

EXECUTIVE ORDER #5

WHEREAS, the State of Wisconsin has a proud tradition and deep commitment to foster a community in which gender is no longer the basis of either privilege or denial of opportunity; and

WHEREAS, Wisconsin women represent a majority of the population, yet in terms of economic and social status, they are still a minority; and

WHEREAS, there are increasing numbers of women heading families of which they are the main source of income; and

WHEREAS, a very high percentage of adults who fall within the federal definition of poverty are now women; and

WHEREAS, older women, whose numbers are rapidly increasing, and minority women are even more likely to live in poverty; and

WHEREAS, increasing numbers of displaced homemakers are being thrust into the paid labor force with limited training and resources; and

WHEREAS, more than one-half of Wisconsin women are part of the paid labor force and most of those who do work for pay must do so because of absolute economic necessity; and

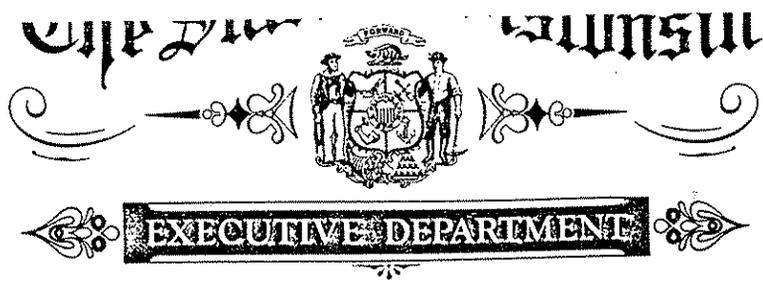
WHEREAS, women who do work for pay are clustered in under-valued, under-paid jobs; and

WHEREAS, every effort should be made to minimize the poverty of women and their families which will tend to reduce human suffering, eliminate inequalities in our society and benefit the Wisconsin tax base and economy; and

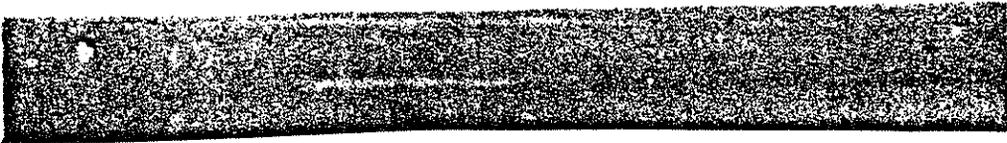
WHEREAS, this administration is absolutely committed to improving women's economic and social status;

NOW, THEREFORE, I, ANTHONY S. EARL, Governor of the State of Wisconsin, by virtue of the authority vested in me by the Constitution and laws of this state, do hereby order and direct:

1. That there is created pursuant to s. 14.019 of the Wisconsin Statutes, a non-statutory committee which shall be known as the Wisconsin Women's Council.
2. The Wisconsin Women's Council shall:
  - a. identify the barriers that prevent Wisconsin women from participating fully and equally in all aspects of state life;



- b. review, monitor and advise all branches of state government regarding current and emerging state policies, procedures, practices, laws and administrative rules for their impact on women;
  - c. work closely with state government, the University of Wisconsin, the Vocational, Technical and Adult Education System, the private sector and the broad range of women and women's groups to develop long-term solutions to women's economic and social inequality in Wisconsin;
  - d. make recommendations to the public and private sector designed to further women's economic and social equality and improve Wisconsin's tax base and economy;
  - e. propose legislation as a means of ensuring women's economic and social equality;
  - f. conduct hearings on issues related to improving women's economic and social status;
  - g. disseminate information on the status of Wisconsin women.
3. That the Wisconsin Women's Council shall be composed of eleven members: one member shall be from the Governor's staff and the other ten members shall represent the diversity of the general population of the state and be knowledgeable about the broad range of women's issues. The Governor shall designate the chair from among the members of the Council.
4. That all state agencies shall give full cooperation and assistance to the Wisconsin Women's Council and to that end, all agencies shall, when requested by the Council:
- a. provide information on program policies, procedures, practices and services affecting women;
  - b. present recommendations to the Council;
  - c. attend meetings and provide such staff assistance as may be needed by the Council;



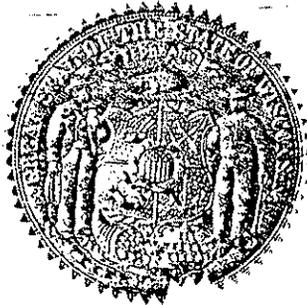
UNITED STATES OF AMERICA

# The State of Wisconsin



EXECUTIVE DEPARTMENT

- d. transmit concerns of the Council to their agencies.
- 5. That the Department of Administration shall provide such administrative support as may be needed by the Council.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Wisconsin to be affixed. Done at the Capitol in the City of Madison this first day of February in the year of Our Lord one thousand nine hundred eighty-three.

