiusa.org
Kit Cosby, Bahá'is of the U.S.
tel: (202) 833-8990, fax: (202) 833-8988, E-Mail: usnsa-oea@usbnc.org

Sixty-seven “yes” votes are required for the Senate to consent to ratification. Action by the House of Representatives is not required for ratification of international treaties. To date seven states have endorsed U.S. ratification in their state legislatures: California, Iowa, Massachusetts, New Hampshire, New York, South Dakota, and Vermont. The Connecticut State Senate and the Illinois House of Representatives have also endorsed U.S. ratification.

IMPORTANCE OF U.S. RATIFICATION

The Convention provides a universal definition of discrimination against women that provides a basis for every government’s domestic and foreign policy to combat discrimination.

As one of the few nations that has failed to ratify the Women’s Convention, the United States compromises its credibility as a leader for human rights. The United States made ratification of the Women’s Convention by the year 2000 one of its public commitments at the UN Conference on Women in Beijing in September 1995. The United States must keep that commitment.

The Women’s Convention is a tool that women around the world are using in their struggle against the effects of discrimination: violence against women, poverty, lack of legal status, no right to inherit or own property, access to credit, etc. Women need the United States to speak loudly and clearly in support of the Women’s Convention so that the Convention becomes a stronger instrument in support of their struggles. Without US ratification, other governments can more easily ignore the Convention’s mandate and their obligations under it.

Violence against women seriously inhibits women’s ability to enjoy rights and freedoms on a basis of equality with men. But violence against women itself emerges from the phenomenon of discrimination against women which makes them a target of violence. To effectively combat the crime of violence against women, US policy must address this linkage of discrimination and violence. By ratifying the Women’s Convention, the United States will reinforce its commitment to eliminate discrimination and, therefore, move closer to effectively combating violence against women.

The Clinton Administration has developed a number of provisions that will be incorporated into US ratification of the Convention to ensure that there will be no inappropriate intrusion on states’ rights or into the private domain.

Ratification of the Women’s Convention will entitle the United States to nominate a U.S. expert to be a member of the Committee on the Elimination of Discrimination Against Women, which monitors reports of progress in the treatment of women from the countries that have ratified the Convention. In this capacity, the US expert could bring the benefit of US experience in combating discrimination against women to this international forum.

TREATY SUMMARY

Article 1: defines discrimination against women as any “distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of marital status, on the basis of equality between men and women, of human rights or fundamental freedoms in the political, economic, social, cultural, civil, or any other field.”

Article 2: mandates States Parties to condemn discrimination in all its forms and to ensure a legal framework, including all laws, policies and practices that provide protection against discrimination and embody the principle of equality;

Article 3: requires that States Parties take action in all fields -- civil, political, economic, social and cultural -- to guarantee women’s human rights;

Article 4: permits States Parties to take “temporary special measures” to accelerate equality;

Article 5: declares the need to take appropriate measures to modify cultural patterns of conduct as well as the need for family education to recognize the social function of motherhood and the common responsibility for raising children;

Article 6: obligates States Parties to take measures to suppress traffic in women and the exploitation of prostitution of women;

Article 7: mandates the States Parties to end discrimination against women in political and public life, and to ensure women’s equal rights to vote, be eligible for election, participate in the formulation of policy, hold office, and participate in associations and non-governmental organizations in these spheres;

Article 8: requires action to allow women to represent their governments internationally on an equal basis with men;

Article 9: mandates that women will have equal rights with men to acquire, change, or retain their nationality and that of their children;

Article 10: obligates States Parties to end discrimination in education, including in professional and vocational training, access to curricula and other means of receiving an equal education; as well as to eliminate stereotyped concepts of the roles of men and women;

Article 11: mandates the end of discrimination in the field of employment, including the right to work, to employment opportunities, to equal remuneration, to free choice of profession and employment, to social security, and to protection of health, including maternal health, and also in regard to discrimination on the grounds of marriage or maternity;

Article 12: requires steps to eliminate discrimination from the field of health care, including access to services such as family planning;

Article 13: requires that women be ensured the same rights as men in all areas of social and economic life, such as family benefits, mortgages, bank loans, and participation in recreational activities and sports;

Article 14: focuses on the particular problems faced by rural women, including the areas of women’s participation in development planning, access to adequate health care, credit, education, and adequate living conditions;

Article 15: obligates States Parties to take steps to ensure equality before the law and the same legal capacity to act in such areas as contracts, administration of property, and choice of residence;

Article 16: requires steps to ensure equality in marriage and family relations, including equal rights with men freely to choose marriage, equal rights and responsibilities toward children, including the right to decide freely and responsibly on the number and spacing of children and the means to do so, and the same rights to property;

Article 17: calls for the establishment of the Committee on the Elimination of Discrimination Against Women (CEDAW) which will evaluate progress made in implementation of the Convention.

Article 18: establishes a schedule of reporting on progress by ratifying countries;

Article 19: establishes the ability of CEDAW to adopt rules of procedure and sets a two-year term for its officers;

Article 20: Sets annual CEDAW meetings to review States Parties’ reports;

Article 21: directs CEDAW to report annually to the General Assembly through ECOSOC, and to make suggestions and general recommendations based on the States Parties’ reports;

Article 22: allows for representation of the specialized agencies of the UN and for CEDAW to invite reports from them;

Articles 23-30: set forth elements of the operation of the treaty, including the manner by which the treaty comes into operation, the limits on the scope of permissible reservations, and the way in which disputes between States Parties can be settled.

FOR:

Akaka, D. (D-HI)[°]
 Baucus, M. (D-MT)[°]
 Biden, J. (D-DE)^{°+}
 Bingaman, J. (D-NM)[°]
 Boxer, B. (D-CA)^{°+}
 Breaux, J. (D-LA)[°]
 Bryan, R. (D-NV)[°]
 Byrd, R. (D-WV)[°]
 Campbell, B. (R-CO)[°]
 Chafee, H. (R-RI)[°]
 Cleland, Max (D-GA)
 Conrad, K. (D-ND)[°]
 Daschle, T. (D-SD)[°]
 Dodd, C. (D-CT)^{°+}
 Dorgan, B. (D-ND)[°]
 Durbin, R. (D-IL)
 Feingold, R. (D-WI)^{°+}
 Feinstein, D. (D-CA)[°]
 Graham, B. (D-FL)[°]
 Harkin, T. (D-IA)[°]
 Hollings, E. (D-SC)[°]
 Inouye, D. (D-HI)[°]
 Jeffords, J. (R-VT)[°]
 Johnson, T. (D-SD)
 Kennedy, E. (D-MA)[°]
 Kerrey, R. (D-NE)[°]
 Kerry, J. (D-MA)^{°+}
 Kohl, H. (D-WI)[°]
 Landrieu, M. (D-LA)
 Lautenberg, F. (D-NJ)
 Leahy, P. (D-VT)[°]
 Levin, C. (D-MI)[°]

FOR:

Lieberman, J. (D-CT)[°]
 McCain, J. (R-AZ)[°]
 Mikulski, B. (D-MD)[°]
 Moynihan, D. (D-NY)[°]
 Murray, P. (D-WA)[°]
 Reed, J. (D-RI)
 Reid, H. (D-NV)[°]
 Robb, C. (D-VA)[°]
 Rockefeller, J. (D-WV)[°]
 Sarbanes, P. (D-MD)^{°+}
 Snowe, Olympia (R-ME)
 Specter, A. (R-PA)[°]
 Thurmond, S. (R-SC)[°]
 Torricelli, R. (D-NJ)+
 Warner, J. (R-VA)[°]
 Wellstone, P. (D-MN)^{°+}
 Wyden, R. (D-OR)

NEW SENATORS:

Bayh, E. (D-IN)*
 Bunning, J. (R-KY)*
 Crapo, M. (R-ID)*
 Edwards, J. (D-NC)*
 Fitzgerald, P. (R-IL)*
 Lincoln, B. L. (D-AR)*
 Schumer, C. (D-NY)*
 Voinovich, J. (R-OH)*

UNKNOWN:

Abraham, S. (R-MI)
 Allard, W. (R-CO)
 Bennett, R. (R-UT)
 Bond, C. (R-MO)
 Brownback, S. (R-KS)+
 Burns, C. (R-MT)
 Cochran, T. (R-MS)
 Collins, S. (R-ME)
 Craig, L. (R-ID)
 DeWine, M. (R-OH)
 Domenici, P. (R-NM)
 Enzi, M. (R-WY)
 Frist, B. (R-TN)+
 Gorton, S. (R-WA)
 Grams, R. (R-MN)+
 Grassley, C. (R-IA)
 Hatch, O. (R-UT)
 Hutchinson, T. (R-AR)
 Inhofe, J. (R-OK)
 Kyl, J. (R-AZ)
 Lott, T. (R-MS)
 Lugar, R. (R-IN)+
 Mack, C. (R-FL)
 Murkowski, F. (R-AK)[°]
 Nickles, D. (R-OK)
 Roberts, P. (R-KS)
 Roth, W. (R-DE)
 Santorum, R. (R-PA)
 Sessions, J. (R-AL)
 Shelby, R. (R-AL)[°]
 Smith, G. (R-OR)+
 Smith, R. (R-NH)
 Stevens, T. (R-AK)
 Thomas, C. (R-WY)+
 Thompson, F. (R-TN)

AGAINST:

Ashcroft, J. (R-MO)+
 Coverdell, P. (R-GA)+
 Gramm, P. (R-TX)
 Gregg, J. (R-NH)
 Hagel, C. (R-NE)+
 Helms, J. (R-NC)+
 Hutchison, K. (R-TX)
 McConnell, M. (R-KY)

*Newly elected to 106th Congress

+Members of Foreign Relations Committee

[°]Signed the Sen. Simon "Dear Colleague" letter in the 103rd Congress

Above list is also based on Senators' responses to constituent letters

Suggested Grassroots/NGO Action Items to Urge Ratification of CEDAW: March 1999

- NGO membership should contact members of the Senate Foreign Relations Committee (SFRC) to encourage them to urge the SFRC's leadership, Jesse Helms (R-NC) & Joseph Biden (D-DE), to move CEDAW out of the SFRC and to the floor for a vote.
- Write letters to all Senators encouraging them to urge the Republican (Trent Lott/Jesse Helms) and Democratic (Tom Daschle/Joseph Biden) Senate leadership to bring CEDAW to a vote on the floor.
- Urge membership to organize events during Women's History month.
- Send letters to Secretary Albright urging her to continue to use her office to work with the Senate leadership in getting ratification of CEDAW on their agenda.
- Encourage Republican women to speak out in favor of ratification.
- Work with local organizations/religious groups (i.e., Bahá'ís, Methodists, YWCA, Amnesty International, UNA-USA) to organize events.
- Write thank you letters to Senator Boxer for asking a question on CEDAW to Secretary Albright at the February 23 Senate Foreign Relations Committee hearing.
- Urge NGO membership to contact newly elected senators and ask them about their position on CEDAW.
- Write letters of support for the Interagency Working Group.
- Target senators in the "unknown" column on the "Assessment of Senate Support list."
- There may be a "Dear Colleague" letter that will be circulating within the next few weeks. If so, urge NGO membership to encourage your senator to sign the letter.

1999 CEDAW RATIFICATION UPDATE

WHICH COUNTRIES HAVE RATIFIED:

163 countries have consented to be bound by the provisions of the U.N. Convention on the Elimination of All Forms of Discrimination Against Women:

Albania, Algeria, Andorra, Angola, Antigua & Barbuda, Argentina, Armenia, Australia, Austria, Azerbaijan, The Bahamas, Bangladesh, Barbados, Belarus Republic, Belgium, Belize, Benin, Bhutan, Bolivia, Bosnia & Herzegovina, Botswana, Brazil, Bulgaria, Burkina Faso, Burundi.

Cambodia, Cameroon, Canada, Cape Verde, Central African Republic, Chad, Chile, China, Colombia, Comoros, Congo, Costa Rica, Côte d'Ivoire, Croatia, Cuba, Cyprus, Czech Republic, Denmark, Djibouti, Dominica, Dominican Republic, Ecuador, Egypt, El Salvador, Equatorial Guinea, Eritrea, Estonia, Ethiopia, Fiji, Finland, France.

Gabon, Gambia, Georgia, Germany, Ghana, Greece, Grenada, Guatemala, Guinea, Guinea-Bissau, Guyana, Haiti, Honduras, Hungary, Iceland, India, Indonesia, Iraq, Ireland, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kenya, Kuwait, Kyrgyzstan, Lao People's Democratic Republic, Latvia, Lebanon, Lesotho, Liberia, Libyan Arab Jamahiriya, Liechtenstein, Lithuania, Luxembourg.

Madagascar, Malawi, Malaysia, Maldives, Mali, Malta, Maritius, Mexico, Mongolia, Morocco, Mozambique, Myanmar, Namibia, Nepal, Netherlands, New Zealand, Nicaragua, Nigeria, Norway, Pakistan, Panama, Papua New Guinea, Paraguay, Peru, Philippines, Poland, Portugal, Republic of Korea, Republic of Macedonia, Republic of Moldova, Romania, Russian Federation, Rwanda.

Saint Kitts & Nevis, Saint Lucia, Saint Vincent & the Grenadines, Samoa, Senegal, Seychelles, Sierra Leone, Singapore, Slovakia, Slovenia, South Africa, Spain, Sri Lanka, Surinam, Sweden, Switzerland, Tajikistan, Thailand, Togo, Trinidad & Tobago, Tunisia, Turkmenistan, Turkey.

Uganda, Ukrainian Republic, United Kingdom of Great Britain & Northern Ireland, United Republic of Tanzania, Uruguay, Uzbekistan, Vanuatu, Venezuela, Vietnam, Yemen, Yugoslavia, Zaire, Zambia, Zimbabwe.

WHICH COUNTRIES HAVE NOT RATIFIED:

Europe & North America:

Monaco
San Marino
United States of America

West Asia (Middle East):

Bahrain
Iran
Oman
Qatar
Saudi Arabia
Syrian Arab Republic
United Arab Emirates

Asia Pacific/Central Asia:

Afghanistan (S)
Brunei Darussalam
Cook Islands *
Democratic People's Republic of Korea
Kiribati *
Marshall Islands
Micronesia
Nauru *
Palau
Solomon Islands
Tonga *
Tuvalu *

Africa:

Mauritania
Niger
Sao Tome & Principe (S)
Somalia
Sudan
Swaziland

Latin America/Caribbean:

All ratified

* Non-member state of the United Nations
(S) Signed, not ratified or acceded

March 1999

SOME EXAMPLES OF CEDAW AT WORK IN OTHER COUNTRIES

NEPAL:

CEDAW is being used as a tool to promote rights for women in Nepal. The Nepali Women's Movement is strongly pressuring for passage of a crucial bill concerning the right of women to inherit property as well as issues such as raising the minimum age for marriage and requiring stiffer penalties for rape. The basis for these efforts is Nepal's Constitution that provides for equal rights for all citizens and the various treaties Nepal has acceded to including the International Covenant on Civil and Political Rights (ICCPR) and CEDAW. In addition, at the Fourth World Conference on Women in Beijing in 1995, the government of Nepal publicly undertook to revise its property laws that do not meet standards set by CEDAW and deny women equal property rights.

JAPAN:

Japan ratified CEDAW over ten years ago and enacted an extremely limited employment discrimination law in 1986 to comply with the Convention. Though the language encouraging employers to "endeavor to give women equal treatment" has been strengthened, the law's effectiveness is still limited by its remedy -- a woman may seek mediation by prefecture authorities but this will only occur if the employer gives consent.

Encouraged by the CEDAW committee review stating that the relative status of women in Japan is far lower than the country's relative economic status in the world, 21 women risked retaliation at work and ostracism within their community and sued four companies of Sumitomo and the Government of Japan claiming wage discrimination and failure to promote. They also claim that the separate employment tracks, with jobs held primarily by women classified in lower level tracks with minimal opportunity for advancement or for changing tracks, violates the terms of CEDAW. CEDAW provided a tool for these women to improve their lives.

TANZANIA:

The Tanzanian High Court cited CEDAW in a decision invalidating a customary law that prevented women from inheriting clan land from their fathers. The Court found the law violated Tanzania's own Bill of Rights as well as CEDAW and other international human rights treaties to which Tanzania has acceded. The Court explained: "The principles enunciated in the above named documents are a standard below which any civilized nation will be ashamed to fall."

BOTSWANA:

Unity Dow, an attorney, who was married to a foreigner and had three children, challenged the 1984 Citizenship Act under which children of a woman married to a foreigner were not entitled to citizenship while children of a male married to a foreigner were entitled to citizenship. Significant benefits accrued to individuals deemed citizens; serious liabilities attached to the lack of citizenship. Dow claimed that the Citizenship Act violated both constitutional and international law, including CEDAW to which Botswana has acceded. The Appeals Court cited CEDAW in its opinion invalidating the law as unconstitutional. After losing two major court decisions and facing the unwanted publicity of human rights groups, the Government granted citizenship to Dow's children and others similarly situated. The Dow case is an example of how CEDAW can be used to challenge laws that continue to relegate women to second class citizens.



TITLE X:

THE NATION'S CORNERSTONE FEDERAL FAMILY PLANNING PROGRAM

Enacted in 1970 with broad bipartisan support, Title X of the Public Health Service Act is the only federal program exclusively dedicated to family planning and reproductive health services. Title X has been the nation's cornerstone family planning program for more than 25 years, providing millions of women with services ranging from contraception to pap smears and breast cancer screening.¹ For many women, Title X clinics provide the only basic health care that they receive. Publicly funded family planning services have helped reduce the rates of unintended pregnancies, unintended births and abortions. In addition, they have been responsible for improving the quality of women's health and lives. Yet, despite the importance of federally funded family planning services to American women and the nation as a whole, anti-choice lawmakers have attacked the program consistently. Since gaining a Congressional majority in the 1994 elections, anti-choice lawmakers in Congress have repeatedly attempted to defund the program and restrict minors' access.² Moreover, Congress has failed to provide adequate funding levels for Title X. **Title X funding must be increased without restrictions upon confidentiality in order to enhance women's access to contraceptive and family planning services and to give women real choices over their reproductive lives.**

I. TITLE X FAMILY PLANNING FUNDS PROVIDE WOMEN WITH ESSENTIAL SERVICES.

The Title X program funds medical services crucial to women's health, especially for women who have no other access to such care. For many women, Title X clinics may be their first point of entry into the health care system, thereby serving as a bridge to other services.

A. Title X Assists Millions of Women.

Title X funds provide millions of women -- regardless of age, income or marital status -- with family planning services each year. In 1994, Title X provided some funding for 60 percent of all family planning agencies.³ As a result, over four million women in one year alone obtained services in more than 4,000 clinics

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receiving Title X funds.⁴

Most of the women obtaining Title X services are young and poor and have never given birth. Approximately 80 percent of all clients served by publicly funded providers are under age 30 and 57 percent have family income levels under the federal poverty level. For over eight in 10 women receiving family planning services, a Title X clinic is their sole source of services.⁵

Title X is particularly important in providing family planning services to low-income women who fail to qualify for Medicaid. Whereas Medicaid generally limits eligibility to very poor women who are single, have a child (or are pregnant) and meet other stringent requirements,⁶ Title X provides more women with access to services. Under Title X, women with incomes not exceeding 100 percent of the poverty level must receive entirely subsidized services; women with incomes 101-250 percent of poverty must be charged on a sliding scale; and women with incomes over 250 percent of poverty must be charged full fees.⁷

B. Title X Provides Essential Services.

The Title X statutes and corresponding regulations prescribe a minimum standard of care for reproductive health care. The statutes define qualifying family planning projects broadly, as including “a broad range of acceptable and effective family planning methods and services (including natural family planning methods, infertility services, and services for adolescents).”⁸ The regulations further explain that these family planning projects “shall consist of the educational, comprehensive medical, and social services necessary to aid individuals to determine freely the number and spacing of their children.”⁹ **The law prohibits Title X funds to be used for abortion.**¹⁰ Furthermore, Title X funds support practitioner training programs and research designed to enhance the quality of the family planning services provided.¹¹ Finally, the law mandates that acceptance of services must be voluntary and not coerced.¹²

Title X guidelines promote women’s health as well. Under the guidelines, Title X clinics must provide the following services: (1) pelvic exams and pap smear tests; (2) breast exams and education regarding self-examination; (3) screening and treatment for sexually transmitted diseases (STDs); (4) infertility screening; and (5) referrals to specialists. In addition, the guidelines recommend that Title X-funded agencies should offer other health promotion/disease prevention services such as screening, immunization, nutrition services, and general health education and counseling.¹³

Title X clinics also provide teens with educational services, giving teens the tools they need to make responsible choices about their sexual and reproductive lives.