*Anthony S. Earl*  
 ANTHONY S. EARL

By the Governor:

*Douglas La Follette*  
 DOUGLAS LA FOLLETTE  
 Secretary of State

## WISCONSIN WOMEN'S COUNCIL

### Analysis by the Legislative Reference Bureau

This bill creates a women's council which is attached for administrative purposes to the department of administration. The council consists of the following 15 members: the governor or his or her designee, 6 public members appointed by the governor, 2 public members appointed by the senate leadership, 2 public members appointed by the assembly leadership, 2 members of the senate and 2 members of the assembly. All council members, except the 2 assembly representatives and the governor or his or her designee, serve staggered 2-years and the governor or his or her designee serves a 4-year term.

The bill sets forth the following duties of the women's council:

- (1) Identify the barriers that prevent women in this state from participating fully and equally in all aspects of life.
  - (2) Conduct statewide hearings on issues of concern to women.
  - (3) Review, monitor and advise all state agencies regarding the impact upon women of current and emerging state policies, procedures, practices, laws and administrative rules.
  - (4) Work closely with all state agencies, including the university of Wisconsin system and the vocational, technical, and adult education system, with the private sector and with groups concerned with women's issues to develop long-term solutions to women's economic and social inequality in this state.
  - (5) Recommend changes to the public and private sectors and initiate legislation to further women's economic and social equality and improve this state's tax base and economy.
  - (6) disseminate information on the status of women in this state.
  - (7) Submit a biennial report on the council's activities to the governor and to the presiding officer of each house of the legislature.
- The bill directs all state agencies to cooperate with and assist the women's council.

The bill provides the manner of appointing the first members of the council so that expiration dates of terms are staggered. The bill creates 2.5 classified positions to staff the council. In addition, the bill provides that if the governor creates an interim women's council before the effective date of this act, all records of that interim council are transferred to the women's council created by this act.

**15.03 Attachment for limited purposes.** Any division, office, commission, council or board attached under this section to a department or independent agency or a specified division thereof shall be a distinct unit of that department, independent agency or specified division. Any division, office, commission, council or board so attached shall exercise its powers, duties and functions prescribed by law, including rule-making, licensing and regulation, and operational planning within the area of program responsibility of the division, office, commission, council or board, independently of the head of the department or independent agency, but budgeting, program coordination and related management functions shall be performed under the direction and supervision of the head of the department or independent agency.

## WISCONSIN WOMEN'S COUNCIL

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**15.107(10) Women's Council.** (a) Creation. There is created a women's council which is attached to the department of administration under s. 15.03. The council shall consist of 15 members. Except as provided in par. (c) all members shall be appointed for staggered 2-year terms.

(b) Membership. The council consists of the following members:

1. The governor, or his or her designee
2. Six public members appointed by the governor, one of whom the governor shall designate as chairperson.
3. Two public members appointed by the president of the senate.
4. Two public members appointed by the speaker of the assembly.
5. Two members of the senate, appointed in the same manner as members of standing committees are appointed.
6. Two members of the assembly, appointed in the same manner as members of standing committees are appointed.

(c) Assembly member's and governor's terms. Each member of the assembly serving on the council shall serve for the period of his or her term in office. The governor or his or her designate serving on the council under par. (b) 1 shall serve a 4-year term.

**16.01 Women's Council.** (1) In this section, "agency" means any office, department, agency, institution of higher education, association, society or other body in state government created or appropriated by law, including the legislature and the courts, and any authority created under ch. 231, 233 or 234.

(2) The women's council shall:

- (a) Identify the barriers that prevent women in this state from participating fully and equally in all aspects of life.
- (b) Conduct statewide hearings on issues of concern to women.
- (c) Review, monitor and advise all state agencies regarding the impact upon women of current and emerging state policies, procedures, practices, laws and administrative rules.
- (d) Work closely with all state agencies, including the university of Wisconsin system and the vocational, technical, and adult education system, with the private sector and with groups concerned with women's issues to develop long-term solutions to women's economic and social inequality in this state.
- (e) Recommend changes in the public and private sectors and initiate legislation to further women's economic and social equality and improve this state's tax base and economy.
- (f) Disseminate information on the status of women in this state.
- (g) Submit a biennial report on the women's council's activities to the governor and to the presiding officer of each house of the legislature.

(3) All state agencies, including the university of Wisconsin system and the vocational, technical and adult education system, shall fully cooperate with and assist the women's council:

- (a) Provide information on program policies, procedures, practices and services affecting women.
- (b) Present recommendations to the women's council.
- (c) Attend meetings and provide staff assistance needed by the women's council.
- (d) Inform the agency's appointing authority of issues concerning the women's council.

**SECTION 2001. Nonstatutory provisions; administration....(2) Women's Council.** (a) Appointment of first members of the women's council. The first members of the

**WISCONSIN WOMEN'S COUNCIL**

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women's council, created under section 15.107(10) of the statutes by this act, shall be appointed to terms expiring as follows:

1. Three members listed under section 15.107(10)(b) 2 of the statutes and one member listed under each of section 15.107(10)(b) 3 to 5 of the statutes shall be appointed for terms to expire July 1, 1985.
  2. Three members listed under section 15.107(10)(b) 2 of the statutes and one member listed under each of section 15.107(10)(b) 3 to 5 of the statutes shall be appointed for terms to expire July 1, 1984.
  3. Two members listed under section 15.107(10)(b) 6 of the statutes shall be appointed for terms to expire on the expiration dates of their assembly terms.
- (b) Position creation. 1. The following classified FTE positions are created in the department of administration for the purpose of staffing the women's council, created under section 15.107(10) of the statutes by this act:
- a. One GPR executive director - administrative officer position.
  - b. One GPR program assistant position.
  - c. One-half GPR administrative assistant position.
2. The classifications under this paragraph apply unless otherwise determined by the secretary of the department of employment relations under section 230.09 of the statutes.
- (c) Record Transfer. On the effective date of this act, any records of any interim women's council created by executive order issued after January 3, 1983, and before the effective date of this act transferred to the women's council created by this act.

Donald J. Schneider  
Senate Chief Clerk



OCT 20 1993

P.O. Box 7882  
Madison, WI 53707-7882  
(608) 266-2517

Wisconsin State Senate

January 20, 1993

TO: Senator Fred A. Risser  
Senator Michael G. Ellis

FROM: Don Schneider, Chief Clerk

SUBJECT: Women's Council Appointees

At your request, I have researched the history of the Senate's appointees to serve on the Women's Council. Beginning in January 1985, the first appointees were Senator Lorman and Senator Norquist. These appointments were to have been for staggered terms expiring in July. That was not specified in the appointing resolution. Senator Lorman resigned in January 1986 and Senator Chilsen was appointed in her place. At the beginning of the 1987 Session, both Senator Chilsen and Feingold were again confirmed to appointments to the Council, however, once again term length was not designated. In 1989 both Chilsen and Feingold were once again named. In July 1989, the terms were finally designated as required by law for 1 and two year terms expiring in July. Senator Chvala was appointed for a one year term and Senator Feingold for a two year term. In January 1991, at the beginning of the session, these appointments were once again confirmed. Senator Feingold resigned in May of 1991 and Senator Risser was appointed.

As a side note, in 1989 the Governor chose to appoint legislators as public members to the board. This began the dispute between the parties on who was to serve from the two houses, and the legislature than appointed two majority party members to serve.

The statutes are quite clear in that Senate members are to serve staggered two year terms beginning and ending in July. With resignations and the incident of 1989, this was never done correctly. In July 1993 appointments should be made specifically for a one and two year term. We can than note this properly in the Journal.

If you have any questions, please contact me.

*Cynthia J. Little*

**WISCONSIN WOMEN'S COUNCIL**

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The Wisconsin Women's Council (WWC), which succeeded after six years the Wisconsin Commission on the Status of Women (WCSW), has provided leadership for women by identifying problems, creating public awareness, influencing policy and cooperating with other organizations.