At Title X clinics, teens receive counseling and information concerning both abstinence and contraceptive methods.¹⁴

C. Title X Ensures Confidential Services.

Under Title X, all patients -- regardless of age -- must be ensured confidentiality.¹⁵ Although the law requires entities receiving Title X funds to encourage family participation in teens' reproductive health decisions,¹⁶ family involvement may not be mandated. Citing legislative intent and the clear statutory language encouraging -- not mandating -- parental involvement, two federal courts of appeal in 1983 prohibited enforcement of a regulatory attempt -- dubbed the "squeal rule" -- to require Title X clinics to notify parents when they prescribed contraceptives to minors.¹⁷

Title X clinics have therefore served as an invaluable source of confidential services for teens. In fact, three in ten individuals receiving contraceptive services from publicly funded family planning providers are under 20 years old.¹⁸

A bedrock principle of medical ethics, confidentiality is crucial to ensuring women's reproductive health. Empirical studies confirm that when parental consent and notice is mandated by law, thus breaching confidentiality, adolescents are likely to delay or avoid seeking needed care, particularly in the area of family planning. For example, one study of adolescents found that if confidential treatment for sexually transmitted diseases was available, 50 percent of the adolescents would seek care. Only 15 percent reported that they would seek medical treatment if parental consent or notice was required.¹⁹

Recognizing this link between confidential services and receipt of reproductive health care, courts have acknowledged the importance of confidential services for teenagers. In *Planned Parenthood Affiliates of California v. Van De Kamp*, the California Court of Appeals found that if "minors are unable to obtain reproductive health care on a confidential basis, without their sexual conduct being reported to law enforcement for investigation, they will be deterred from seeking such care." Additionally, the court noted that "[i]t is nearly impossible to establish a professional, therapeutic relationship without a promise of confidentiality which the professional can keep."²⁰ A United States District Court, in *Planned Parenthood Association of Utah v. Matheson*, prohibited a "blanket parental notification requirement" for minors seeking contraceptives. In doing so, the court recognized that "minors seek contraceptives after becoming sexually active, not before [and] . . . that a significant percentage of sexually active minors would not cease their sexual activity if access to contraceptives is conditioned on parental notification. Instead, those minors would terminate their use of contraceptives. Thus, . . . [the law] would expose sexually active minors to the health risks of early pregnancy and venereal

disease.”²¹

Organized medicine in the United States has reached a remarkable consensus that contraceptive services should be available to adolescents on a confidential basis. In July 1997, the **American Academy of Family Physicians (AAFP)**, the **American Academy of Pediatrics (AAP)**, the **American College of Obstetricians and Gynecologists (ACOG)**, the **American Medical Women’s Association (AMWA)**, the **American Society for Reproductive Medicine (ASRM)**, and the **Society for Adolescent Medicine** wrote a joint letter to members of Congress opposing attempts to require parental notification or consent for adolescents to receive contraceptive services in clinics funded by Title X. The letter states “[w]hile we applaud the efforts of the Committee to ensure that parents are involved in [a] minor’s health care decisions, . . . [f]orced parental involvement, in our view, will have a negative impact on the physician-patient relationship, as well as have the unintended consequence of deterring adolescents from seeking important health care services.”²²

Moreover, virtually every state in the U.S. has enacted legislation to permit minors to obtain care for sexually transmitted diseases without parental consent and many have legal provisions ensuring confidential access to contraceptives. As of September 1997, 49 states and the District of Columbia authorize minors to consent to the diagnosis and treatment of sexually transmitted diseases, and legislatures in 23 states and the District of Columbia have given minors the authority to consent to contraceptive services.²³ Any attempt to eradicate Title X’s guarantee of confidentiality would therefore trammel upon these individual state confidentiality protections.

III. PUBLICLY FUNDED FAMILY PLANNING SERVICES IMPROVE WOMEN’S LIVES.

A. Access to Contraceptive Services Enhances the Quality of Life for Women and their Families.

Access to contraceptive services is central to improving women’s overall health and reducing unintended pregnancy. The ability to determine whether and when to have children is a key measure of women’s autonomy.²⁴ Moreover, as the U.S. Supreme Court recognized in *Planned Parenthood of Southeastern Pennsylvania v. Casey*, “[t]he ability of women to participate equally in the economic and social life of the Nation has been facilitated by their ability to control their reproductive lives.”²⁵ Reducing the rate of unintended pregnancy and enhancing reproductive health and rights therefore are essential to promoting women’s self-determination and ability to participate fully in society.

Currently, nearly 50 percent of all pregnancies in the U.S. are unintended.²⁶ An estimated 31 million women, or one-half of all women in the U.S. of reproductive age, are at risk for unintended pregnancy. By decreasing the unintended pregnancy rate, access to contraceptive services also improves the quality of life for both parents and their children.²⁷

- Negative health outcomes are strongly associated with unintended pregnancy. These outcomes include: delayed or inadequate prenatal care; increased fetal exposure to tobacco and alcohol; increased likelihood of low birth weight and death in the first year of life; and higher risk of abuse and failure to receive sufficient resources for healthy development.²⁸
- Unintended pregnancy is also linked to negative social outcomes for parents and families, such as increased risk of the mother being physically abused, the dissolution of the parents' relationship, economic hardship and a reduced likelihood that parents will achieve their educational and career goals.²⁹

B. Publicly Funded Family Planning Services Are Effective.

Publicly funded family planning services dramatically reduce unintended pregnancy, unintended births and abortions. By providing women with access to family planning services, Title X thereby gives women real choices over their reproductive lives, assisting women to limit their family size and their number of pregnancies. As such, Title X provides a realistic and effective mechanism to reduce unintended pregnancy and make abortion less necessary.

- Publicly funded contraceptive services annually prevent 1.3 million unintended pregnancies, which would result in 533,800 births and 632,300 abortions. Without such services, the number of abortions performed each year in the U.S. therefore would be approximately 40 percent higher than the current rate.³⁰
- Publicly funded contraceptive services have a particularly profound impact on adolescents. Without such publicly funded services, 385,800 additional teens would become pregnant annually. The result would be 154,700 more births and 183,300 more abortions, increasing the yearly total of teen births by about 25 percent and the number of abortions by about 58 percent.³¹

Publicly funded contraceptive services are cost-effective.

- Of the approximately 534,000 additional women who would give birth in the absence of publicly funded services, approximately 338,000 additional women would be eligible for pregnancy-related Medicaid coverage. About 80 percent of these women would be eligible solely because of their pregnancy. Through state and federal expenditures, the nation would spend an additional \$1.2 billion for Medicaid each year. Every government dollar spent on contraceptive services thus saves the public approximately \$3.00 in funds that otherwise would have been spent on pregnancy-related and newborn care through Medicaid.³²
- Compared to no contraceptive use, use of contraceptives is extremely cost-effective. Annually, 100 women having sexual intercourse without contraception will have 85 pregnancies.³³ A single uncomplicated vaginal delivery costs \$6,430, while a single uncomplicated cesarean section delivery costs \$11,000.³⁴ Meanwhile, a year's supply of birth control pills only costs approximately \$273.³⁵

Participation in publicly funded family planning services also positively affects women's lives and helps ensure healthier babies.

- A national study found that family planning funds for 1982-1988 were linked to 20,000 fewer low birth weight births, 6,500 fewer infant deaths and 5,500 fewer neonatal deaths.³⁶
- Receipt of publicly funded family planning services increases the likelihood that a woman will receive adequate prenatal care if she does become pregnant. In one study, family planning funding from 1982 - 1988 was associated with 106,900 fewer births with no or late prenatal care. Meanwhile, a North Carolina study found that women were more likely to initiate prenatal care early, to receive sufficient care throughout pregnancy, and to participate in a food supplement program and other maternity-care services if they had used family planning services in the first two years prior to becoming pregnant.³⁷
- Title X funds are also vital to STD screening and treatment. Each year 12 million Americans -- including three million teenagers -- are infected with a STD.³⁸ In 1990, 40 percent of all visits to an individual Title X grantee involved STD screening or treatment -- as compared to 10 percent of visits in 1980.³⁹

IV. THE CURRENT FUNDING LEVELS FOR TITLE X ARE INADEQUATE.

Between 1980 and 1994, Title X funding for contraceptive services in constant dollars decreased by 65 percent.⁴⁰ During the same period, however, the costs of providing certain services rose, as did the number of patients needing certain services.⁴¹ In fact, while the level of public funding for family planning clinics declined, the number of patients they served rose -- overburdening the system.⁴² Less than 30 percent of all women eligible for services in 1994 were served by Title X clinics.⁴³

If Title X funding had increased at the rate of inflation from its FY 1980 funding level of \$162 million, Title X presently would be funded at \$515.16 million. Yet, its funding level for FY 1998 is less than half that amount -- \$203.452 million.⁴⁴

In an attempt to increase the funding level and adequately fund Title X, members of Congress introduced an omnibus piece of legislation, entitled the "Family Planning and Choice Protection Act of 1997." Introduced in 1997 in both the House and the Senate, this legislation authorizes \$275.00 million for fiscal year 1999 and such sums as necessary for fiscal years 2000 through 2003 to be appropriated for Title X.⁴⁵

Recognizing the importance of increased funding for Title X, President Clinton's FY 1999 budget proposal requests \$15 million for Title X over the current level.⁴⁶ As Vice President Gore explained at NARAL's 25th anniversary of *Roe v. Wade* luncheon, "The single most effective way to reduce abortion is to prevent unintended pregnancies in the first place. . . . That must be our mission here in the United States, and that's one area in which we need a strong national role. That is why I am delighted to announce today that President Clinton and I will propose a dramatic increase in family planning, tripling . . . last year's increase and add[ing] \$15 million to make abortion less necessary all across America."⁴⁷

V. CONCLUSION.

Title X funding for family planning services has assisted millions of women in obtaining essential care. Research has proven Title X's effectiveness in reducing the rates of unintended pregnancy, unintended births and abortions. Only through adequate levels of funding, without restrictions on minors' access to confidential services, can Title X's benefits to women's lives and health continue and expand.

July 6, 1998

NOTES:

1. 42 U.S.C. §§ 300 to 300a-8 (West 1991 & Supp. 1998); Lisa Kaeser, Rachel Benson Gold and Cory L. Richards, *Title X at 25: Balancing National Family Planning Needs with State Flexibility* (New York and Washington, D.C.: The Alan Guttmacher Institute (AGI), 1996), 6-9.
2. The NARAL Foundation/NARAL, *Who Decides? A State-by-State Review of Abortion and Reproductive Rights*, 5th edition (Washington, D.C.: The NARAL Foundation/NARAL, 1995), 1; See amendments to FY 1996, FY 1997 and FY 1998 Labor, Health and Human Services, and Education & Related Agencies Appropriations bills.
3. Jennifer Frost and Michele Bolzan, "The Provision of Public-Sector Services By Family Planning Agencies in 1995," *Family Planning Perspectives*, vol. 29, no. 1 (Jan./Feb. 1997): 12.
4. Jennifer Frost, "Family Planning Clinic Services in the United States, 1994," *Family Planning Perspectives*, vol. 28, no. 3 (May/June 1996): 99, 94; AGI, "Title X and the U.S. Family Planning Effort," *Issues in Brief* (Feb. 1997): 4.
5. Kaeser, Gold and Richards, *Title X at 25*, 7; Frost and Bolzan, "The Provision of Public-Sector Services," 8; AGI, "Title X and the U.S. Family Planning Effort," 2.
6. Kaeser, Gold and Richards, *Title X at 25*, 8.
7. AGI, "Title X and the U.S. Family Planning Effort," 2, 4; 42 U.S.C. § 300a-4 (West 1991); Fed. Reg. vol. 45, no. 108 (1980) (codified at 42 C.F.R. § 59.5(7), (8), § 59.2).
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TITLE X: AMERICA'S FAMILY PLANNING PROGRAM

The Title X Family Planning Program is America's front line of defense in the fight to prevent unintended pregnancy. It provides contraceptive and other reproductive health care services for low-income women through a network of more than 4,000 health centers. In 1997, the Title X Family Planning Program served 4.4 million women.

Signed into law by President Nixon in 1970, the Title X Family Planning Program has been lauded by leaders from both parties, from George Bush to Edward Kennedy. Public family planning programs, of which Title X is the core, have built a record of success -- helping millions of women each year avoid unintended pregnancy, prevent disease, and take charge of their health.

Title X Prevents Unintended Pregnancy and the Need for Abortion

- All public family planning programs, of which Title X is the core, provide counseling and contraception that avert an estimated 1.3 million unintended pregnancies and 632,000 abortions each year.
- In 1994, nearly one million unintended pregnancies were averted among women who attended Title X-funded clinics.
- Studies have found that public family planning prevents approximately 800,000 unintended pregnancies to *unmarried* women, thereby avoiding an estimated 340,000 out-of-wedlock births.
- Publicly funded family planning prevents 386,000 unintended pregnancies to teenagers annually, avoiding 155,000 teenage births and 183,000 abortions.
- In the absence of publicly funded family planning programs, the number of abortions performed in the U.S. would be 40% higher than it is currently.

Title X Saves Women's Lives

- Title X health centers provide services that can give early warning of disease -- including clinical breast exams, pelvic exams, and Pap tests. Many of the low-income women Title X serves would otherwise go without these potentially lifesaving exams.
- Title X funds counseling on safer-sex practices to prevent the spread of HIV/AIDS, a leading killer of women.

Title X Improves Public Health

- Title X health centers provide confidential screening and treatment for sexually transmitted infections (STIs), including chlamydia (a common STI that can cause sterility if untreated) and HIV/AIDS.
- Title X increases the likelihood that pregnant women will obtain adequate prenatal care, which can help new mothers give birth to stronger, healthier babies. A national study found that publicly funded family planning services provided in 1982-1988 prevented 20,000 low-birth-weight babies.
- A 1990 study by the National Commission to Prevent Infant Mortality stated, "Infant mortality could be reduced by an estimated 10% if all women not desiring pregnancy used contraception."

***Title X
Encourages
Personal
Responsibility***

- Health professionals at Title X health centers know how to reach young people with messages about prevention and protection.
- Innovative programs funded by Title X provide counseling, education, and outreach to young people, helping them to delay the initiation of sexual activity, avoid pregnancy, and assume responsibility for their own lives.
- Confidentiality -- for teens as well as adults -- is a major part of Title X's value and success. While an estimated one in four American teens will contract an STI, a *Journal of Pediatrics* study found that only 15 percent of teens would seek care for an STI if parental consent or notification were required. Untreated STIs are often communicable and can lead to sterility and other serious health problems.

***Title X
Saves
Taxpayers
Money***

- Each tax dollar spent on family planning saves an estimated \$3.00 that would otherwise go toward pregnancy-related medical services and newborn care.
- Publicly subsidized family planning programs also help 281,000 women on welfare to avoid becoming pregnant each year; these efforts prevent 123,000 current welfare recipients from having an additional birth.
- In addition, these programs prevent 80,000 pregnancies to women who are not currently enrolled in welfare but who would become eligible for welfare if they gave birth.
- At the current level of funding, the Title X program costs each U.S. citizen only about 80 cents a year.

***Title X: America's Family Planning Program.
Our Nation's Front Line of Defense in the Fight
to Prevent Unintended Pregnancy.***



Planned Parenthood[®]
Federation of America, Inc.

CONFIDENTIALITY AND TEEN ACCESS TO FAMILY PLANNING

Since the inception of Title X in 1970, confidentiality has been a major component of its services.

Confidentiality for family planning is good medicine. The nation's leading medical and health groups – including the American Medical Association, the American Academy of Pediatrics, the American Public Health Association, and the American Academy of Family Physicians – all oppose mandatory parental consent or notification. They agree that contraceptive services, prenatal care, and HIV testing should be available to teens on a confidential basis.

Denying teens confidential access to family planning would prevent adolescents from seeking those critical services. Recent surveys demonstrate that confidentiality is important to teens seeking health care.¹ Studies conducted in the 1980s, when the government tried to require federally funded family planning clinics to notify parents, found that the policy would lead adolescents to forego these services. Half of the teens who didn't already consult their parents said that they would *not* seek care if they were required to tell their parents.² Fully 50 percent of adolescents said that they wouldn't get treatment for sexually transmitted infections (STIs).³

Forcing teens to get consent for contraception doesn't mean they won't have sex. Only one in fifty teens said that they would stop engaging in sexual relations if their parents would be told that they were seeking family planning services.⁴

Eliminating privacy in the provision of family planning services would mean more unintended pregnancies, more abortions, and more cases of sexually transmitted infections. Publicly funded family planning programs, including Title X, prevent 386,000 unintended pregnancies to teenagers annually, avoiding 155,000 births, 183,000 abortions, and 50,000 miscarriages.⁵

¹ TL Cheng et al., "Confidentiality in Health Care: A Survey of Knowledge, Perceptions, and Attitudes Among High School Students," *Journal of the American Medical Association*, 269: 1404-1407, 1993.

² AM Kenney et al., "Storm over Washington: The Parental Notification Proposal," *Family Planning Perspectives*, 14: 185-197, 1982.

³ A. Marks et al., "Assessment of health needs and willingness to utilize health care resources of adolescents in a suburban population," *Journal of Pediatrics*, 102: 456-460, 1983.

⁴ AM Kenney et al., "Storm over Washington: The Parental Notification Proposal," *Family Planning Perspectives*, 14: 185-197, 1982.

⁵ Alan Guttmacher Institute, "Issues in Brief: Title X and the U.S. Family Planning Effort," February 1997.

Updated by the PPFA Government Relations Department, 8/98.



COSPONSOR THE EQUITY IN PRESCRIPTION INSURANCE AND CONTRACEPTIVE COVERAGE ACT (EPICC) Stop Health Care Discrimination Against Women

Family planning is basic preventive health care that can improve maternal and child health, reduce infant mortality, increases the likelihood that the estimated 15 million Americans who contract a sexually transmitted disease each year will be diagnosed and treated, and reduce the incidence of unintended pregnancy and abortion. Despite the myriad health, social and economic benefits associated with family planning and the fact that the vast majority of American women use contraception for more than three-fourths of their reproductive years, many private insurance policies either exclude coverage for contraceptive drugs, devices and related services or single out these services for limited coverage. At the same time, virtually all private insurance plans offer coverage for prescription drugs and devices.

In October of 1998, the United States Congress took a historic first step toward ensuring that all Americans have access to coverage of contraception through their insurance plans by approving a provision as part of the FY 1999 Omnibus spending bill (P.L. 105-277) to require all insurance plans participating in the Federal Employee Health Benefits (FEHB) Program that cover prescription drugs, to include contraceptive drugs and devices and related services as part of that coverage. (The federal government is the largest employer in the world.) The FEHB provision was modeled after "The Equity in Prescription Insurance and Contraceptive Coverage Act," introduced in 1997 to help remedy this fundamental inequity in health care coverage and to create a level playing field for American women and their families. The Senate bill (S. 766) was sponsored by Senators Olympia Snowe (R-ME) and Harry Reid (D-NV) and the House bill (H.R. 2174) was sponsored by Representatives Jim Greenwood (R-PA) and Nita Lowey (D-NY). EPICC would require insurance plans which offer prescription drug coverage to also cover prescription contraceptive drugs and devices. Similarly, the measure requires that health plans which offer coverage for outpatient medical services to also provide coverage for outpatient contraceptive services. The bill defines contraception as "consultations, examinations, procedures and medical services provided on an outpatient basis and related to the use of contraceptive methods (including natural family planning) to prevent an unintended pregnancy." EPICC will be reintroduced early in the 106th Congress to ensure that the three-quarters of American women who rely on private, employer-related plans for their health coverage have access to these basic preventive health services.

Contraception is key to reducing unintended pregnancy

- Each year in the United States, approximately half of the more than six million pregnancies that occur in the U.S. each year are unintended. Nearly half of those end in abortion—many of which could be avoided with greater access to contraceptives.¹
- Each year, out of 100 typical women of reproductive age who engage in sex without using contraception, 85 will experience pregnancies.²
- The 10 percent of sexually active American women of reproductive age who do not use contraception account for 53 percent of all unintended pregnancies.³

Contraception is *not* optional health care coverage for most women

- Contraception is basic health care for women and their families. The typical American woman spends more than three-quarters of her reproductive life seeking to avoid pregnancy. If a woman is sexually active between 20 and 45 and wants two children, she will need to use contraceptives for 20.5 years, on average.⁴
- Timing and spacing births is critical in improving women's and children's health and avoiding unintended pregnancies. Pregnancies which are unintended, spaced too closely together, or occur very early or very late in a woman's reproductive years often have adverse health, social, or economic consequences for both women and children, including lower levels of educational and job attainment as well as a greater risk for these families of living in poverty.
- The National Commission to Prevent Infant Mortality estimates that infant deaths could be reduced by 10 percent and the incidence of low birth weight babies could be reduced by 12 percent if all pregnancies were planned.⁵
- Women who lack adequate coverage for contraception are often forced to make the financial choice of a less expensive, and sometimes less effective contraceptive method, putting them at greater risk of unintended pregnancy. Some of the most effective and long-lasting contraceptives, such as the IUD (averaging about \$500) and Norplant (averaging about \$700), have high up-front costs, but are cost-effective over time.

Contraception is the only prescription drug benefit that is regularly excluded by insurers. Many insurance plans offer no coverage for contraception.

- Today, three quarters of women of childbearing age rely on private, employer-sponsored plans for their health coverage. Yet, almost half of all indemnity plans and preferred provider organizations (PPOs), 20 percent of Point-of-Service plans (POS), and seven percent of Health Maintenance Organizations (HMOs) do not offer *any* coverage for reversible contraception.⁶
- Less than 20 percent of indemnity plans or PPOs and less than 40 percent of POS networks and HMOs routinely cover the five major methods—oral contraceptives, diaphragm, IUD, Norplant, and Depo Provera.⁷
- While 97 percent of traditional indemnity insurance plans offer coverage for prescription drugs, only 33 percent of those offer coverage of the most widely used prescription contraceptive—oral contraceptives.⁸

Making contraception more available will save money

- Contraceptives cost less than the services related to pregnancy. According to the Health Insurance Association of America, the cost of an uncomplicated vaginal delivery in the United States (including physician's fees and hospital charges) in 1995 was \$6,368, and the comparable cost of a delivery through caesarian section was \$10,638.⁹

- A cost estimate prepared by the Health Insurance Association of America for California legislation similar to EPICC confirms the low cost of adding coverage of contraceptive services—only \$16.20 per enrollee, per year—a little more than \$1.35 a month. A 1998 cost analysis done by the Alan Guttmacher Institute found that the added cost to provide coverage of the full range of reversible contraceptives costs approximately \$17.12 for employers and \$4.28 for employees per year (\$1.43 per month per employee).¹⁰ The cost is significantly lower for health plans that currently cover at least some contraceptives.

Medical groups favor improved insurance coverage of contraception

- Groups that endorsed the Equity in Prescription Insurance and Contraceptive Coverage Act in 1998 included the American Medical Association, the American College of Obstetricians and Gynecologists, The American Public Health Association, The American Medical Women's Association, the American Nurses Association, the American Academy of Pediatrics, and the American Academy of Family Physicians.

Americans support contraceptive equity

- A 1998 nationwide survey by the Kaiser Family Foundation found that 73 percent of Americans said they support requiring insurers to provide contraceptive coverage as part of prescription coverage even if it would mean that individual premiums could increase by as much as \$1-5 per month. According to Kaiser, eight out of ten privately insured Americans support requiring insurers to provide contraceptive coverage as part of prescription coverage. More than four out of five women of reproductive age favor such a policy.¹¹

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² Trussell J et al., The Economic Value of Contraception: A Comparison of 15 Methods, *American Journal of Public Health*, April 1995, 85(4).

³ Brown SS and Eisenberg L, *The Best Intentions: Unintended Pregnancy and the Well-Being of Children and Families*, Washington, DC: National Academy Press, 1995.

⁴ The Alan Guttmacher Institute, *Hopes and Realities: Closing the Gap Between Women's Aspirations and Their Reproductive Experiences*, The Alan Guttmacher Institute, New York, 1995.

⁵ Brown and Eisenberg, *The Best Intentions*, 1995.

⁶ The Alan Guttmacher Institute, *Uneven and Unequal: Insurance Coverage and Reproductive Health Services*, The Alan Guttmacher Institute, New York, 1994.

⁷ Ibid.

⁸ Ibid.

⁹ *Source Book of Health Insurance Data*, Health Insurance Association of America, 1996.

¹⁰ Darroch J, *Cost to Employer Health Plans of Covering Contraceptives, Summary, Methodology, and Background*, New York: Alan Guttmacher Institute, June 1998, 2.

¹¹ Kaiser Family Foundation, *Kaiser Family Foundation National Survey on Insurance Coverage of Contraceptives, Questionnaire and Topline*, Menlo Park: Kaiser Family Foundation, June 19, 1998.



Facts About the National Family Planning Program

Title X (ten) of the Public Health Service Act

Overview

The national family planning program, Title X (ten) of the Public Health Service Act, was established in 1970 with broad bi-partisan support. The original measure was introduced by then Representatives James Scheuer (D-NY) and George Bush (R-TX), and Senators Joseph Tydings (D-MD) and Charles Percy (R-IL). The program provides federal funds for project grants to public and private nonprofit organizations for the provision of family planning information and services – services which:

- improve maternal and infant health;
- lower the incidence of unintended pregnancy;
- reduce the incidence of abortion; and
- lower rates of sexually transmitted diseases (STDs).

The program's FY 1999 appropriation of \$215 million (a \$12 million increase over the FY 1998 funding level) will enable approximately 4.5 million Americans to receive services at the over 4,400 Title X-funded clinics nationwide.

What services does Title X provide? Services supported by Title X include contraceptive information and the provision of all contraceptive services, as well as gynecological examinations, basic lab tests, and other screening services for STDs and HIV, high blood pressure, anemia, and breast and cervical cancer. Also provided are pregnancy testing, sterilization services, natural family planning, and community education and outreach. *Title X prohibits the use of federal funds to pay for abortions.*

Where do people receive services? Title X clinic sites include state and local health departments, hospitals, university health centers, Planned Parenthood affiliates, independent clinics, and other public and non-profit agencies. Although we refer to these providers as a network, it is not one uniform system, but represents adaptation to the unique health care delivery systems and needs of different states and localities across the country. Thus, Title X clinics are community-based providers. Title X-funded clinics are located in every state, three-quarters of U.S. counties, and virtually every congressional district in the nation. They serve as the entry point to the health care system – and the only source of service – for millions of Americans.

Who receives services through Title X? Title X clinics primarily serve low-income Americans. Eighty-three percent of Title X clients had incomes below 150 percent of the federal poverty level in 1997. The vast majority of Title X clients are uninsured and do not qualify for Medicaid. Title X clinics provide services free of charge to clients whose incomes do not exceed 100 percent of the federal poverty level and services are offered on a sliding fee scale for clients with incomes up to 250 percent of the federal poverty level.

Why America Needs a National Family Planning Program

- ◆ Family planning works! Recent data show that the U.S. teen pregnancy rate has dropped to its lowest level since 1973. (*U.S. Teenage Pregnancy Statistics*, The Alan Guttmacher Institute (AGI), 1998) Between 1987 and 1994, the unintended pregnancy rate in the U.S. fell from 57 percent to 49 percent. This decline is in part attributable to higher contraceptive prevalence and the use of more effective methods of contraception. (Stanley Henshaw, "Unintended Pregnancy in the United States," *Family Planning Perspectives*, AGI, Volume 30, No. 1, 1998)
- ◆ This is a step in the right direction, but we still have a long way to go. Title X is a critical component of a strategy to ensure that unintended pregnancy rates continue to decline.

- ◆ Approximately one million unintended pregnancies were averted among women who received services at Title X-funded clinics in 1994. (*Title X and the U.S. Family Planning Effort*, AGI, 1997)
- ◆ As unintended pregnancies have declined and contraceptive use has improved, the number of abortions in our country has dropped. According to data from the Centers for Disease Control, the 1995 abortion rate in the U.S. declined five percent since 1994, and 15 percent since 1990.
- ◆ Title X family planning services help reduce the need for abortion. Federal law specifies that "None of the funds appropriated under this title shall be used in programs where abortion is a method of family planning." (P.L. 91-572, Family Planning Services and Population Research Act)
- ◆ Family planning is a basic preventive health service which is a key contributor to healthy families and healthy babies. Infant deaths could be reduced by 10 percent, and the incidence of low birthweight babies could be reduced by 12 percent, if all pregnancies were planned. (National Commission to Prevent Infant Mortality, *Troubling Trends: the Health of America's Next Generation*, 1990)
- ◆ Publicly funded family planning services provided between 1982 and 1988 prevented 20,000 low-birth weight deliveries, 6,500 infant deaths, and 5,500 neonatal deaths. (*American Journal of Public Health*, Vol. 84, pp. 1468-1472, 1994)
- ◆ Title X provides services to women and adolescents before they become pregnant – unlike Medicaid, which generally provides family planning services only after a pregnancy has occurred.
- ◆ Title X family planning clinics provide confidential screening and treatment for STDs, which affect 15.3 million Americans annually. (American Social Health Association, 1998) One quarter of new cases occur in teens 15-19 years old, and two-thirds of cases occur in people ages 15-24. (AGI, 1993)

Visits to Title X clinics involving testing and treatment for STDs rose by 30 percent between 1980 and 1990. (*Title X and the U.S. Family Planning Effort*, AGI, 1997)

- ◆ Americans support federally funded family planning. In a poll conducted by the firm of Hickman-Brown in October of 1995, 64 percent of the survey participants said they would be more likely to vote for a candidate who would support "continued funding for federal family planning programs."

Over three-fourths of Americans favor funding for "birth control for unmarried women on welfare." (CBS/New York Times poll, April 1995)

Family Planning is Cost-Effective

- ◆ **Each public dollar spent to provide family planning services saves an average of \$3 in Medicaid costs for pregnancy-related and newborn care alone.** (*Title X and the U.S. Family Planning Effort*, AGI, 1997)
- ◆ **Because pregnancy is so costly, all available contraceptive methods are extremely cost-effective when compared with no contraception.** Each year, out of 100 typical women who engage in sex without using contraception, 85 will get pregnant. (*American Journal of Public Health*, April 1995)
- ◆ **The cost of an uncomplicated vaginal delivery is \$6,378 and the cost of delivery through caesarian section is \$10,638.** (*Source Book of Health Insurance Data*, Health Insurance Association of America, 1996)

Title X Framework

- ◆ **The Title X program provides the framework for family planning service delivery throughout the United States** through a national network of clinics and its uniform federal regulations and guidelines. These uniform regulations and guidelines guarantee women access to contraceptive counseling, a range of contraceptive options, confidentiality of services, and referral for other health and social services when necessary. The federal regulations and guidelines often serve as the blueprint for state family planning programs.
- ◆ **Title X funds comprise approximately one-third of the budget for clinics providing federally subsidized family planning services.** These funds are critical in maintaining the family planning service delivery infrastructure in the United States.
- ◆ **Title X allows states and communities flexibility in tailoring family planning services to meet local needs** and priorities while promoting quality of care and access. Title X ensures that family planning services are delivered at the local level by a diverse array of providers, including state health departments, hospitals, community-based non-profit organizations, and Planned Parenthood affiliates.

Title X Funding

- ◆ **Current Title X funding is inadequate to meet the needs of all eligible Americans.** The Title X program serves less than half of those currently eligible for services.
- ◆ **In constant dollars, funding for the Title X program declined by over 65 percent between 1980 and 1994.** In 1980, the Title X program was funded at \$162 million. Had the program's funding increased at the rate of inflation as determined by the medical care services index, Title X would currently be funded at more than \$500 million – more than twice its current funding level of \$215 million.
- ◆ **As funding for Title X declined in the 1980s, health care costs soared, the number of eligible patients increased, and the cost of contraceptive supplies rose dramatically.**
- ◆ **Some clinics have been forced to curtail services.** The decline in funding (in constant dollars) and the rise in health care costs and patient loads has forced some family planning clinics to curtail hours of operation and place patients on waiting lists for the most effective and longest lasting family planning methods, such as the IUD, Depo-Provera and Norplant.

Congressional Support for Title X Remains High

- ◆ **Recent legislative proposals to impose restrictions on access to Title X services have not become law.** For the first time, the House, on October 8, 1998 approved a proposal to condition teens' access to confidential family planning services on written parental consent or advance parental notification by a vote of 224-200. This provision was not approved by the Senate and was not included in the final version of the Labor/HHS spending bill for FY 1999.
- ◆ In August, 1995, the House voted 224-204 to reverse a decision made by the House Appropriations Committee to eliminate Title X funding. Similar shows of support for access to family planning services took place in July, 1996, and September, 1997, when the House of Representatives voted 232-198 and 220-201, respectively, to support amendments requiring Title X clinics to *encourage* family participation in a teen's decision to seek family planning services.

Family Planning Funding is Essential

Key Reproductive Health Indicators

The need for continued and increased federal funding for family planning services is clear when key reproductive health indicators are examined. Title X provides services that are critical in helping to combat unintended pregnancy, teen pregnancy, and the high rates of STDs in our country.

Unintended pregnancy

- ◆ **In the United States, almost half of all pregnancies are unintended. Half of unintended pregnancies end in abortion.** (AGI, 1998)
- ◆ The 10 percent of American women at risk of unintended pregnancy (those who do not want to be pregnant but are sexually active and fertile) who do not practice contraception account for 53 percent of all unintended pregnancies. (Institute of Medicine, 1995)
- ◆ By the age of 45, American women, on average, will have had 1.42 unintended pregnancies. ("Unintended Pregnancy in the United States," *Family Planning Perspectives*, AGI, 1998)
- ◆ Women spend more than 75 percent of their reproductive lives trying to avoid pregnancy. (*Hopes and Realities: Closing the Gap Between Women's Aspirations and Their Reproductive Experiences*, AGI, 1995)

Teen pregnancy

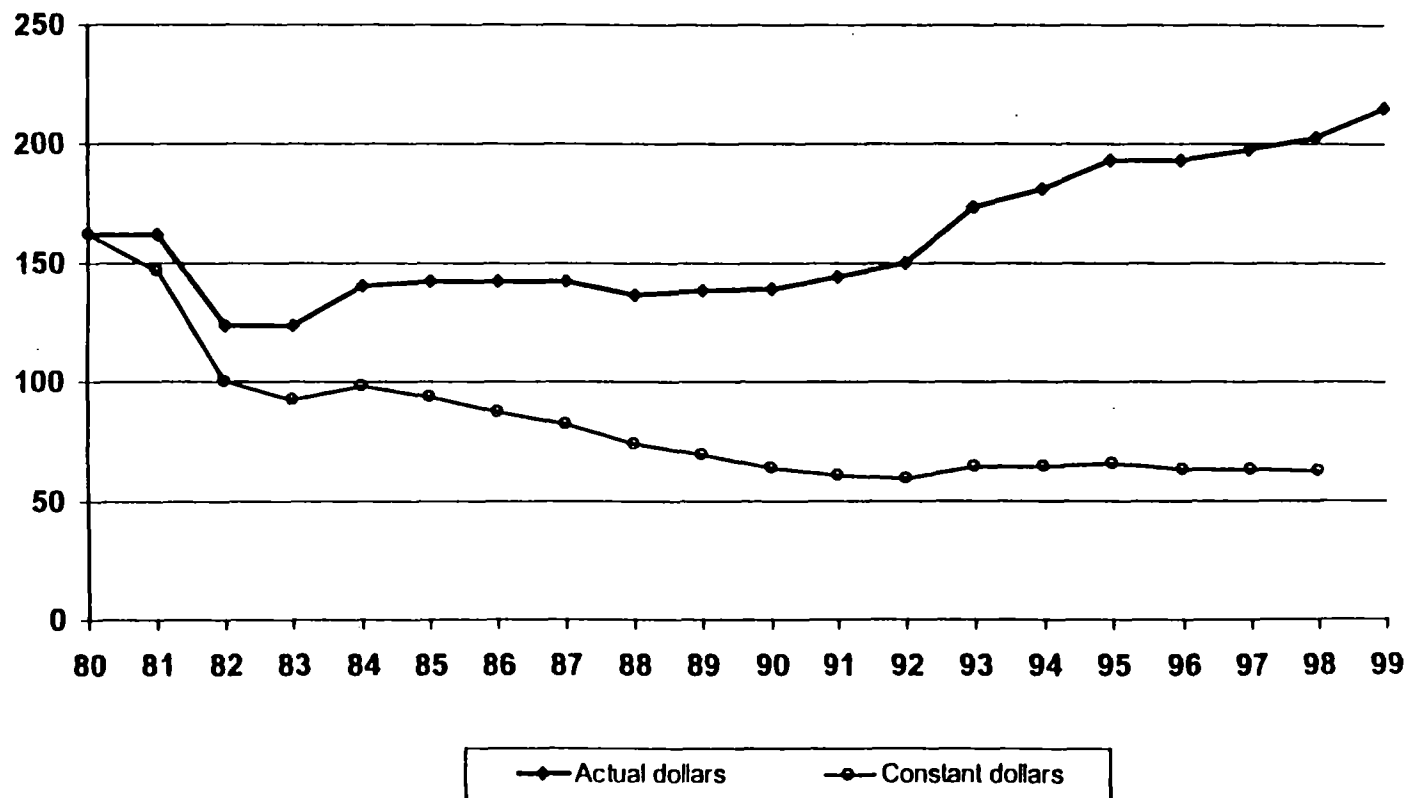
- ◆ **Each year, 1 in 8 women aged 15 to 19 in the United States becomes pregnant, resulting in over half a million births.** Two-thirds of these births are unintended. (Contraceptive Technology, Robert Hatcher et al., 1998, p. 701-702)
- ◆ The teenage pregnancy rate in the United States is much higher than in many other developed countries – twice as high as in England and Wales, France and Canada; and nine times as high as in the Netherlands or Japan. (*Teenage Reproductive Health in the United States*, AGI, 1994)
- ◆ Without publicly funded family planning services, an additional 386,000 teens would become pregnant each year resulting in 155,000 more teen births and 183,000 more teen abortions. (*Title X and the U.S. Family Planning Effort*, AGI, 1997)
- ◆ Over three-quarters of teen pregnancies are unintended. (AGI, 1998)

Sexually transmitted diseases

- ◆ **Family planning clinics can play a critical role in addressing our national STD epidemic.**
- ◆ Women bear a disproportionate burden of STD-associated complications, including infertility, ectopic pregnancy, and chronic pelvic pain. Women are particularly vulnerable to STDs because they are biologically more susceptible to certain STD infections than men and are more likely to have asymptomatic infections that commonly result in delayed diagnosis and treatment.
- ◆ A conservative estimate of the public and private costs of STD treatment each year in the United States is at least \$8.4 billion. (*STDs in America: How Many and At What Cost?*, Kaiser Family Foundation and ASHA, 1998)
 - ⇒ Half of the ten most frequently reported infections to the Centers for Disease Control and Prevention (CDC) are STDs, including the most common, chlamydia. (CDC, 1998) The prevalence of chlamydia among teenagers often exceeds 10 percent among girls and 5 percent among boys. (Mertz, CDC, 1998)
 - ⇒ STD infections increase susceptibility to HIV by three to five times. (ASHA, 1998) However, a third of Americans (36 percent) are not aware that having an STD increases a person's risk of HIV infection. (Kaiser Family Foundation/*Glamour* magazine survey, 1998)
 - ⇒ At least one in three sexually active people are estimated to have contracted an STD by the age of 24. (*STDs in America: How Many Cases and At What Cost?*, Kaiser Family Foundation and ASHA, 1998)
 - ⇒ Over one in five Americans over the age of 12 has a herpes infection. The number of people living with herpes, one of the most common incurable STDs, has risen 30 percent since the late 1970s. (*New England Journal of Medicine*, October 16, 1997)