***ORIGIN AND DEVELOPMENT***

Following President Kennedy's Commission on the Status of Women\* (PCSW), Wisconsin Governor John Reynolds, a Democrat, created the Wisconsin commission in May 1964 when asked by a small group of women. The 34 citizen/member commission was charged to investigate the conditions and quality of life of Wisconsin women and to work toward substantive changes designed to improve their status and ability to participate in society. Throughout WCSW's existence, membership represented diverse constituencies including labor, education, farming, religions and public servants, with minority representation increasing over time. Minority members of the first commission were Edith Finlayson, Ardie Halyard and Sarah Scott. Other members include Catherine Conroy, Ervin Bruner, Nancy Knaak, Cynthia Stokes and Geraldine Hinkel. Katherine Clarenbach chaired the commission throughout its existence; and Norma Briggs served as Executive Director during the 1970s. Appointments were neither contentious nor highly partisan. Four governors of both parties selected members primarily from

from its inception until 1992 when Eilene DeGrand Mershart assumed the position. Long time <sup>Administrative</sup> program assistant, Donna Chan, and a retinue of interns continue on.

Like WCSW, WWC has benefited from diverse membership and up until recently at least one farm woman, African American, Hispanic and American Indian have served simultaneously. Of the 45 members appointed from 1984, 29% have been women of color. Initial appointments included Tresa Malone, Alma Rose Gonzales and Ada Deer. Under the smaller WWC, the stakes have increased for council seats; appointment responsibility is shared; and partnership is central. WWC has attracted more political interest, but the price may be diminished diversity.

WCSW struggled for resources. Initially the University of Wisconsin system provided most operating expenses although WCSW was granted \$1000 annually from 1968-72. For the 1973-74 biennium, WCSW was allocated \$40,000 in general funds and received a substantial increase in 1975 that garnered opposition from groups such as Happiness of Women. The 1984 WWC budget of \$95,300 has been sustained since.

*POLICY CONCERNS AND TACTICS*

WWC plays a central role in policy development as did WCSW. Legislators and the governor's surrogate, usually a key staff aide, now dominate agenda formation and choice of tactics, although other members continue to contribute meaningfully. This tendency has exacerbated since Republican Governor Tommy Thompson began a practice of appointing Republican legislators as <sup>Council</sup> commission chair. Similarly charged to eliminate barriers to women's equality, the council followed the commission's practice of enabling policy development by monitoring agency rules and legislation; providing information through published reports; educating the public,

freedom, especially teen pregnancy prevention, has dominated the last decade.

WWC like WCSW before it coordinates issue advocacy with other groups. Sarah Harder, the first WWC Chair, set the tone for joint efforts, especially with such consistent allies as the National Women's Political Caucus,\* National Organization for Women,\* League of Women Voters\* and Wisconsin Women's Network. Labor, farm, minority and children's advocacy groups have figured predominately since WCSW's inception.

*ELECTORAL ACTIVITIES*

As an agency in the state executive branch, WWC engages in no electoral activity. The partisan composition of the governorship and legislature determines the extent to which discussions become partisan battles since the council member appointments are now split between the institutions.

*Further Information*

WCSW first report, Wisconsin Women (1965), included recommendations for disadvantaged persons, education, family, employment, citizen participation and legal rights. Handbooks were published in 1968 and 1974 to guide other commissions. WCSW published landmark works about women and the law, marital property, credit, economic concerns, careers and a directory of women's groups. Many of these works continue to be revised by the council.

*Georgia Duerst-Lahti*

*Kotir*

# **WISCONSIN WOMEN'S COUNCIL**

## **A BRIEF HISTORY**

**1984 - 1997**

## **WISCONSIN WOMEN'S COUNCIL - A BRIEF HISTORY**

The Wisconsin Women's Council was established in 1983 with the statutory charge to "identify and eliminate all barriers that prevent women in this state from participating fully and equally in all aspects of life."

This directive began with the Women's Council's predecessor, the Governor's Commission on the Status of Women, which existed from 1964 until 1979. In the past 30 years we have seen significant changes in laws governing child support, child custody, welfare, pay equity, educational equity, domestic violence, marriage, divorce, inheritance, credit, and estate planning. Economic and social traditions, however, continue to impose special burdens and consequences for women. Statistics from the Women's Council's 1994 "Profile of Wisconsin Women" measuring economic and educational status, family responsibilities, and vulnerability to violence all represent unsettling contrasts to our principles of equality. The barriers to women's equality are clear and have been well documented; the course of action remains the challenge.

The following Women's Council's activities from 1984 to 1997 chronicle some of our efforts to formulate public policy, coordinate initiatives and programs, and increase public awareness to improve the lives of women in Wisconsin.