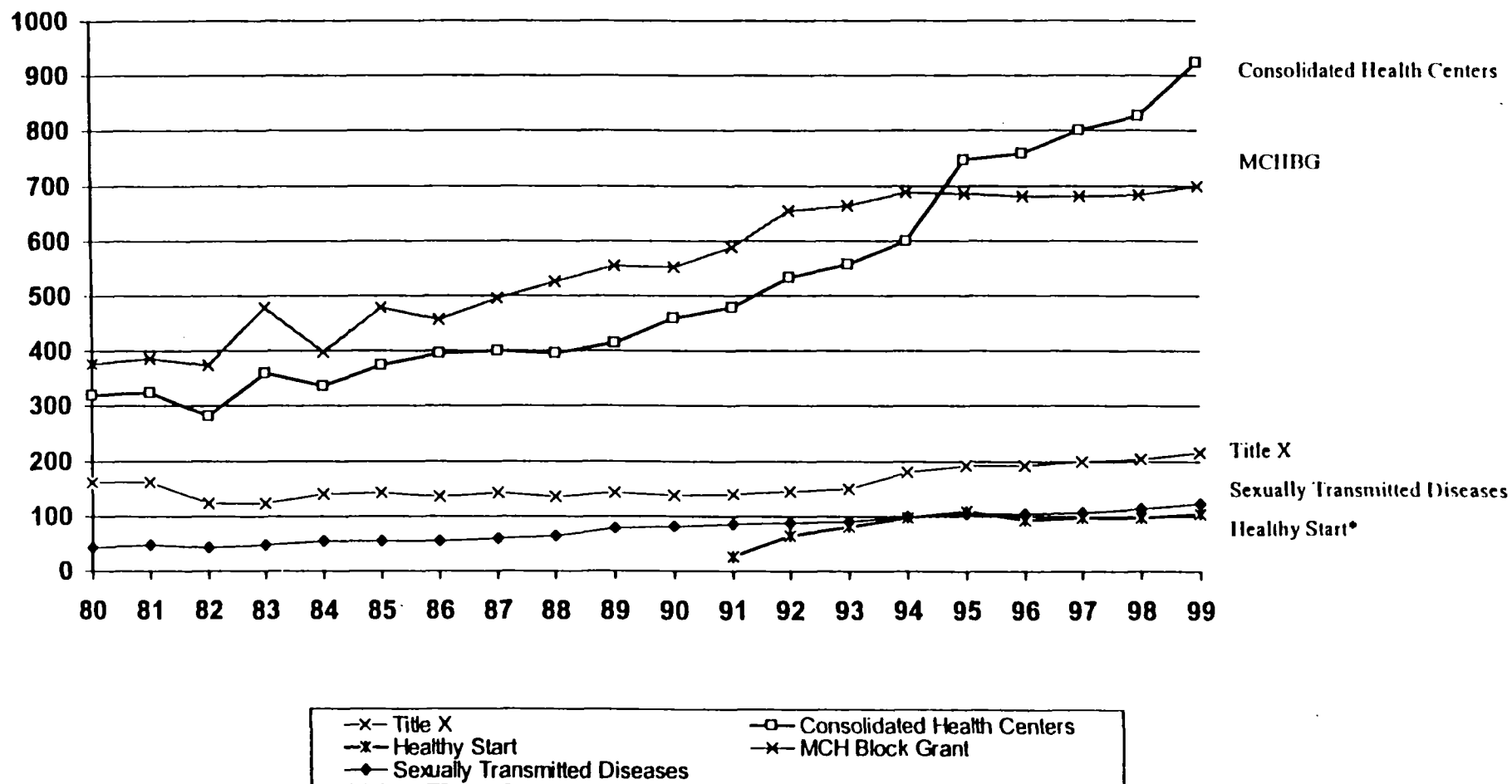
Title X Appropriations, FY 1980-1999

(actual and constant 1980 dollars, in millions)



Public Health Appropriations, Selected Programs, FY 1980-1999

(actual dollars, in millions)



*Program began in FY 1991

Women's Equality Summit and Congressional Action Day

SCHEDULE OF EVENTS

Monday, March 15

1:00 to 1:30 Registration: National Education Association, 1201 16th Street, NW

All sessions Monday will be in the NEA Auditorium on the lower level, except for the reception, which will be in the Atrium. Late registrants will be able to observe the program on TV monitors in the press room on the Atrium level.

1:30 to 1:40 Opening session

Susan Bianchi-Sand, Executive Director, National Committee on Pay Equity and Chair of NCWO

Ellie Smeal, President, The Feminist Majority and Co-Chair of Women's Equality Summit

Pat Reuss, Senior Policy Analyst, NOW Legal Defense and Education Fund and Co-Chair of Women's Equality Summit

1:40 to 3:00 Issue briefings

1:40 Supporting Fair Pay legislation

2:05 Ending hate violence against all citizens, supporting the Hate Crimes Prevention Act

2:30 Protecting Social Security and improving Social Security for women

3:00 to 4:15 Panel on Women's Economic Empowerment and Social Security Reform

First Lady Hillary Rodham Clinton

Donna Shalala, Secretary, Health and Human Services

Alexis Herman, Secretary, Department of Labor

Barbara Kennelly, Counsel to the Commissioner of the Social Security Administration

4:15 to 4:30 Break hosted by AFSCME

4:30 to 5:55 Issue briefings

4:30 Improving access to health care by increasing funding for family planning and requiring private insurance coverage for contraceptives

4:55 Supporting the ratification of the United Nation's Convention for the Elimination of All Forms of Discrimination Against Women (CEDAW) by the Senate and measures to oppose gender apartheid in Afghanistan

5:20 Securing affordable, quality child care as a national priority for all who need it

5:55 to 7:00 Screening of the Lifetime TV film on Child Care prepared for April premiere
Comments by:
Kathryn Rodgers, Executive Director of NOW Legal Defense and Education Fund, and
NCWO Steering Committee member
Meredith Wagner, Senior VP for Public Affairs, Lifetime TV

7:00 to 8:00 Reception hosted by Lifetime TV and NEA

Tuesday, March 16

7:45 to 9:00 Breakfast in the Senate Caucus Room, Russell 325, hosted by AFSCME. The Russell building is located at Constitution Avenue and 1st Street, NE. Speakers include Congresswomen and Senators

9:30 Press conference at the "Senate Swamp" with leaders of the National Council of Women's Organizations

9:00 to 6:00 Capitol Hill visits

Briefing information for those who could not attend Monday sessions will be available after 10:00 am and throughout the day at 122 Maryland Avenue, NE (This is between the US Senate and the Supreme Court.) Hill visit report forms can be turned in at this location.

Lunch on own: A map and restaurant suggestions are in the conference packet.

Capitol Hill visits continue

6:00 to 8:00 Reception with Gloria Steinem and Ms. Magazine. Hyatt Regency Hotel, 400 New Jersey Ave., NW.

**THE NATIONAL COUNCIL OF
WOMEN'S ORGANIZATIONS**

**Wants to thank the following
for their generous support of the**

**WOMEN'S EQUALITY SUMMIT AND
CONGRESSIONAL ACTION DAY**

AFSCME

American Physical Therapy Association

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National Council of Women's Organizations

NATIONAL COUNCIL OF WOMEN'S ORGANIZATIONS

Organizational Description

The National Council of Women's Organization is a bipartisan network comprised of the leaders of over 100 women's organizations, which together represent more than 6 million women. Organizational members focus primarily on promoting public policy and legislative strategies affecting women.

Membership in the Council is diverse and includes organizations working on a broad spectrum of issues including equal employment opportunity, economic equity and development, education and job training, reproductive health, as well as the specific concerns of mid-life and older women, girls and young women, women of color, religious women, business and professional women, homemakers and retired women.

Organizational members include grassroots, research, service and legal advocacy groups.

Membership is not allowed to "for-profit" groups or those whose purpose is to elect candidates from a single party.

The Council brings together like minded organizations to advocate change in specific arenas through its various task forces. Existing task forces include:

- *** Workplace and Economic Issues
- *** Affirmative Action
- *** Welfare Reform
- *** Income Inequality
- *** Women's Vote Project
- *** Social Security Task Force
- *** Youth Capacity Building

The leadership of the Council consists of the Chair and eight Steering Committee Members.

*A bipartisan network
of over 100 organizations
representing more than
six million women.*

Susan Bianchi-Sand
Chair, National Council of Women's Organizations

Executive Director
National Committee on Pay Equity

1126 16th Street, N.W.
Suite 411
Washington, D.C. 20036
202 331.7343
Fax: 202 331 7406



National Council of Women's Organizations

Member Organizations

Women's Equality Summit and Congressional Action Day

*Participating Organizations

- *9 to 5: National Association of Working Women
- *African-American Women's Clergy Association
- *Alexandria Commission for Women
- *American Association of University Women
- *American Medical Women's Association
- American Nurses Association
- *American Physical Therapy Association
- *American Women in Radio & TV
- *Association for Women in Science
- Betty Friedan
- *Black Women United for Action
- *Black Women's Agenda
- Business and Professional Women of the USA
- Catholics for a Free Choice
- *Center for the Advancement of Public Policy
- Center for the Early Childcare Work Force
- *Center for Policy Alternatives
- Center for Women Policy Studies
- Child Care Action Campaign
- *Choice USA
- *Church Women United
- *Clearinghouse on Women's Issues
- *Coalition of Labor Union Women
- Cornell University/Institute for Women & Work
- *Dialogue on Diversity Inc.
- Economists' Policy Group on Women's Issues
- *ERA Summit
- *Federally Employed Women
- *Feminist Majority
- Financial Women International
- *General Federation of Women's Clubs
- Girls Incorporated
- *HADASSAH
- Institute for Health & Aging/University of California
- *Institute for Women's Policy Research
- International Black Women's Wages for Housework Campaign
- International Wages for Housework Campaign
- Jewish Women International
- *Jewish Women's Coalition
- League of Women Voters
- MANA, A National Latina Organization
- *Ms. Foundation for Women
- *McAuley Institute/Women & Housing Task Force
- *Na'Amat USA
- *National Abortion Federation
- *National Alliance for Caregiving
- National Association for Female Executives
- *National Association of Commissions for Women
- *National Center on Women and Aging
- *National Committee on Pay Equity
- *National Council of Jewish Women
- *National Council of Negro Women
- National Council of Women of the U.S.
- National Hispana Leadership Institute
- *National Hook-up of Black Women, Inc.
- National Museum of Women's History, Inc.
- *National Organization for Women
- National Partnership for Women & Families
- National Political Congress of Black Women
- *National Woman's Party
- *National Women's Conference
- National Women's Hall of Fame
- National Women's Health Network
- National Women's Health Resource Center
- National Women's History Project
- *National Women's Law Center
- National Women's Political Caucus

*NAWE: Advancing Women in Higher Education

*NCA Union Retirees

NETWORK

New Ways to Work

*NOW Legal Defense and Education Fund

*Older Women's League

Organization of Chinese-American Women

Pamela Moffat

*Planned Parenthood Federation of America

*Public Leadership Education Network

*Radcliffe Public Policy Institute

*Religious Coalition for Reproductive Choice

Soroptimist International of the Americas

The National Association of Women Business Owners

*The National Foundation for Women Legislators

The White House Project

*The Woman Activist Fund, Inc.

*U.S. Committee for UNIFEM

*Washington Women's Television Network

*Wider Opportunities for Women

*Woman's National Democratic Club

Women Employed

Women Executives in State Government

*Women Leaders Online

Women of the West Museum

Women Work!

Women's Action Alliance, Inc.

*Women's Action for New Directions

*Women's Business Development Center

*Women's Campaign Fund

Women's Center for Ethics in Action

Women's Division, United Methodist Church

*Women's EDGE

Women's Environmental & Developmental Organization

Women's Foreign Policy Group

*Women's Institute for Freedom of the Press

Women's Institute for a Secure Retirement

*Women's International League for Peace and Freedom

Women's International Public Health Network

*Women's Policy, Inc.

*Women's Research and Education Institute

*YWCA of the USA

Women's Equality Summit and Congressional Action Day

~Presenters~

March 15, 1999

Hate Crimes

Juley Fulcher
Sammie Moshenberg
Jan Erickson
Pam Coukos

National Coalition Against Domestic Violence
National Council of Jewish Women
National Organization for Women
National Task Force on Violence Against Women

Family Planning

Marilyn Keefe

Terri McCullough

Jackie Lendsey

National Family Planning and Reproductive Health Association
National Abortion and Reproductive Rights Action League
Planned Parenthood Federation of America

Child Care

Roslyn Powell
Judy Applebaum/
Christina Farvida
Claudia Wayne
Faith Wohl

NOW Legal Defense and Education Fund

National Women's Law Center
Center for the Child Care Workforce
Child Care Action Campaign

CEDAW and Women in Afghanistan

Ellie Smeal
Pat Rengel
Kit Cosby/Dwight Bashir

The Feminist Majority
Amnesty International
Baha'i

Pay Equity

Susan Bianchi-Sand
Martha Burk
Christopher Turman

National Committee on Pay Equity
Center for the Advancement of Public Policy
Business and Professional Women of the USA

Social Security

Heidi Hartmann
Joan Entmacher
Deb Briceland-Betts
Nancy Zirkin
Cindy Hounsel

Institute for Women's Policy Research
National Women's Law Center
Older Women's League
American Association of University Women
Women's Institute for Freedom of the Press

KRC RESEARCH

Protecting Social Security

- 78% support President Clinton's proposal to transfer more than sixty percent of the budget surplus to the Social Security system over the next fifteen years (Los Angeles Times, January 1999)
- 71% say taking steps to secure the financial soundness of Social Security should be a top priority (Pew Research Center, January 1999)

Securing Affordable Child Care

- 89% believe that it is difficult for "most American families today to find affordable, high quality child care," and 57% believe this is extremely or very difficult (Louis Harris, January 1998)
- 79% support tax incentives that encourage businesses to provide child care (Center for Policy Alternatives, August 1996)

Improving Access to Health Care

- 79% agree that "too many Americans lack adequate health care coverage" (NBC/Wall Street Journal, June 1998)
- 92% favor making sure that all working families have health insurance, including 77% who strongly favor this (Louis Harris, March 1997)
- 50% believe the role of the government in shouldering health care costs should increase, compared to 22% who believe it should decrease (Wirthlin Worldwide, April 1998)

Supporting Fair Pay

- 94% of working women say that equal pay for equal work is a *very* important issue to them (AFL-CIO/Working Women's Department, August 1997)
- 82% of women and 70% of men believe that women get paid less than men who do the same kind of work (Center for Policy Alternatives, August 1996)
- 87% support "a law which requires that men and women be paid the same for the same work," including 61% who would strongly support such a law (National Committee on Pay Equity, 1992)

Ending Hate Violence

- 70% favor harsher penalties for hate-motivated crimes (Gallup, February 1999)
- 76% favor a federal law that would mandate increased penalties for hate crimes against homosexuals (Yankelovich Partners, October 1998)

Supporting U.N. Convention for the Elimination of All Forms of Discrimination Against Women

- 83% believe that "promoting and defending human rights in other countries" should be a priority for the United States, including one in four who believe this should be top priority (Pew Research Center, September 1997)
- 59% agree that the United States should cooperate fully with the United Nations, compared to 30% who disagree (Pew Research Center, September 1997)

A Division of BSMG WORLDWIDE

640 Fifth Avenue New York, NY 10019-6102 212-445-8300 Fax 212-445-8304
1501 M Street NW, Suite 600 Washington, DC 20005-1710 202-739-0200 Fax 202-659-8287

Prepared by Jennifer Sosin, Managing Director, KRC Research

NATIONAL COUNCIL OF WOMEN'S ORGANIZATIONS

C/O National Committee on Pay Equity

1126 16th Street, N.W. • Suite 411 • Washington, D.C. • 20036 • (202) 331-7343 • FAX (202) 331-7406

CAPITOL HILL VISIT REPORT FORM

Member of Congress: _____

Issue(s) discussed: _____

Met with: _____

What is the Member's position on the issues?

What are the Member's main concerns about the issue?

What is the Member of Congress hearing from constituents on the issue?

Suggestions and comments:

Report form submitted by: _____

Phone: _____ fax: _____

During the day, please bring this form to 122 Maryland Ave., NE (between the US Senate and the Supreme Court), or bring it with you to the Gloria Steinem reception at the Hyatt Hotel, 400 New Jersey Avenue, NW. If you cannot deliver your report, please mail it to Mulhauser and Associates, 1730 Rhode Island Avenue, NW, Suite 712, Washington, DC 20036, or fax to 202-463-0182.

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Lunch Suggestions on Capitol Hill

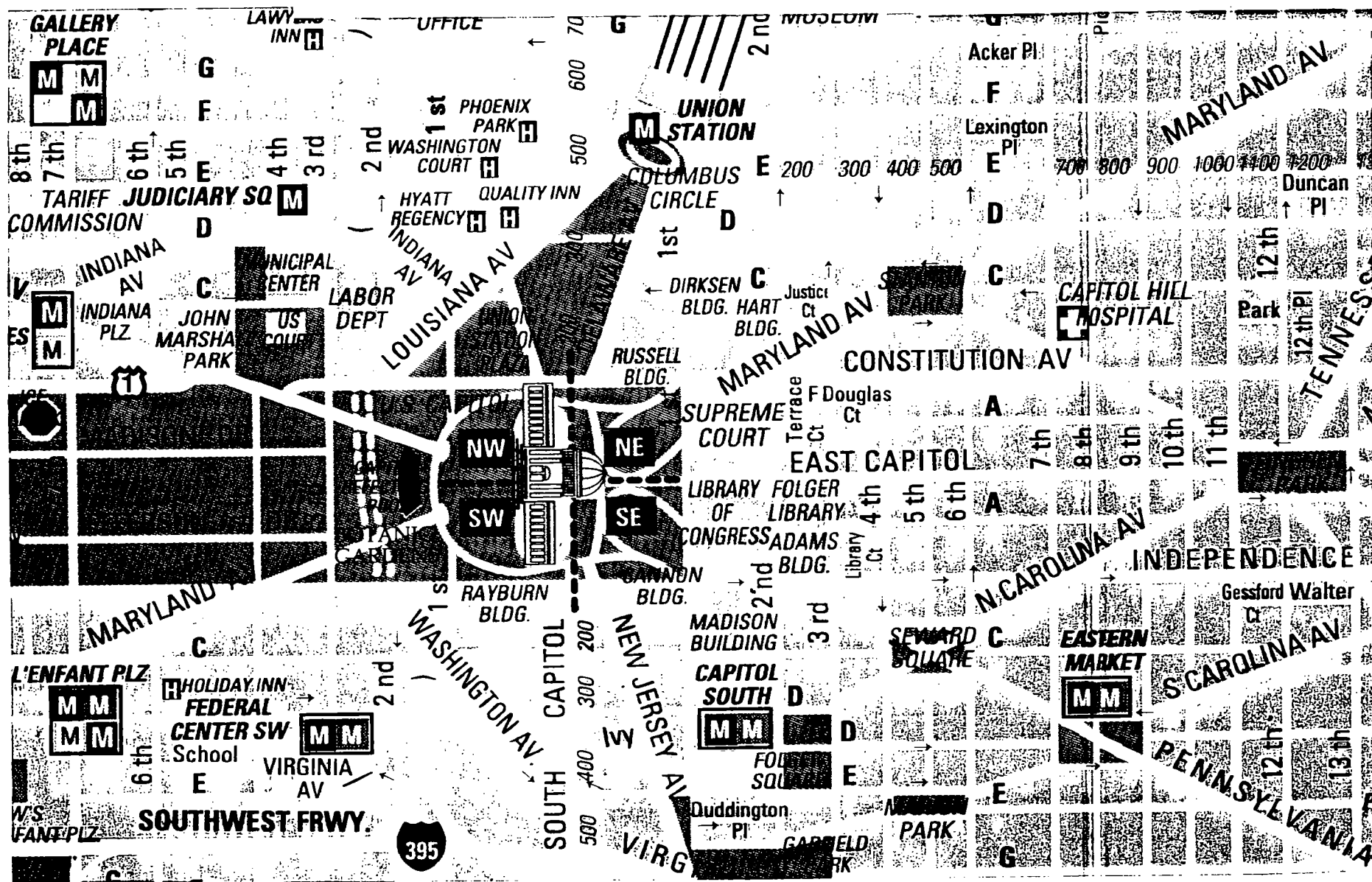
All the Senate and House Office Buildings have cafeterias. The Capitol Hill area has lots of restaurants to choose from and here are a few suggestions.

If you are on the Northeast side of the Capitol near the Senate buildings:

- Union Station has several restaurants to offer, ranging from a quick sandwich to fine dining. Union Station also has a food court located on the lower level.
- Armand's Pizza
226 Massachusetts Avenue, NE
(between Second and Third Streets)
- Capitol City Brewing Company
2 Massachusetts Ave., NE
(next to Union Station)
- Red River Grill
201 Massachusetts Avenue, NE
(near the intersection of Massachusetts Avenue and Second Street)

If you are on the South side of the Capitol near the House buildings:

- The 200 and 300 blocks of Pennsylvania Avenue, SE (between Second and Fourth Streets) have several restaurants.
- Bullfeathers
410 First Street, SE
(near the intersection of First and D Streets)
- Il Raddicchio
223 Pennsylvania Avenue, SE
(between Second and Third Streets)
- Tortilla Coast
400 First Street, SE
(near the intersection of First and D Streets)





NATIONAL WOMEN'S LAW CENTER

WOMEN'S STAKE IN IMPROVING THE AVAILABILITY, AFFORDABILITY, AND QUALITY OF CHILD CARE AND EARLY EDUCATION

The child care needs of American women and their families have increased dramatically in recent years, as women with children have entered the paid workforce in unprecedented numbers. *Seven out of ten American women with children under the age of 18 -- and nearly three out of four women with school-age children -- work in the paid labor force today*, representing a major societal change since the 1940's when fewer than one in five women with children worked outside the home. Working parents know that providing their children with a safe and nurturing child care environment can make an important contribution to their children's healthy development. Yet high-quality child care is too often unaffordable or simply not available; recent studies have shown that most child care and early education in the United States fails to provide developmentally appropriate activities, and in the most egregious cases, fails to maintain basic safety and sanitary standards. Women and their families thus have a tremendous stake in public policies that will help make high-quality child care available and affordable to those who need it.

Women have another interest in effective child care policies as well: as child care providers. The vast majority of child care providers in this country -- some 98% -- are women. These women are working in a demanding occupation, charged with providing loving care and a healthy learning environment for the children entrusted to them. Yet the compensation these teachers and care-givers receive -- between \$10,500 and \$14,800 per year, on average, often with no benefits -- shortchanges not only the workers but also the children in their care, because the lack of decent wages and career advancement opportunities in child care make it difficult to attract and retain trained, qualified care-givers.

Women thus have a profound and dual interest in the enactment of effective child care policies. As parents, they need access to high-quality child care that will help their children learn and grow. As providers of child care services, they need compensation, training and advancement opportunities that will reflect the value of their important work while enhancing their skills and the quality of the care they provide to our nation's children.

It is not surprising, then, that child care is high on the list of working women's concerns.¹

With the law on your side, great things are possible

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11-588-5180-21

I. WORKING FAMILIES AND THE NEED FOR CHILD CARE

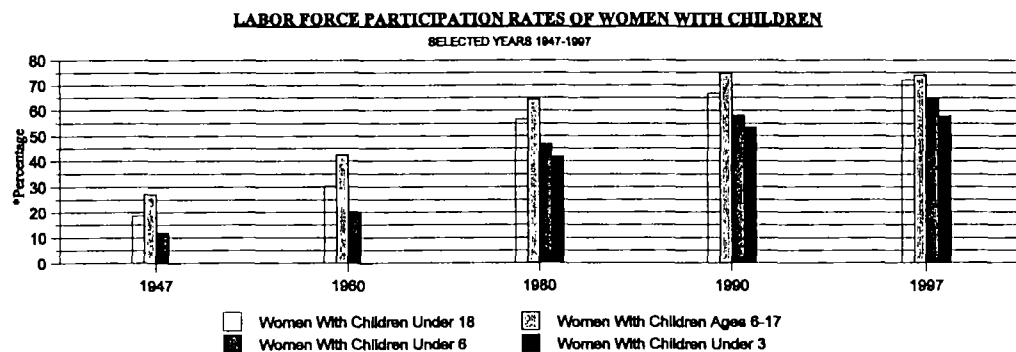
It is an undeniable fact of American life today that a large and steadily growing majority of women with children -- married and single, with children of all ages from pre-school to teens -- must look to child care to provide a safe and nurturing environment for their children during working hours. In addition, an increasing number of women with children are seeking a college education, and these women, too, need affordable, high-quality child care if they are to have access to the enhanced job prospects and increased earning power that a college degree can bring them.

The Reality of the Workforce

A large majority of American women with children work outside the home.

- Nearly 72% of American women with children under age 18, and 74% with children between the ages of 6 and 17, are in the paid labor force.²
- 65% of women with children under age 6 are in the paid labor force, and 58% of mothers with infants (under age 1) are either in the paid labor force or looking for paid employment.³
- 73% of all employed women with children under age 18, almost 70% of these women with children under age 6, and over 65% of these women with children under age 3 are working *full time*.⁴

Labor force participation rates for women reflect a steady and dramatic increase over the last 50 years.



Sources: 1. U.S. Bureau of Labor Statistics, *Current Population Survey*, 1997.

2. U.S. House of Representatives Committee on Ways and Means 1996 *Green Book*, Table 10-1.

- In 1947, at the end of World War II, only 19% of women with children under age 18 were in the paid labor force. By 1960, that number had jumped to nearly one-third, by 1980 it was over half, and by 1990 it was over two-thirds.⁵
- Similarly, in 1947, only 12% of women with children under age 6 were in the paid labor force; by 1960 that number had climbed to over 20%, by 1980 it was over 46%, and by 1990 it was over 58%.⁶
- As women have moved into the labor force in greater numbers, they have increasingly taken jobs that are both full time and year round, partly due to economic necessity and partly due to their movement into traditionally male-dominated occupations that require full-time, year-round work.⁷

Mothers working outside the home today include married women as well as women who are sole heads of their households.

- In nearly 70% of married couples with children under age 18, the mother is in the paid labor force, and 70% of these women are working full time.⁸
- Over 70% of mothers who are sole heads of households with children under age 18 are in the paid labor force, and 80% of these women are working full time.⁹
- Today, only 23% of married-couple families with children under age 18, and only 25% of married couples with children under age 6, fit the traditional model of husband as sole breadwinner.¹⁰

Most women who work outside the home do so as a result of economic necessity.

- Some 10 million households with children -- almost 30% of all U.S. households with children -- are headed by women alone (women who are divorced, separated, widowed or never married).¹¹ These women must earn a living in order to feed, clothe, house and otherwise sustain themselves and their children.
- Child support alone does not enable these women to provide for their children, because so few child support orders are established or enforced, and when they are, the amount collected is generally insufficient to contribute significantly to meeting the demands of raising a child.¹²
- In a 1997 survey of working women, more than half of the married women respondents (52%) reported that they contribute half or more of their household income.¹³

A mother's income can often mean the difference to a family between living below the poverty line and living above it. A mother's income can also protect her against total economic dependency.

- One in five married women with children who do not work outside the home live in poverty, while only one in one hundred married women with children who work full-time live in poverty.¹⁴
- Some married women work in order to protect against complete financial dependence on a spouse and being left with no job skills and inadequate means of support in the event of divorce -- a concern that is well-founded, in light of the inadequacy of child support awards, as noted above.

Many Families Need Help Paying for Child Care

Working parents who rely on child care often have a hard time paying for it.

- For families with children between the ages of three and five, at all income levels, child care and early education is the third greatest expense after housing and food.¹⁵
- Nationally, child care consumes between 6% and 25% of a family's income.¹⁶ However, one study of child care prices in six cities found that, for a minimum-wage worker, the average cost of care for an infant in a child care center would be at least 50% of the family's annual income.¹⁷
- The cost of child care today can range from \$4,000 to \$10,000 annually.¹⁸ Yet about half of families with young children earn less than \$40,000 a year,¹⁹ and single mothers with children earn even less -- in 1997, the median income of families with children headed by a woman was \$17,256, 40% less than the median income of families with children headed by a man (\$28,668) and more than two-thirds less than the median income of married couples with children (\$54,395).²⁰
- The following are *average* annual child care costs for *one* 4-year old child in a child care center in selected cities:

Atlanta: \$4,990	Columbus: \$4,940	Kansas City: \$5,200	Raleigh: \$5,070
Boston: \$7,900	Denver: \$4,580	Los Angeles: \$4,630	Seattle: \$6,140 ²¹

Many low-income families who are eligible for child care and early education assistance never receive it.

- The Head Start Program (a comprehensive child development program designed to help low-income children enter school ready to learn and succeed) currently serves more than 800,000 low-income children and their families.²² However, due to limited funding, the program still serves only 40% of all eligible children.²³
- The Child Care and Development Block Grant allows states to help pay for child care for families with incomes up to 85% of state median income. However, all but four states disqualify families for help before they reach this federally authorized level.²⁴
- In some states, the income eligibility cutoffs are so low that only the poorest of the working poor can qualify. For example, in West Virginia, the cut-off is at \$15,000 per year for a family of three (barely above the 1997 federal poverty level of \$13,330), while Iowa and South Carolina cut off eligibility at \$16,700.²⁵
- As of January 1998, about half the states had to turn away eligible low-income working families or put them on a waiting list due to inadequate funds. In California, over 200,000 families – mostly non-welfare, low-income workers – are on the child care subsidy waiting list.²⁶
- A 1998 Children's Defense Fund study confirms that inadequate federal and state funding prevents at least nine out of ten eligible children in low-income working families from getting the child care assistance they need.²⁷

Child care subsidies are often too low to meet the needs of working families.

- In some cases, the amount the state will pay for care is so low that parents cannot find qualified providers who can afford to serve their children.²⁸ Delaware, for example, pays a maximum child care subsidy for a four-year-old in a child care center that is \$200 per month less than the amount needed to allow parents to access care from three-quarters of Delaware providers.²⁹
- In other cases parents have to pay so much in parent fees or co-payments that child care expenses remain a staggering financial burden.³⁰ In South Dakota, for example, a parent earning \$1,670 per month must contribute \$500 per month (30% of the family's income) in order to get a child care subsidy.³¹

Families are required to pay the lion's share of the cost of child care and early education, with very little help from the government, in contrast to government support for higher education.

- Families pay roughly 60% of total annual estimated expenditures for child care and early education, while families pay only about 23% of the cost of a public higher education.³² The total government resources for higher education far exceed those for child care and early education, amounting to about \$4,552 for every postsecondary student compared to \$1,395 for every child under age six in child care.³³ This disparity in government support is compounded by the fact that families are usually better off financially by the time their children enter college than they are when their children are younger and in need of child care.³⁴
- Just as there is ample evidence that a college education results in economic and other benefits to graduates, researchers have found that seven dollars in public expenditures is saved for every dollar spent for quality child care and early childhood education.³⁵

High-Quality Child Care and After-School Programs are Often Unavailable

Working parents need access not just to affordable child care, but to a child care setting that is safe and nurturing and will contribute to their children's healthy development and education.

- Research on early brain development and school readiness demonstrates that the experiences children have and the attachments they form in the first three years of life have a decisive, long-lasting impact on their later development and learning.³⁶
- Recent breakthroughs in neuroscience show that early interactions directly affect the way the brain is "wired".³⁷ Brain development is non-linear: there are prime times for acquiring different kinds of knowledge and skills.³⁸ By age two, a child's brain contains twice as many synapses and consumes twice as much energy as the brain of an adult.³⁹
- The quality of child care has a lasting impact on children's emotional well-being, social skills and ability to learn.⁴⁰ Children in poor-quality child care have been found to be delayed in language and reading skills, and display more aggression toward other children and adults.⁴¹

- Children in higher-quality preschool classrooms display greater receptive language ability and pre-math skills, view their child care and themselves more positively, have warmer relationships with their teachers, and have more advanced social skills than those in lower-quality classrooms.⁴² In addition, higher-quality programs can lead to children's long-term success, including better school achievement, higher earnings as adults, and decreased involvement with the criminal justice system.⁴³
- Many young children are being cared for in settings in which books and toys required for physical and intellectual growth are missing; warm, supportive relationships with adults are lacking; and in some cases, basic sanitary conditions are not met and safety problems are endangering infants.⁴⁴

Constructive activities school-age children and youth are critical to their development and to help keep them out of trouble.

- It is estimated that nearly five million children are left unsupervised after school each week, and many children are in settings that do not help them grow and learn because there are no constructive activities to promote their physical and intellectual development.⁴⁵ The problem is most acute in low-income communities, where fewer before- and after-school programs are offered.⁴⁶
- Studies have indicated that school-age children who are left alone after school are at greater risk of truancy, risk-taking behavior, substance abuse, poor grades, and stress.⁴⁷ FBI data show that violent juvenile crime triples in the hour after the school bell rings with nearly half occurring between 2 p.m. and 8 p.m.⁴⁸
- In a recent survey, 92% of police chiefs nationwide identified an increased government investment in programs like child care and after-school programs as the most effective anti-crime weapon by a four-to-one margin over trying more juveniles as adults or even hiring additional police officers.⁴⁹

II. THE EARLY CHILDHOOD WORKFORCE: WOMEN AS CHILD CARE PROVIDERS

The vast majority of child care providers in this country are women.

- The child care workforce is 98% female, and one-third women of color.⁵⁰
- These women -- approximately 2.3 million early childhood teachers and teachers' assistants, family child care providers, and in-home providers⁵¹ -- carry the responsibility of providing a safe, nurturing, and stimulating setting for the children

entrusted to them each day. The services these women provide can have a critical impact on the successful development of the children in their care.

In light of their tremendous responsibility, child care workers are shockingly under-compensated.

- The U.S. Department of Labor reports that, in 1997, the median weekly salary for a family child care provider was \$202 per week, which is \$10,504 annually, based on 52 weeks of wages.⁵² *This is below the poverty threshold* for a household that includes one parent and one child.⁵³
- For an early childhood teaching assistant, the median weekly salary was \$239 per week, or \$12,428 annually, and for a worker in a child care center it was \$285 per week, or \$14,820 annually.⁵⁴
- Child care workers thus earn far less than the median earnings for all workers (\$26,156 in 1997), and less than the median earnings for bus drivers (\$21,060), janitors (\$16,276), or bartenders (\$16,024).⁵⁵
- Many child care workers receive little if anything in benefits from their employers. Even among child care centers, the availability of health care coverage for staff workers remains woefully inadequate.⁵⁶

Many child care workers cannot afford to stay in the system.

- *In order to support themselves, many child care workers are forced to hold second jobs, live with their parents, rely on a second income, or forgo health insurance and medical care.*
- As a result, many do not stay long in child care: 31% of all teaching staff leave their child care centers each year.⁵⁷

This system is shortchanging not only the providers, but the children as well.

- The compensation of child care staff is clearly linked to the quality of care and education children receive. According to one study, “teachers’ wages, their education and specialized training were the most important characteristics that distinguish poor, mediocre, and good-quality centers.”⁵⁸
- Another study identified staff wages as the most important predictor of the quality of care children receive: better quality centers paid higher wages, hired teachers with more education and training, and experienced lower staff turnover.⁵⁹
- Reducing turnover is critical, because the stability of the relationship between the child and the care-giver is important to the child’s social development.⁶⁰ For

example, the U.S. Department of Defense, in its Military Child Development System, ties wages and advancement for its child care workers to training and education, and in so doing has significantly reduced turnover and thereby improved the morale and motivation of care givers and the quality of care.

III. SOLUTIONS: CRITICAL COMPONENTS OF AN EFFECTIVE CHILD CARE POLICY

An effective child care initiative must ensure that all families have access to affordable, high-quality child care for infants and toddlers as well as school-age children. It must include the following components.

(1) Help Working Families Pay for Child Care

Without assistance, the cost of decent child care is beyond the reach of many low- and moderate-income families. To help these families with their child care expenses:

- The Child Care and Development Block Grant should be substantially expanded to enable states to better serve eligible families; and
- The Dependent Care Tax Credit should be improved to better meet the needs of families, by making the credit refundable, adjusting the sliding scale of percentages of eligible expenses that can be claimed, and raising the limits on eligible expenses.

(2) Protect the Health and Safety of Children by Improving the Quality of their Care and Education

A stronger child care infrastructure must be created, through funds to states for:

- Improved licensing standards and enforcement, including sufficient staff to adequately monitor and inspect programs to reduce the risk of harm;
- Increased reimbursement for programs meeting high-quality standards;
- Policies to improve staff compensation and benefits in order to attract qualified staff and reduce staff turnover;
- Scholarships for care-givers pursuing a degree in early childhood education;

- Statewide staff development systems and policies that help to improve training for staff;
- Targeted funding to enable child care and early education programs to offer comprehensive services through linkages and support from health, social services, and mental health systems;
- Improved consumer education efforts, including the expansion of local resource and referral programs; and
- Support to child care and early education programs to use technology, such as long-distance learning, more effectively.

(3) Expand Good Care for Infants and Toddlers

Substantial funding should be made available for states to strengthen and enrich programs serving very young children, as well as increase support to parents of young children and other care-givers. Specifically, funds should be available for activities such as:

- Operating family child care networks that serve infants and toddlers;
- Expanding the supply of infant and toddler care, especially for care that is in short supply;
- Supporting initiatives to increase the compensation of care-givers caring for very young children;
- Providing specialized training for care-givers working with infants and toddlers;
- Expanding resource and referral programs;
- Assisting programs serving young children in becoming accredited;
- Helping child care programs serving young children to link with other essential services in the community;
- Providing parenting education and support programs;
- In addition, the Family and Medical Leave Act should be expanded to cover more workplaces and employees, and to provide leave for a broader range of family needs. Strong family leave policies are critical, as they enable working parents to stay home during the critical early months of a child's life or when a child is seriously ill, and to play an active role in their children's early development.

(4) Keep Children and Youth Safe and Productive through Better Use of Out-of-School Time (School-Age Care)

- Sufficient funds must be made available to local communities to support before- and after-school, summer, and weekend activities for more children and youth. These activities should be available in a range of settings, including schools, child care settings, homes, and community and youth centers. Resources should be used to start, operate, and expand programs; support staff training and professional development, accreditation, and program assessment and improvement; and facilitate coordination that can make the most of public and private resources.

(5) Continue Support for Head Start and the Child and Adult Care Food Program

- Head Start is an essential component of any initiative to strengthen families' access to strong early learning experiences. The Head Start program should continue on its path toward serving all eligible children. It should also recognize the growing need to reach younger children by expanding funds available for Early Head Start.
- The Child and Adult Care Food Program (CACFP) should allow for-profit child care centers serving low-income children to participate in CACFP, and restore the option of a fourth meal or snack for children spending extended hours in child care centers and family child care homes.

The National Women's Law Center is a non-profit organization that has been working since 1972 to advance and protect women's legal rights. The Center focuses on major policy areas of importance to women and their families including child and adult care, child support, employment, education, reproductive rights and health, public assistance, tax reform, and social security— with special attention given to the concerns of low-income women.

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Current Data on Child Care Salaries and Benefits in the United States

March 1998



Center for the
Child Care Workforce

This report presents the most recent salary and benefits data available for the U.S. child care workforce. Although such data are not collected comprehensively or consistently across the country, certain types of occupational information are collected by the federal Bureau of Labor Statistics (BLS), and a number of independent child care salary and benefits studies have been conducted in recent years at the regional, state and local levels.

Center-based child care staff are described by the BLS's Occupational Employment Statistics Survey either as preschool teachers or as child care workers.¹ A "preschool teacher" is defined in this survey as a person who instructs children (normally up to five years of age), in a preschool program, day care center or other child development facility, in activities designed to promote social, physical and intellectual growth in preparation for elementary school. A "child care worker," on the other hand, is defined as a person who performs such duties as dressing, feeding, bathing and overseeing play. Unfortunately, these categories create a misleading division of the child care workforce, when in fact most teaching staff, regardless of title, take part both in promoting intellectual growth and in the caretaking duties described above.