### **HIGHLIGHTS OF ACTIVITIES**

#### **CHOICES INITIATIVE**

In 1984 the Wisconsin Women's Council created an interagency initiative to focus on the needs of and improve services to adolescent females. Interagency collaboration was seen as the prime vehicle for improving services. By bringing social service agencies, schools, job training resources, health care providers, advocacy groups, and civic organizations together in a new leadership linkage, the Choices projects helped to lessen the chances of a young woman's dependence on public assistance. Through 7 regional Choices projects, young women are exploring career options, staying in school, developing assertive skills, and learning responsible decision-making.

## **PUPIL NON-DISCRIMINATION STATE STATUTE 118.13**

In 1984 the Women's Council worked with the Department of Public Instruction to revise state statute 118.13, the state's pupil non-discrimination statute to expand protection against subtle forms of discrimination and to ensure equal educational opportunities by mandating administrative rules for enforcement.

## **WISCONSIN TASK FORCE ON COMPARABLE WORTH**

In 1984 the Wisconsin Task Force on Comparable Worth was established to develop a system by which state civil service and unclassified academic staff may be evaluated using the principle of equal pay for comparable worth. Executive Order #44 directed the Women's Council to provide administrative support to the Task Force. The Council also hired a limited term employee to coordinate outreach and media information for the Task Force.

## **MAKING JTPA WORK FOR WOMEN**

In 1985 the Women's Council hired a limited term employee Job Training Partnership Act (JTPA) policy specialist to coordinate the "Making JTPA Work for Women" technical assistance project funded by DILHR. The Council urged the State Job Training Coordinating Council to use the 6% incentive funds for projects targeting quality service delivery to women under JTPA, including technical assistance, community education, Private Industry Council and service provider training, and program monitoring. In 1993, the Women's Council and DILHR developed an update of the JTPA brochure.

## **WOMEN'S BUSINESS INITIATIVE CORPORATION (WBIC)**

In 1985 members of the Women's Council visited the Women's Economic Development Corporation (WEDCO) in Minnesota, a non-profit organization which provides assistance and loans to women who wish to start a business, to explore how the Minnesota experience can be translated to a Wisconsin enterprise. Consequently, the Women's Business Initiative Corporation (WBIC) was proposed as a non-governmental program to be initially established in Milwaukee and projected to expand throughout Wisconsin and whose primary focus is on women who are either underemployed or unemployed. The Women's Council petitioned the legislature and governor to provide matching state funds to launch this enterprise. The Council has steadily supported funding for WBIC since its inception and in 1993 worked to secure \$560,000 for the program - the largest state budget appropriation ever for women entrepreneurs. We also successfully worked to secure funding for the Women's Enterprise Center and the home of the

YWCA in Milwaukee. Today, The Center houses an incubator, child care center, the YWCA, WBIC and TEMPO.

#### **LEGISLATIVE COUNCIL STUDY ON EMPLOYMENT DISINCENTIVES (AJR16)**

In 1986 the Women's Council initiated AJR16, a Legislative Council study of the state's public assistance programs. The Women's Council asked that the study include recommendations on how to eliminate disincentives to employment as well as long term solutions which emphasize day care, health care, and transportation.

#### **GOVERNOR'S WORKGROUP ON WOMEN IN BUSINESS**

In 1986 the Women's Council organized and staffed the Governor's Workgroup on Women in Business that included government agencies, higher educational institutions, and women business owners to create and produce a directory of resources for women business owners.

#### **WELFARE REFORM PANEL DISCUSSION**

In 1986 a welfare reform panel discussion was coordinated by the Women's Council. Participants included the secretary of the Department of Health and Social Services (DHSS) and representatives from DHSS' Division of Policy and Budget, Department of Development, Department of Industry, Labor, and Human Relations, Social Development Commission, Congress for a Working America, Hunger Task Force, Welfare Rights Alliance, Madison Urban League, Wisconsin Women's Network, and Western Dairyland Community Action Commission.

#### **FARM WOMEN'S ROUND TABLE**

In 1987 30 farm women from around the state met with the Women's Council to discuss issues and concerns of rural and farm women. Representatives of the U.S. Department of Labor, Women's Bureau, Office of the Insurance Commissioner, Department of Health and Social Services, Department of Industry, Labor, and Human Relations, the Legislative Council, and several members of the Legislature, were present as state resources for the ROUND TABLE discussion.

#### **WISCONSIN HOUSING AND ECONOMIC DEVELOPMENT AUTHORITY (WHEDA) LOAN PROGRAMS**

In 1987 the Women's Council worked with WHEDA to change legislative language in eligibility criteria relating to its SEED fund and Linked Deposit Loan program

(LiDL) to better serve women and minority business owners.