The BLS also aggregates child care data across program types and regions, making it

impossible to study variations among such sectors of the child care field as for-profit and nonprofit centers, infant and school-age programs, or licensed and unlicensed family child care. This compendium, therefore, represents the best information available at the present time, but also points to the need for more consistent, reliable and comprehensive data collection about the child care workforce.

Much additional data have also been collected by the Center for the Child Care Workforce (CCW) and other organizations in a variety of states and communities, and these studies are referenced in the Appendices to this report. A number of these studies *do* compile data on the variations noted above among workers and sectors in the field. Appendix 1 presents compensation and turnover data collected in various states during or after 1995, and Appendix 2 contains a resource list of studies conducted prior to 1995 in those states which have not updated their data more recently. Less information is available, unfortunately, about family child care providers than about child care center employees. Only four states have documented family child care provider earnings.

Appendix 1 describes the average wages of "teachers" and "assistant teachers" (called assistants here), as documented in recent studies. Teachers are defined as those who have primary responsibility for a classroom or group of children, and who are often

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¹The BLS collects child care workforce data through numerous surveys in addition to the OES survey and uses such occupational titles for child care center employees as aides, child care assistants, day care assistants, teacher assistants, child care attendants, day care attendants, and early childhood teacher assistants. The OES definitions and data are used in this report instead of other surveys because these other titles are not mutually exclusive and are not used consistently across states.

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NEWS AND ISSUES FOR THE
CHILD CARE WORKFORCE



CENTER FOR THE
CHILD CARE WORKFORCE

CCW Launches 21st Anniversary, in a Year of Highs and Lows for the Child Care Workforce

In the past year, compensation and other child care workforce issues seem to have "come of age" as a mainstream social policy concern, with far more discussion taking place in Washington, in state and local governments, and in the child care advocacy community. For the Center for the Child Care Workforce, 1998 was also a "coming of age" year of celebration, reflection and renewal of commitment. At the recent NAEYC con-

ference in Toronto, we launched our 21st anniversary year with a party hosted in our honor by colleagues, board members, contributors and friends in the child care community. And after twenty years of persistent effort since we began in 1978 as the Child Care Employee Project, it is gratifying to know that our message is being heard and embraced much more widely, and our guiding issues are "on the table."

Special thanks from all of us at the Center for the Child Care Workforce to **Diane Trister Dodge, Larry Bram**, and all the **staff of Teaching Strategies, Inc.**, for hosting a wonderful celebration, launching CCW's 21st "coming of age" anniversary year at the NAEYC conference in Toronto in November. We were very touched by their warmth and generosity, and we were proud to be sharing the event with Teaching Strategies' own 10th anniversary and with honoring child care advocate **Joan Lombardi**—CCW's first "Washington liaison" staff member in years past.

Our thanks also to the following anniversary event sponsors, whose contributions will support teacher/provider scholarships for CCW's new annual Leadership Institute: **Maddie Axelrod, Chicago Metro AEYC Accreditation Project, Child Care Information Exchange, Gryphon House, Inc., J.L. Hammett Co., Judy R. Jablon, Kaplan Companies, LEGO Dacta, Redleaf Press, Scholastic, Inc., Early Childhood, School-Age NOTES, and Tucker, Flyer & Lewis.**

But 1998 was also a year of political uncertainty and fluctuating hopes. When the year began, hopes were quite high: an energized White House was ready to move on a major child care policy proposal, and CCW staff, as participants in the White House Conference on Child Care and on Treasury Secretary Rubin's Working Group on Child Care, played central roles in the discussion. As new money was infused into the states' child care systems, largely through welfare reform, compensation issues became central to policy discussions. The discussion was also strengthened by the April release of new data from our National Child Care Staffing Study (see page 11), showing that child care wages have stayed stagnant over the past decade, and turnover unacceptably high—despite a major invest-

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CARES Bill

Compensation and Recognition Enhances Stability

The CARES bill would establish the Child Development Corps, a pilot program in a limited number of sites, to build and reward a skilled and stable child care workforce. Members of the Child Development Corps will receive, in addition to their salaries, monetary rewards ranging from \$500 to \$6,000 per year, depending on their education and experience. The program shall be funded in the amount of \$350,000,000.

Child Development Corps

Center-based child care staff, licensed family child care providers and license-exempt child care can join the Corps and be eligible for a stipend if they have:

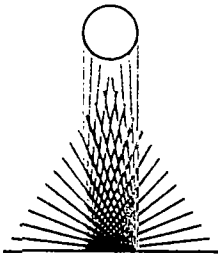
- Achieved certain educational levels as stipulated below;
- Completed a minimum of 20 hours of on-going professional development training during each calendar year;
- Participated in two Child Development Corps meetings annually; and
- Worked in a child care program on a full-time basis as defined by the program in the preceding year.

Stipends range from \$500 to \$6,000 a year depending on the Level for which a member is eligible. In addition to the general Corps requirements:

- Level One shall be paid an annual stipend of \$500.
To qualify for this stipend a member of the Child Development Corps must have met their state's pre-service and on-going educational requirements for the position which they hold.
- Level Two shall be paid an annual stipend of \$1,500.
To qualify for this stipend a member of the Child Development Corps must have acquired a CDA or, if a family child care provider, their program has been accredited by a nationally recognized accrediting body.
- Level Three shall be paid an annual stipend of \$2,000 or \$2,500.
To qualify for a \$2,000 stipend a member of the Child Development Corps must have acquired an Associate of Arts degree. The Child Development Corps member will qualify for a \$2,500 stipend if the Associate of Arts degree is in Early Child Development or a related field.
- Level Four shall be paid an annual stipend of \$5,000 or \$6,000.
To qualify for a \$5,000 stipend a member of the Child Development Corps must have acquired a Bachelor of Arts degree. The Child Development Corps member will qualify for a \$6,000 stipend if the Bachelor of Arts degree is in Early Child Development or a related field.

Stipends can be paid either directly as a salary supplement or as a contribution to a retirement fund.

A version of this bill is expected to be introduced by Senator Kennedy in the near future.



December 1998

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CHILD CARE: TALKING POINTS FOR WELFARE REFORM

The Personal Responsibility and Work Reconciliation Act of 1996 (PRA) has created a tremendous demand for child care by requiring parents receiving public assistance to work outside the home. Under the PRA, Congress mandated that states impose work requirements on single parent families with young children who receive cash assistance through the Temporary Assistance to Needy Families program, the program that replaced Aid to Families with Dependent Children (AFDC). At the same time, Congress eliminated provisions that guaranteed child care for parents who needed it to participate in work activities. Thus, as a result of welfare reform, thousands of parents are now required to work, but have no assurances that they will be able to pay for or will even have access to child care. Adequate child care is obviously essential for any parent to work, and poor single parents must have access to this necessity in order to work outside the home either to support their families or in exchange for public assistance.

Child care obligations and a lack of available child care are a major obstacle to poor women's participation in the labor force.

- The presence of young children is the most important factor in reducing the likelihood of a low-income single mother's employment.¹
- Sixty percent of single mothers surveyed cite "unavailability of affordable child care as a barrier to work."² A study of Latina mothers in Southern California found that over 60 percent had lost a job or could not work because they were unable to find child care.³
- Estimates suggest that between 10 to 20 percent of nonemployed mothers of young children do not seek employment due to child care availability and cost issues.⁴ Additionally, about 20 to 25 percent of employed mothers would work more hours if child care were not an issue.⁵ In one study of welfare recipients, 60 percent reported that unavailability of child care kept them from participating in work programs.⁶
- The Illinois Department of Public Aid found that while half of single parents in AFDC families held jobs that required some evening and weekend work, only 8 percent of surveyed child care facilities offered evening care and only 3 percent offered weekend care.⁷

The federal government is not adequately addressing these problems, and indeed may be making them worse under welfare reform.

- Prior to welfare reform there were three federally funded child care entitlement programs. These programs served families on welfare, those transitioning off welfare and families at risk of receiving welfare. Under welfare reform, the entitlement to child care has been eliminated, and states have been given greater discretion in allocating child care funds, all of which have been moved into the Child Care and Development Fund.⁸
- Of the 1.5 million children in federally subsidized care in the United States, about two-thirds are from working poor families and one-third are from families on welfare.⁹ But under the PRA, states have a financial incentive to make welfare recipients the first priority for child care assistance.¹⁰ As a result child care assistance to working poor families may be diminished or may completely disappear.¹¹
- The PRA allocates 16 billion dollars over five years for child care. The Congressional Budget Office recognizes this amount is inadequate to cover the cost of child care services needed if states are to meet their goals of moving welfare recipients to work.¹²
- Past experience with federal subsidies for child care for welfare recipients moving to work shows that recipients are often not notified of such benefits.¹³ A 1995 study found that in the Georgia counties studied only about one-third of eligible families used the subsidies, largely due to lapses in the way the system was being administered.¹⁴

States are experiencing a host of problems in providing child care services.

- Wisconsin's welfare to work program has experienced major problems providing child care.¹⁵ For example, in Milwaukee County upward of 60 percent of cases in the first six months of the program experienced significant problems related to child care. Many problems were caused by bureaucratic glitches that left many child care providers unpaid, which in turn caused children to lose their placements and parents' their ability to work.¹⁶
- Every day a welfare recipient is unable to work brings her closer to exhausting her lifetime limit. In Pennsylvania, almost 20 months after work requirements took effect, many parents are losing ground as shortcomings in the provision of child care prevent them from obtaining and keeping work.¹⁷ The child care reform necessary to meet the needs of poor families in Pennsylvania as a result of welfare to work is so behind schedule that the state's Auditor General announced that a performance audit would be conducted.¹⁸
- In California's Los Angeles County, a host of problems plague the system that is supposed to deliver child care services to recipients of public assistance. Problems include uninformed and misinformed caseworkers, poor communication between government agencies and child care providers, and delays in many aspects of implementing the system, including securing child care when a parent gets a job and reimbursing child care providers.¹⁹

- In New York City, regulated child care facilities are able to provide for less than seven percent of infants and toddlers needing care.²⁰ Waiting lists for subsidized care are in the thousands, and women on welfare often are not told of their child care options or that child care subsidies exist.²¹

What Can Advocates Do?

Since access to child care is crucial if parents receiving public assistance are to make a successful transition from welfare to work, it is critical that advocates work to ensure that poor families have access to child care. For example, advocates should inform parents about the child care protections still available to them and make sure that these protections are enforced, and encourage states to institute policies that adequately address the child care needs of poor families.

Specifically, advocates should take steps to:

- Provide public education so that parents on welfare know that under the law many of them cannot be forced to participate in work activities if they do not have access to appropriate child care.
- Encourage states to: (a) take full advantage of federal law by making families earning up to 85% of the State Median Income eligible for child care assistance; (b) conduct market surveys as required by federal law; and (c) limit co-payment requirements especially for very low-income families.
- Ensure that states fulfill their obligation of informing eligible families of the availability of child care subsidies and of the nature and extent of available child care assistance.

Advocates should also support policies that:

- Increase the availability of child care for all children who need it, particularly infant care, care for children with special needs and off-hours care for women working at night and on weekends.
- Ensure that each state has sufficient funds to provide child care subsidies to families receiving welfare, families transitioning from welfare to work and families at risk of needing public assistance.
- Provide child care subsidies that are high enough to provide quality care for all children.

For more information contact Sherry Leiwant or Roslyn Powell at NOW Legal Defense and Education Fund at (212) 925-6635.

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12. Sonya Michel, *Child care and Welfare (In)Justice*, 24 Feminist Studies 1, 50 (Spring 1998).
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19. Carla Rivera, *Falling Through the Cracks in New Child-Care System*, L.A. TIMES, Sept. 7, 1998, at B1.
20. Child Care Action Campaign, *Child Care For Infants and Toddlers and during Non-traditional Hours*, at 3 (1997).
21. *See generally* Mark Green, Public Advocate for the City of New York, *Welfare and Child Care: What About the Children?* (1997).

NATIONAL WORKING GROUP ON CHILD CARE AND DOMESTIC VIOLENCE

c/o NOW Legal Defense & Education Fund 395 Hudson Street, New York, NY 10014 (212) 925-6635 Fax (212) 226-1066

WHAT CHILD CARE PROVIDERS NEED TO KNOW ABOUT DOMESTIC VIOLENCE

In recent years, there has been growing recognition of the pervasiveness of domestic violence in American society. A recent Justice Department study found that each year from 1992 to 1996 an average of approximately 960,000 women experienced violent crime (including murder, rape, robbery and assault) at the hands of a current or former spouse or intimate partner.¹ An even larger number of women do not report physical abuse or other forms of domestic violence such as psychological abuse, verbal attacks or intimidating patterns of power and control. In addition, the children of abused women, whether or not they are actually targets of abuse, are also adversely affected by domestic violence. Consider these findings:

- Slightly more than half of female victims of domestic violence live in households with children under the age of 12.²
- Studies have found that child abuse occurs in 25% to 70% of families that experience domestic violence.³
- Reports by battered mothers indicate that 87% of their children witness domestic violence.⁴

Given the prevalence of domestic violence in our society, there is a good chance that many young children in child care or in need of child care are survivors of domestic violence. These survivors, like their mothers, require assistance from a host of resources, including child care providers, if they are to succeed in escaping or ending the violence. Access to safe, affordable and quality child care will not only allow women to achieve economic self-sufficiency and escape the violence, but also provide their children with the support they need in a stable, non-violent atmosphere.

What Are the Special Child Care Needs of Child and Adult Survivors of Domestic Violence?

For a child, living in a household with domestic violence is a very frightening and stressful experience. Exposure to domestic violence often interferes with a child's emotional, psychological, academic and physical development. It is critical for child care providers to be able to recognize the signs of domestic violence in children, and to learn how to address their needs. The following are some of the common emotional, cognitive and behavioral problems experienced by children who live with domestic violence:

- *Preschoolers*: excessive crying, loss of bladder/bowel control, fear of strangers, confusion, irritability, developmental difficulties, panic, nightmares and age-inappropriate attachment.
- *Grade School-age children*: guilt, depression, anxiety, poor school performance, psychosomatic complaints, aggression and social withdrawal.
- *Adolescents*: headaches, aggressive behavior, poor academic performance, anti-social behavior, truancy, involvement in violent dating relationships, isolation, guilt, low-self esteem and anxiety.

Like their children, many women victimized by domestic violence have complex emotional and psychological manifestations of the abuse, such as depression, anxiety and low self-esteem. In addition, the lives of women

trying to escape from abusive relationships can be chaotic. They often must deal with the family and criminal court systems, secure emergency housing and maneuver within the maze of social services agencies to meet their needs and the needs of their children. Because self-sufficiency is often essential to end abuse, many women escaping domestic violence also must struggle to gain or maintain financial independence. However, their efforts are often thwarted by batterers who interfere with their victims' work lives or disrupt child care environments causing children to lose their placements.

It is important that child care providers are sensitive and responsive to the circumstances of domestic violence victims. Education and awareness about the signs of domestic violence in children will allow child care providers to work effectively with the children in their care, be as flexible as possible, understand the source of disruptions in normal activities such as arrival and departure times, and not allow the deliberate actions of a batterer to be the basis for denying child care.

Supportive Child Care Services Targeted to Domestic Violence Survivors Are Needed Throughout the U.S.

The families whose lives are scarred by violence face a scarcity of safe, appropriate child care in virtually every community. Child care providers can help by learning more about domestic violence and creating a supportive environment for children and adults exposed to domestic violence by:

- Attending classes or training sessions on domestic violence.
- Making information about local domestic violence resources available to clients at child care centers.
- Establishing linkages with local domestic violence service providers.
- Maintaining confidentiality if a parent discloses that she is a victim of domestic violence.
- Developing security measures to ensure the safety of all children and staff at child care centers.

For a list of resources on child care and domestic violence, contact Roslyn Powell at NOW Legal Defense and Education Fund, 99 Hudson Street, New York, NY 10013, (212) 925-6635.

For general information, training materials and publications on either domestic violence or child care, contact:

*The National Resource Center
on Domestic Violence
6400 Flank Drive - Suite 1300
Harrisburg, PA 17112
(800) 537-2238/(717) 545-6400*

*The National Coalition Against
Domestic Violence
P.O. Box 18749 Denver, CO 80218
Denver, CO 80218
(303) 839-1852*

*National Association of Child Care
Resource and Referral Agencies
1319 F Street NW - Suite 810
Washington, DC 20004
(202) 393-5501*

*For emergency domestic violence assistance,
call the National Domestic Violence Hotline at (800) 799-SAFE (7233).*

Endnotes are available upon request.

September 1998

This information was prepared by NOW Legal Defense and Education Fund and Victim Services, in conjunction with Sanctuary for Families.

WORKING FAMILIES NEED ACCESS TO AFFORDABLE, QUALITY CHILD CARE RIGHT NOW!

The need for quality full-time child care and after-school programs is a daily concern for millions of American working parents. Quality child care and constructive after-school programs are too often unaffordable or simply not available. Congress and the Clinton Administration must join together this year to pass legislation to ensure that all working families have access to affordable quality care.

The child care needs of American women and their families have increased dramatically now that the majority of women with children are in the paid labor force. According to the Department of Labor, over 70% of all women with children under 18 work outside the home. Every day 13 million preschoolers -- including 6 million infants and toddlers -- are in child care, and millions more school-age children are in after-school programs and summer activities. Because the majority of working women need to work in order to support their families, access to affordable child care is essential. Without it, women risk unplanned disruptions in their employment which can affect job performance, restrict opportunities for their advancement in the workforce and result in lower wages or even job loss.

Working families with children are faced with high child care costs that consume a significant portion of their household budgets. For families with children between the ages of 3 and 5 at all income levels, child care is the third greatest expense after housing and food. Full-day child care easily costs \$4,000 to \$10,000 per year -- at least as much as college tuition at a public university. Even though subsidies are available for low-income families, funds are severely limited. Currently, no state can afford to serve all families eligible under federal guidelines. Indeed, only 1 in 10 eligible children who need help are getting assistance, and often the subsidies available are not enough to pay for quality care.

Many working parents in the United States are forced to rely on low quality child care arrangements. Although recent studies reveal that the early years of a child's life are critical to intellectual development and academic success, high quality care is in short supply. The quality of child care has a lasting impact on children's well-being and ability to learn. Children in poor quality care have been found to be delayed in language and reading skills, and display more aggression toward other children and adults. A recent study has found that about half of the child care provided for the youngest children in the United States can be considered only fair in quality.

Supporting child care workers is key to providing quality child care. Quality child care is hard to find in a marketplace where child care workers (98% of whom are female, and one third of whom are women of color) earn exceptionally low wages. Child care workers earn an average of only \$11,780 per year, and preschool teachers have an average annual salary of just \$15,580. Due in part to low wages and the lack of benefits, there is a high turnover rate among child care workers. This high turnover rate can undermine the strength of relationships between children and their providers, resulting in unreliable, low-quality care.

Although there are many problems with child care in the United States, they are not insurmountable. They can be overcome once Congress and the Clinton Administration make the enactment of significant child care legislation a national priority. Only then will American families have a chance at having access to affordable, quality child care.

This information was prepared by NOW Legal Defense and Education Fund, 395 Hudson Street, 5th Floor, New York, NY 10014 and the National Women's Law Center, 11 Dupont Circle NW, Suite 800, Washington, D.C. 20036, in conjunction with the Children's Defense Fund, 25 E Street NW, Washington, D.C. 20001.

WHAT CONGRESS MUST DO TO MAKE AFFORDABLE, QUALITY CHILD CARE AVAILABLE FOR ALL AMERICAN FAMILIES

This nation can and must do more to ensure that all families have access to safe, affordable child care and constructive programs for school-age children. At a time when the overwhelming majority of women with children work outside the home, Congress must make a major investment in improving the availability, quality and affordability of child care.

IN 1999, MEMBERS OF CONGRESS WHO ARE SERIOUS ABOUT THIS ISSUE MUST MAKE A COMMITMENT TO THE FOLLOWING:

A SIGNIFICANT INCREASE IN THE CHILD CARE AND DEVELOPMENT BLOCK GRANT. The block grant provides states with funds to help working families pay for child care and improve child care quality. Currently, the block grant serves only one of 10 eligible children. A \$20 billion increase over 5 years would double the number of families receiving help. Additional funds should also be used to improve the quality of child care programs, particularly for infant and toddlers and enhance the compensation and training of child care providers.

INVESTMENTS IN EARLY LEARNING. Early learning is vital to ensuring that children enter school ready to learn and succeed. Congress should support \$3 billion over five years for an Early Learning program focused on preschool children.

IMPROVEMENTS IN THE DEPENDENT CARE TAX CREDIT. The DCTC reduces taxes for employment-related dependent care expenses. To make the DCTC a more effective mechanism for helping families pay for child care, Congress should increase the amounts of the credits for lower and moderate income families and make it refundable so that families with no or low federal income tax liability can benefit from it.

INCREASED FUNDING FOR THE 21ST CENTURY LEARNING CENTERS. Nearly five million school-age children are home alone after school. A \$400 million increase in funding for this program in FY 2000 will allow communities to provide constructive before and after-school programs for school-age children which can help reduce truancy, substance abuse and other risk taking behavior.

LOAN FORGIVENESS FOR THE CHILD CARE WORKFORCE. Promoting the retention of good child care workers requires providing them with financial assistance. Congress can help by appropriating at least \$10 million to support loan forgiveness for individuals who earn a degree in early childhood education and work as child care providers.

CAMPUS-BASED CHILD CARE. On-site child care is very important in helping parents complete their education. Congress should support an increase to \$10 million for campus-based child care centers.

EXPANSION OF THE HEAD START PROGRAM. To ensure that more low income preschool children have access to this early education program, an additional \$607 million is needed to improve and expand Head Start.

EXPANSION OF THE FAMILY AND MEDICAL LEAVE ACT. The FMLA guarantees up to 12 weeks of unpaid leave to employees with a new child or a serious illness in the family, but it currently applies only to employers with 50 or more workers. By expanding the FMLA to employers with 25 or more employees and encouraging employers to give employees paid leave, more parents will be able to stay at home with their children during the critical early months of a child's life. This expansion would also alleviate problems in finding infant care which is in short supply.

ENCOURAGING PRIVATE SECTOR INVOLVEMENT. To encourage the private sector's role in the development of child care facilities and the provision of child care services, Congress should establish a capital financing program to provide capital assistance for the construction and renovation of child care facilities.

CO-SPONSORSHIP OF COMPREHENSIVE CHILD CARE AND EARLY EDUCATION LEGISLATION AND OTHER BILLS ADDRESSING ISSUES SUCH AS SUPPORT FOR THE CHILD CARE WORKFORCE. Several comprehensive child care bills have been or will be introduced, including the Child Development Act by Sen. Wellstone and the "ACCESS Act" sponsored by Sen. Dodd and others. Other bills that will focus on building and rewarding a skilled child care workforce, enhancing school readiness, and other issues, should also be supported.

Table 2b.
The Causes for the Changing Wage Gap, 1979-96
Decreasing Female-Male Gap in Median Annual Earnings

Year	% Point Change in Female/Male Wage Ratio	% Change in Women's Real Wages	% Change in Men's Real Wages	% Change in Gap Due to Rising Women's Real Wages	% Change in Gap Due to Falling Men's Real Wages
1979-1989	-9.0%	10.3%	-4.1%	59.9%	40.1%
1989-1996	-5.1%	-0.2%	-7.1%	-1.6%	101.6%
1979-1996	-14.1%	10.2%	-10.9%	35.8%	64.3%

Source: Institute for Women's Policy Research calculations based on Census, March Current Population Survey, Bureau of the Census, 1980-1997.

the 1990s due to women's real wage growth. In the latter period, all of the closing of the gap in this series was the result of men's falling real wages.

Further research is needed to understand why women's and men's wages have behaved so differently throughout this period and why women's real wage growth seems to have stalled after a long period of steady growth. Some of the underlying trends that have led to increases in women's real wages — increased education and increased labor market experience — are likely to continue. But some may have come to an end. Much of the growth in women's real wages was fueled by the movement of women into higher earning occupations, such as management and the professions. Overall, in these two large occupational groups, women's representation is now equal to their representation in the labor market as a whole. Unfortunately, women still earn less than men within these occupational groups; there are many differences in the distribution of women and men across the finer occupational breakdowns within these broad categories.

There is still plenty of room for further declines in sex segregation in the labor market. However, such declines may have to occur more in blue collar occupations, where progress has been slower, than in white collar occupations. Further wage growth will have to come from women's wages catching up to men's wages within occupations in addition to the continued movement of women into higher paying men's occupations. Therefore, stronger enforcement of the Equal Employment Opportunity laws and regulations by the federal government is necessary for continued improvement in women's wages. In addition, pay equity or comparable-worth-type wage increases in women's occupations (for example, many clerical occupations) would clearly help to close the wage gap between women and men.

Education and training policies can help women and men earn higher wages through increased productivity. Labor legislation also has a place in assuring that workers receive fair compensation for their productivity gains. These laws ensure that workers

have the right to join unions without intimidation and enforce the rights of workers to engage in collective bargaining. Finally, continued efforts to increase the wage floor by raising the minimum wage will benefit both women's and men's real wage growth.

Notes:

- ¹ All earnings and wages are converted into 1997 dollars by using the Consumer Price Index U XI series.
- ² Earnings are compared at the median because the median worker is considered the most typical worker. The median worker is the worker in the precise middle of the earnings distribution—just as many workers earn more as earn less than the median worker. The BLS weekly earnings data consistently show a higher ratio of women's to men's earnings (and therefore a smaller earnings gap) than the Census Bureau annual earnings data.
- ³ Both the weekly and the annual data come from the same data collection vehicle, the Current Population Survey, a survey of nearly 60,000 households conducted monthly by the US Bureau of the Census. Respondents are asked about their weekly earnings each month, while annual earnings for the previous year are asked of respondents only in March of each year. The Bureau of Labor Statistics reports on weekly earnings and provides the annual average of the weekly data for the previous year in late January of each year. The weekly data, called the Merged Earnings Files, are more reliable, both because there is likely to be less recall error on the part of respondents and because the number of respondents is much larger. However, the weekly data do not include self-employed workers' earnings. The Census Bureau reports the annual earnings for the previous year in early fall of each year.

The Institute for Women's Policy Research (IWPR) is an independent, non-profit research institute dedicated to conducting and disseminating research that informs public policy debates affecting women. The Institute also works in partnership with the graduate programs in public policy and women's studies at the George Washington University. Members of the Institute receive regular mailings including fact sheets such as this one. Individual and organizational memberships are available. For more information, contact the Institute at (202) 785-5100 or visit our web page at <http://www.iwpr.org>. This Briefing Paper was written by Heidi Hartmann and Julie Whittaker and formatted by Jill Braunstein and Anna Rockett in February 1998.

INSTITUTE FOR WOMEN'S POLICY RESEARCH ♦ 1400 20TH STREET N.W. ♦ SUITE 104 ♦ WASHINGTON, D.C. ♦ 20036 ♦ (202) 785-5100



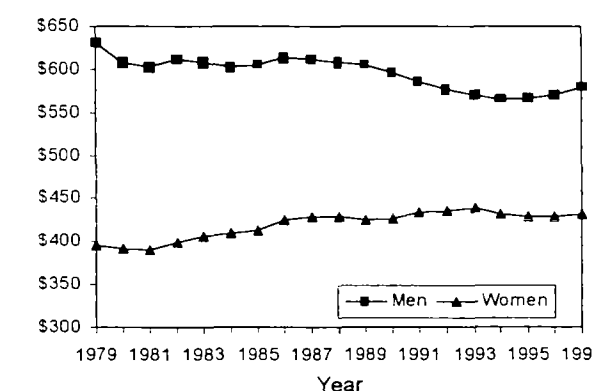
Stall in Women's Real Wage Growth Slows Progress in Closing the Wage Gap

Since 1979, the wage gap between women and men has narrowed significantly, falling by more than 10 percentage points overall. At first glance, this seems like great news for women. However, it is misleading to interpret this statistic as proof of a continuing and robust improvement in wages for today's working women. First, the closing of the wage gap has slowed down considerably in the 1990s. Second, women's real wages (wages adjusted for inflation¹) have stagnated in recent years.

In the 1990s, the remarkable success story of women's rising real wages seen during the 1980s ended. Instead, stagnating real wages for women has been the norm since the beginning of the 1990s. Women's wage growth during the 1980s differed dramatically from men's experience in the labor market (see Figure 1a, showing real median weekly earnings from 1979 to 1997 for women and men who work full-time²). While men's real wages fell overall, women's real wages increased substantially. Men who worked full-time lost \$25 in weekly earnings (adjusted for inflation) between 1979 and 1989 while women gained \$30 during the same period. These losses can be clearly seen in Figure 1a which compares the 1979 wage levels (marked by straight lines extending from the 1979 earnings points across the graph) to the 1989 earnings points.

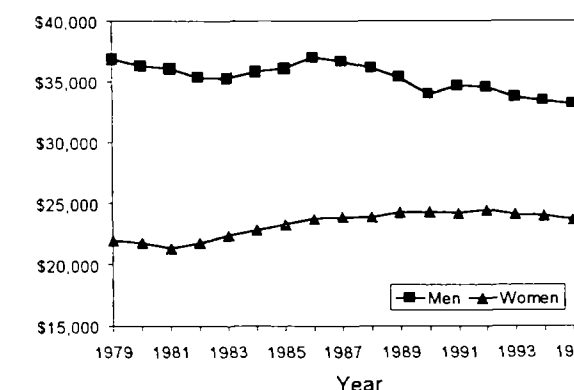
Between 1989 and 1997 women gained only \$6 in real weekly earnings while men's earnings continued to decline (men lost \$27; see Table 1a). These losses for men can be clearly seen in Figure 1a by comparing the 1989 wage level, marked by solid lines from the 1989 points extending across the graph, to the 1997 earnings points. In fact, the highest ratio of women's median weekly earnings to men's earnings was in 1993 (76.9%). The wage gap has actually increased since that time, so that women in 1997 only earned 74.4% of men's median weekly earnings.

Figure 1a. Full-Time Men and Women's Real Median Weekly Earnings, 1979-1997 (1997 Dollars)



Source: Institute for Women's Policy Research calculations based on the Merged Earnings Files, Current Population Survey, Bureau of Labor Statistics, U.S. Department of Labor, 1979-1997.

Figure 1b. Full-Time Men and Women's Real Median Annual Earnings, 1979-1996 (1997 Dollars)



Source: Institute for Women's Policy Research calculations based on the March Current Population Survey, U.S. Bureau of the Census, 1980-1997.

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Table 1a.
Full-Time Men and Women's Real Median Weekly Earnings, 1979-1997
(1997 Dollars)

Year	Men's Median Weekly Earnings	Women's Median Weekly Earnings	Wage Gap	% of Women's to Men's Weekly Earnings
1979	\$631	\$395	\$236	62.5%
1980	\$608	\$392	\$216	64.4%
1981	\$604	\$390	\$214	64.6%
1982	\$611	\$400	\$212	65.4%
1983	\$609	\$406	\$203	66.7%
1984	\$604	\$409	\$195	67.8%
1985	\$606	\$413	\$192	68.2%
1986	\$614	\$425	\$189	69.2%
1987	\$612	\$428	\$184	70.0%
1988	\$609	\$427	\$182	70.2%
1989	\$606	\$425	\$181	70.1%
1990	\$596	\$427	\$168	71.8%
1991	\$586	\$434	\$152	74.0%
1992	\$578	\$436	\$142	75.5%
1993	\$571	\$439	\$132	76.9%
1994	\$565	\$432	\$133	76.4%
1995	\$567	\$428	\$139	75.5%
1996	\$570	\$428	\$142	75.0%
1997	\$579	\$431	\$148	74.4%

Source: Institute for Women's Policy Research calculations based on the Merged Earnings Files, Current Population Survey, Bureau of Labor Statistics, U.S. Department of Labor, 1979-1997.

The end of women's wage growth raises the question of whether women have finally caught "male wage disease." If so, progress in closing the wage gap will be hopelessly stalled unless men continue their real wage losses (which is certainly not a desirable outcome). In the median *annual* earnings data series from the US Bureau of the Census, the wage gap narrowed sharply between 1995 and 1996 (the last year for which this data series is available) because men's real earnings continued to decline (see Figure 1b and Table 1b).³

The lack of growth in both women's and men's wages in the 1990s is especially disturbing, given that the economy is now enjoying the longest period of sustained growth since the end of World War II (27 quarters since the trough of the business cycle in the first quarter of 1991).

Table 1b.
Full-Time Men and Women's Real Median Annual Earnings, 1979-1996
(1997 Dollars)

Year	Men's Median Annual Earnings	Women's Median Annual Earnings	Wage Gap	% of Women's to Men's Annual Earnings
1979	\$36,902	\$22,017	\$14,885	59.7%
1980	\$36,297	\$21,836	\$14,461	60.2%
1981	\$36,090	\$21,378	\$14,712	59.2%
1982	\$35,386	\$21,849	\$13,537	61.8%
1983	\$35,260	\$22,423	\$12,837	63.6%
1984	\$35,866	\$22,831	\$13,035	63.7%
1985	\$36,090	\$23,305	\$12,785	64.6%
1986	\$36,985	\$23,770	\$13,215	64.3%
1987	\$36,658	\$23,893	\$12,765	65.2%
1988	\$36,165	\$23,886	\$12,278	66.1%
1989	\$35,376	\$24,294	\$11,082	68.7%
1990	\$33,989	\$24,341	\$9,647	71.6%
1991	\$34,670	\$24,220	\$10,450	69.9%
1992	\$34,545	\$24,453	\$10,092	70.8%
1993	\$33,774	\$24,155	\$9,619	71.5%
1994	\$33,415	\$24,048	\$9,367	72.0%
1995	\$33,170	\$23,693	\$9,477	71.4%
1996	\$32,882	\$24,254	\$8,628	73.8%

Source: Institute for Women's Policy Research calculations based on the March Current Population Survey, U.S. Bureau of the Census, 1980-1997.

While both women's and men's real earnings (in the weekly data series) are showing signs of recent growth, the increases are quite small.

The weekly earnings series (Table 1a) show that the gap between women's and men's earnings was smallest in 1993 (\$132), and grew thereafter (to \$148 in 1997). As Figure 1a shows, the trend lines for women's and men's earnings began to diverge in 1993 after converging for the previous 15 years. The gap had been \$236 per week in 1979. In Figure 2a, which shows the ratio of women's to men's median weekly earnings, the highest point is in 1993, and the growth in the ratio is clearly much greater in the 1980s than in the 1990s.

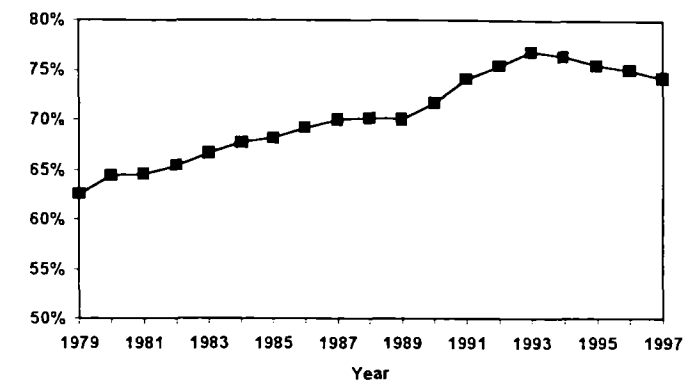
The annual earnings series (Table 1b) shows the gap at its smallest in 1996 (\$8,628 annually compared with \$14,885 in 1979), but also shows a marked slowdown in progress in the 1990s compared with

the 1980s (Figure 1b). The ratio of women's to men's annual earnings is shown in Figure 2b. In contrast with steady growth in the 1980s, this trend line is fairly flat in the 1990s, with peaks in 1990 and 1996.

Tables 2a and 2b analyze how much of the closing of the gap was due to the growth in women's real wages and how much to the fall in men's real wages. Notice that the gap fell substantially over the nearly 20-year period, by 12 percentage points in the weekly series or 14 percentage points in the annual series. However, in the weekly series, *41 percent (about two-fifths) of the closing of the gap is due to the increase in women's real wages, while 59 percent, or three-fifths, is due to the fall in men's real wages.* Likewise, the effect of the slowdown in real wage growth for women in the 1990s is clearly shown in the vastly decreased *proportion of the closing of the gap that is due to women's real wage growth—only 19 percent in the 1990s compared with 51 percent in the 1980s.*

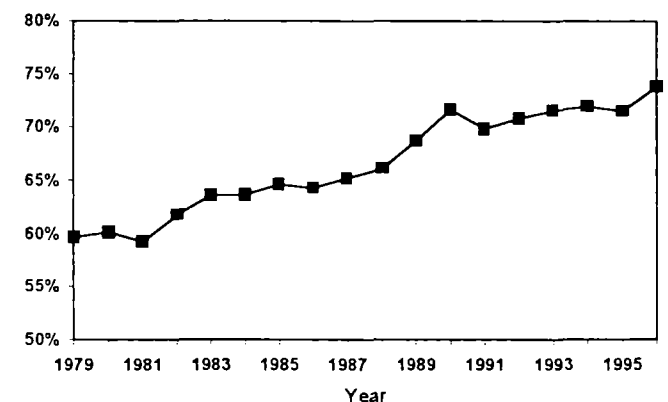
Analysis of the annual earnings series in Table 2b shows a similar phenomenon, with 60 percent of the closing of the gap due to increases in women's real wages in the 1980s, but none of the further closing of the gap in

Figure 2a.
The Wage Ratio: Full-time Men and Women's Median Weekly Earnings, 1979-97



Source: Institute for Women's Policy Research calculations based on Merged Earnings Files, Current Population Survey, Bureau of Labor Statistics, U.S. Department of Labor, 1979-1997.

Figure 2b.
The Wage Ratio: Full-time Men and Women's Real Median Annual Earnings, 1979-96



Source: Institute for Women's Policy Research calculations based on March Current Population Survey, U.S. Bureau of the Census, 1980-1997.

Table 2a.
The Causes for the Changing Wage Gap, 1979-97
Decreasing Female-Male Gap in Median Weekly Earnings

Year	% Point Change in Female/Male Wage Ratio	% Change in Women's Real Wages	% Change in Men's Real Wages	% Change in Gap Due to Rising Women's Real Wages	% Change in Gap Due to Falling Men's Real Wages
1979-1989	-7.5%	7.6%	-4.0%	54.0%	46.0%
1989-1997	-4.4%	1.5%	-4.4%	19.4%	80.6%
1979-1997	-11.9%	9.2%	-8.3%	41.0%	59.0%

Source: Institute for Women's Policy Research calculations based on Merged Earnings Files, Current Population Survey, Bureau of Labor Statistics, U.S. Department of Labor, 1979-1997.

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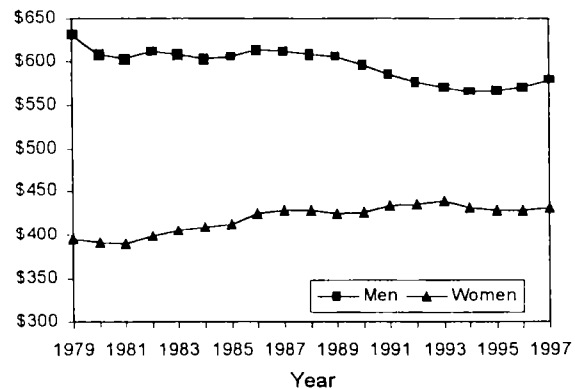
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In the 1990s, the remarkable success story of women's rising real wages seen during the 1980s ended. Instead, stagnating real wages for women has been the norm since the beginning of the 1990s. Women's wage growth during the 1980s differed dramatically from men's experience in the labor market (see Figure 1a, showing real median weekly earnings from 1979 to 1997 for women and men who work full-time²). While men's real wages fell overall, women's real wages increased substantially. Men who worked full-time lost \$25 in weekly earnings (adjusted for inflation) between 1979 and 1989 while women gained \$30 during the same period. These losses can be clearly seen in Figure 1a which compares the 1979 wage levels (marked by straight lines extending from the 1979 earnings points across the graph) to the 1989 earnings points.

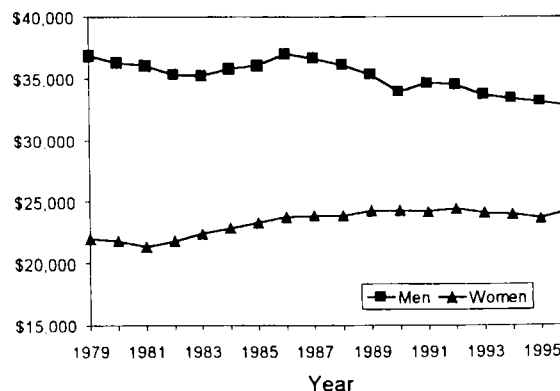
Between 1989 and 1997 women gained only \$6 in real weekly earnings while men's earnings continued to decline (men lost \$27; see Table 1a). These losses for men can be clearly seen in Figure 1a by comparing the 1989 wage level, marked by solid lines from the 1989 points extending across the graph, to the 1997 earnings point. In fact, the highest ratio of women's median weekly earnings to men's earnings was in 1993 (76.9%). The wage gap has actually increased since that time, so that women in 1997 only earned 74.4% of men's median weekly earnings.

Figure 1a. Full-Time Men and Women's Real Median Weekly Earnings, 1979-1997 (1997 Dollars)



Source: Institute for Women's Policy Research calculations based on the Merged Earnings Files, Current Population Survey, Bureau of Labor Statistics, U.S. Department of Labor, 1979-1997.

Figure 1b. Full-Time Men and Women's Real Median Annual Earnings, 1979-1996 (1997 Dollars)



Source: Institute for Women's Policy Research calculations based on the March Current Population Survey, U.S. Bureau of the Census, 1980-1997.



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Wage Gap Briefing Materials March 15, 1999

**National Council of Women's Organizations
Women's Equality Summit**

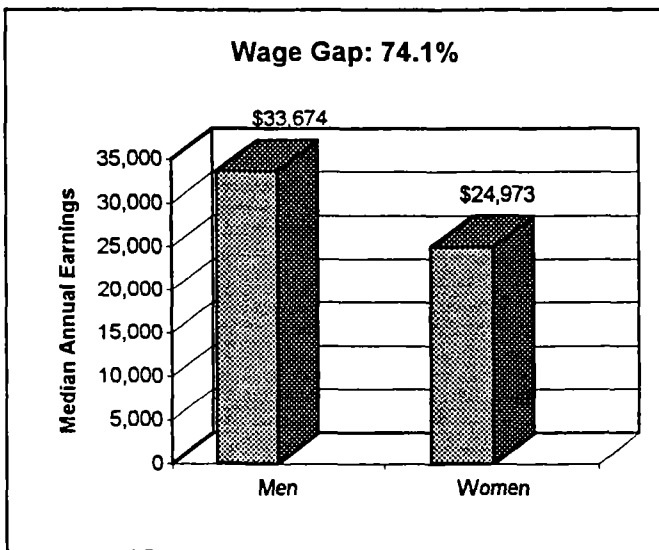


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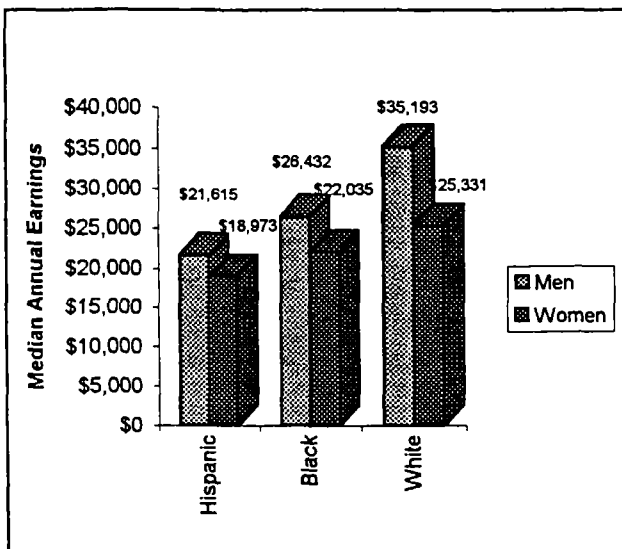
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THE WAGE GAP: 1997

1997 MEDIAN ANNUAL EARNINGS YEAR-ROUND, FULL-TIME WORKERS



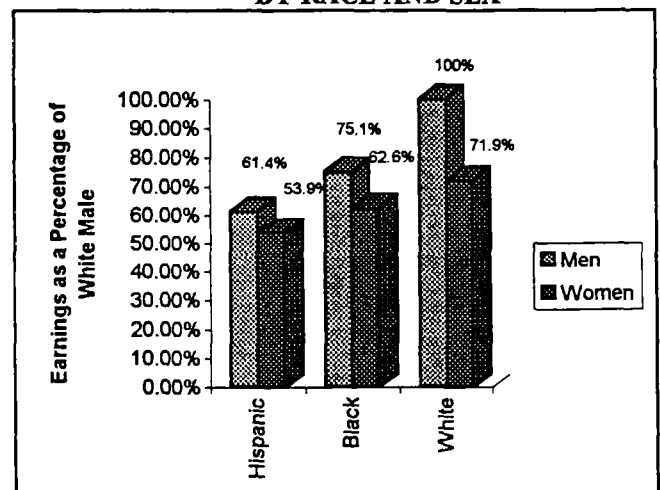
1997 MEDIAN ANNUAL EARNINGS BY RACE AND SEX



NOTES:

- The wage gap is a statistical indicator often used as an index of the status of women's earnings relative to men's. It is also used to compare the earnings of people of color to those of White men.
- The wage gap is expressed as a percentage (for example, in 1997, women earned 74 percent as much as men) and is calculated by dividing median annual earnings for women by median annual earnings for men.
- To calculate the wage gap for each race/sex group, median annual earnings are divided by those of White males, who are not subject to race or sex-based wage discrimination.
- Individual earnings data for Asian/Pacific Islanders and Native Americans are available, yet they are from a very small sample and thus are not as reliable.
- Statistics are from the Census Bureau Current Population Reports, Series P-60, U.S. Commerce Department.

THE WAGE GAP: 1997 BY RACE AND SEX

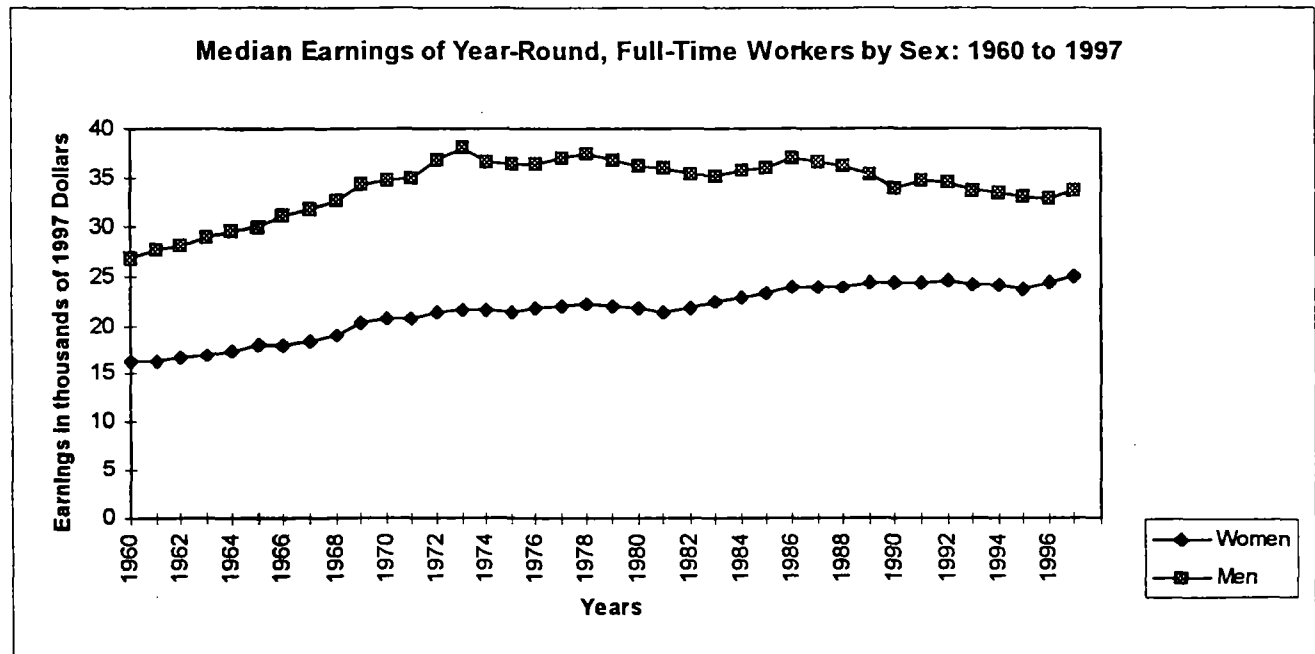


CHANGES IN THE WAGE GAP, 1970 - 1997

MEDIAN ANNUAL EARNINGS OF BLACK MEN AND WOMEN,
HISPANIC MEN AND WOMEN, AND WHITE WOMEN AS A
PERCENTAGE OF WHITE MEN'S MEDIAN ANNUAL EARNINGS

YEAR	WHITE MEN	BLACK MEN	HISPANIC MEN	WHITE WOMEN	BLACK WOMEN	HISPANIC WOMEN
1970	100%	69.00%	N/A	58.70%	48.20%	N/A
1975	100%	74.30%	72.10%	57.50%	55.40%	49.30%
1980	100%	70.70%	70.80%	58.90%	55.70%	50.50%
1985	100%	69.70%	68.00%	63.00%	57.10%	52.10%
1990	100%	73.10%	66.30%	69.40%	62.50%	54.30%
1992	100%	72.60%	63.35%	70.00%	64.00%	55.40%
1994	100%	75.10%	64.30%	71.60%	63.00%	55.60%
1995	100%	75.90%	63.30%	71.20%	64.20%	53.40%
1996	100%	80.00%	63.90%	73.30%	65.10%	56.60%
1997	100%	75.10%	61.40%	71.90%	62.60%	53.90%

THE WAGE GAP SINCE 1960: 37 YEARS LATER, STILL 26 PERCENT BEHIND



Over a 37 year period, the gap, in 1997 dollars, between women's and men's earnings has closed by less than \$2,000.

Data from the Census Bureau, 1997

The National Committee on Pay Equity is a national membership coalition of over 200 organizations, including labor unions, women's and civil rights organizations, religious, local, educational and professional associations, state and local pay equity networks, and individuals working to eliminate sex and race-based wage discrimination and to achieve pay equity.



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Profile of the Wage Gap by Selected Occupations

According to an analysis of data provided by the U.S. Department of Labor's Bureau of Labor Statistics, women are paid less in almost every occupational classification for which data is available.¹

Even in job categories where women make up the majority of workers, women are paid less. Only in two categories, miscellaneous food preparation and legal assistant, do women make more money. The women in miscellaneous food preparation average \$6 more per week than men in the same occupation. They earn 102% of men's earnings. Female legal assistants earn 104% of the earnings of comparable men; they earn \$20 more per week.

Below are median earnings for women and men in selected occupations. The earnings gap and earnings ratio (as a percentage) are shown, as well as the percentage of workers in each occupation who are women.

Table I.
Occupations with estimated earnings of under \$20,000²

Occupation	Percent Women	Men's Wages	Women's Wages	Earnings Gap	Earnings Ratio (%)
Waiter/ Waitress	72%	\$343	\$282	\$61	82%
Cleaning & Building Service Occupations.	29%	\$358	\$288	\$70	80%
Bartender	55%	\$379	\$293	\$86	77%
Dry Cleaning Machine Operators	55%	\$301	\$270	\$31	90%

¹ Data was analyzed using 1998 Household Data Annual Averages, Bureau of Labor Statistics

² Approximate Annual Earnings categories were estimated by multiplying median weekly wages for men by 52 weeks

Table II.**Occupations with estimated earnings between \$20,000 and \$33,000**

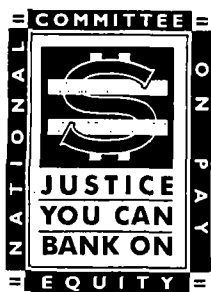
Occupation	Percent Women	Men's Wages	Women's Wages	Earnings Gap	Earnings Ratio (%)
Bus Driver	41%	\$476	\$352	\$124	74%
Sales Worker, Retail & Personal	56%	\$412	\$272	\$140	66%
Mechanics & Repairers	4%	\$599	\$519	\$80	87%
Admin. Support, incl. clerical	76%	\$518	\$418	\$100	81%
Construction Trades	2%	\$545	\$408	\$137	75%

Table III.**Occupations with estimated earnings above \$33,000**

Occupation	Percent Women	Men's Wages	Women's Wages	Earnings Gap	Earnings Ratio (%)
Accountants & Auditors	60%	\$821	\$618	\$203	75%
Securities & Financial Services Sales	31%	\$930	\$598	\$332	64%
Pharmacists	42%	\$1,146	\$985	\$161	86%
Engineers	10%	\$1,011	\$831	\$180	82%
Physicians	32%	\$1,255	\$966	\$289	77%
Teachers, College & Univ.	37%	\$998	\$769	\$229	77%
Lawyers	34%	\$1,350	\$951	\$399	70%
Editors and Reporters	44%	\$812	\$616	\$196	76%

Table IV.**Other Occupations in Which the Majority of Workers are Women**

Occupation	Percent Women	Men's Wages	Women's Wages	Earnings Gap	Earnings Ratio (%)
Registered Nurse	91%	\$774	\$734	\$40	95%
Social Worker	65%	\$609	\$568	\$41	93%
Elementary School Teacher	84%	\$749	\$677	\$72	90%
Secretaries, Stenographers, & Typists	98%	\$484	\$436	\$48	90%
Cashiers	75%	\$302	\$259	\$43	86%



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The Wage Gap By Education 1997

Following are wages reflecting the median earnings in 1997 for full-time, year-round workers 25 years and older:

	H.S. Grad	B.A. Degree	Master's	Doctorate
All Men	\$30,655	\$46,255	\$57,553	\$70,706
White	\$31,195	\$47,220	\$60,081	\$71,423
Black	\$25,790	\$35,962	\$42,125	\$61,573*
Hispanic	\$24,021	\$37,725	\$44,702	\$42,082*
All Women	\$21,291	\$33,432	\$41,856	\$50,758
White	\$21,602	\$33,896	\$41,884	\$52,653
Black	\$19,993	\$31,010	\$40,589	\$40,342*
Hispanic	\$19,247	\$31,993	\$41,554*	\$55,956*

*Indicates that numbers are taken from a small sample and therefore not as reliable.

Overall this table shows:

- Women college graduates are behind white male college graduates by **\$13,788**.
- A black college educated woman earns **\$16,210 (34%)** less than the college educated white male and **\$185** less than the white male high school graduate.
- A Hispanic college educated woman makes **\$15,227 less (32%)** than college educated white males.

Median Annual Female and Male Earnings by Dollar and Ratio for Full-Time, Full-Year Employed Men and Women

State	Female Earnings	Male Earnings	Female/Male Ratio	Ratio Ranking
Alabama.....	\$ 20,577	\$ 32,490	63.3%	50
Alaska	\$ 31,380	\$ 47,327	66.3%	44
Arizona	\$ 21,906	\$ 31,407	69.7%	33
Arkansas	\$ 20,577	\$ 26,835	76.7%	4
California	\$ 28,158	\$ 36,860	76.4%	5
Colorado	\$ 24,749	\$ 37,038	66.8%	42
Connecticut.....	\$ 30,541	\$ 43,212	70.7%	29
Delaware	\$ 25,721	\$ 33,952	75.8%	7
District of Columbia	\$ 30,865	\$ 35,281	87.5%	1
Florida	\$ 23,169	\$ 30,541	75.9%	6
Georgia	\$ 23,169	\$ 32,648	71.0%	27
Hawaii	\$ 25,276	\$ 33,789	74.8%	10
Idaho	\$ 22,223	\$ 31,594	70.3%	30
Illinois.....	\$ 26,329	\$ 37,176	70.8%	28
Indiana	\$ 21,606	\$ 32,490	66.5%	43
Iowa	\$ 21,606	\$ 31,647	68.3%	37
Kansas	\$ 23,581	\$ 32,490	72.6%	19
Kentucky	\$ 22,635	\$ 32,490	69.7%	33
Lousiana	\$ 20,235	\$ 31,407	64.4%	48
Maine.....	\$ 21,906	\$ 32,450	67.5%	41
Maryland	\$ 29,241	\$ 38,988	75.0%	9
Massachusetts	\$ 28,808	\$ 39,096	73.7%	15
Michigan.....	\$ 25,721	\$ 38,988	66.0%	45
Minnesota	\$ 24,909	\$ 34,981	71.2%	25
Mississippi.....	\$ 19,494	\$ 27,779	70.2%	31
Missouri.....	\$ 23,663	\$ 31,732	74.6%	11
Montana	\$ 21,606	\$ 29,488	73.3%	17
Nebraska	\$ 20,577	\$ 28,808	71.4%	23
Nevada	\$ 24,909	\$ 33,701	73.9%	14

State	Female Earnings	Male Earnings	Female/Male Ratio	Ratio Ranking
New Hampshire	\$ 25,992	\$ 35,309	73.6%	16
New Jersey	\$ 28,435	\$ 41,877	67.9%	40
New Mexico	\$ 21,606	\$ 29,782	72.5%	21
New York	\$ 27,400	\$ 36,822	74.4%	12
North Carolina	\$ 22,635	\$ 30,527	74.1%	13
North Dakota	\$ 19,548	\$ 30,541	64.0%	49
Ohio	\$ 24,692	\$ 35,739	69.1%	36
Oklahoma	\$ 19,852	\$ 31,380	63.3%	50
Oregon	\$ 24,909	\$ 35,807	69.6%	35
Pennsylvania	\$ 25,450	\$ 35,739	71.2%	25
Rhode Island	\$ 26,750	\$ 36,860	72.6%	19
South Carolina	\$ 21,606	\$ 30,865	70.0%	32
South Dakota	\$ 21,063	\$ 27,382	76.9%	3
Tennessee	\$ 22,743	\$ 31,594	72.0%	22
Texas	\$ 23,196	\$ 30,865	75.2%	8
Utah	\$ 22,116	\$ 32,490	68.1%	39
Vermont	\$ 25,276	\$ 30,865	81.9%	2
Virginia	\$ 24,692	\$ 34,656	71.3%	24
Washington	\$ 27,075	\$ 37,038	73.1%	18
West Virginia	\$ 21,063	\$ 32,490	64.8%	46
Wisconsin	\$ 24,201	\$ 35,414	68.3%	37
Wyoming	\$ 21,063	\$ 32,490	64.8%	46
US Total	\$ 24,909	\$ 34,438	72.3 %	

Source: Institute for Women's Policy Research, 1998. *The Status of Women in the States*.

The calculations are based on the 1995-97 annual Demographic Files (March) from the Current Population Survey, which reports earnings for the calendar years 1994-1996. Median yearly earnings are calculated for noninstitutionalized women and men aged 16 and older who worked full-time, year-round (more than 49 weeks during the year and more than 34 hours per week). Earnings are converted to constant 1997 dollars using the Consumer Price Index.

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The Institute for Women's Policy Research (IWPR) is a public policy research organization dedicated to informing and stimulating the debate on public policy issues of critical importance to women and their families. IWPR focuses on issues of poverty and welfare, affirmative action and pay equity, employment and earnings, work and family issues, and the economic and social aspects of health care and domestic violence.

The Institute works with policymakers, scholars, and public interest groups around the country to design, execute, and disseminate research that illuminates economic and social policy issues affecting women and families, and to build a network of individuals and organizations that conduct and use women-oriented policy research. IWPR, an independent, nonprofit organization, also works in affiliation with the graduate programs in public policy and women's studies at the George Washington University.