### **WISCONSIN WOMEN AND THE LAW**

In 1989, the Wisconsin Women's Council with support from State Bar of Wisconsin and the Milwaukee Bar Association Foundation, Inc. published the fourth edition of "Wisconsin Women and the Law." The publication describes the many aspects of state and federal law that define the rights and responsibilities of Wisconsin women. Many women, organizations and advocates want to see this book re-issued. In 1997-98 the Council will once again be working with the Women and the Bar Committee to find ways to fund a fifth edition of this book.

### **GLASS CEILING INITIATIVE**

In 1992-93, responding to the U.S. Department of Labor's Women's Bureau request to sponsor a forum on the glass ceiling initiative, the Women's Council convened a group of leaders from business women's organizations and government agencies to plan this event. The group, comprising of representatives from Business and Professional Women, Inc., TEMPO - Madison, TEMPO - Milwaukee, Professional Dimensions, Management Women, Executive Women International, The Business Forum, Small Business Administration, YWCA, and UW Small Business Development Center, proposed that the Women's Council ask the governor to establish a task force to look at the extent of the glass ceiling in Wisconsin and make recommendations as to how Wisconsin businesses can address this issue.

The Governor's Task Force on the Glass Ceiling Initiative was established by Executive Order #163 and staffed by the Women's Council. The Women's Council researched statistics and materials for and drafted the "Report of the Governor's Task Force on the Glass Ceiling Initiative."

### **SEXUAL ASSAULT FUNDING INITIATIVE**

In 1993 the Women's Council helped secure funding for the Sexual Assault Funding Initiative. The Initiative provides more funding for existing but financially needy programs which rely heavily on the federal Victims of Crime Act (VOCA) and local funding. Funding is provided for sexual assault services in under served areas, education for the purpose of prevention, advocacy and counseling services, a 24 hour crisis telephone line, and services for rural residents, minorities, children, the elderly, and disabled represented in the service areas. This was the first time that funding for sexual assault services was included in the Wisconsin state budget.

## **WISCONSIN GLASS CEILING COMMISSION**

In 1994, the Wisconsin Glass Ceiling Commission was created to expedite recommendations in the "Report of the Governor's Task Force on the Glass Ceiling Initiative." The Executive Director of the Women's Council is liaison serves on the Interagency Working Group and the Glass Ceiling's Executive Committee.

## **INTERMODAL SURFACE TRANSPORTATION EFFICIENCY ACT OF 1991 (ISTEA)**

In 1992-97 through the efforts of a coalition initiated by the Women's Council that includes the U.S. Department of Labor, the YWCA of Greater Milwaukee and several other community based organizations, the Vocational Technical College System, Wisconsin Department of workforce Development and the Department of Transportation, \$175,000 has been allocated for three years to fund the TRANS program for training and support for women in highway construction careers. The 1995, 96 and 97 initiatives will be targeted in southeast Wisconsin.

## **NONTRADITIONAL EMPLOYMENT FOR WOMEN ACT (NEW ACT) GRANT AND STATE LEADERSHIP TEAM ON NONTRADITIONAL EMPLOYMENT 1993-PRESENT**

As a result of the Women's Council's leadership the State of Wisconsin successfully sought and received \$259,000 in each of two successive years for Women in Nontraditional Employment. The first grant focuses on Milwaukee and the NET project. The second was focused on the Washington-Ozaukee-Waukesha area.

The Council also serves on the State Leadership Team on Nontraditional Employment for women which advises the Department of Industry, Labor, and Human Relations on policies relating to job training and placement for women. Others serving on the Leadership Team include Wisconsin Technical College System, Wisconsin Job Service, Governor's Glass Ceiling Initiative, State Apprenticeship Bureau, Federal Apprenticeship Bureau, Department of Public Instruction, Department of Health and Social Services, Employment Options of Dane County, W-O-W SDA, and Milwaukee NET.

## **TAKE OUR DAUGHTERS TO WORK DAY (TODTWD)**

In 1994 and 1995 the Women's Council led the coalition of organizations for Take Our Daughters to Work Day. The coalition consisted of the American Association of University Women - Wisconsin, the CHOICES Initiative - Department of Health and Social Services, the CHOICES Interagency Working Group, Department of Public Instruction, Department of Transportation, TEMPO, the Business Forum, the Education Equity Task Force of the Wisconsin Women's Network, and others. We worked to raise awareness of this event and to encourage participation by employers, employees, adults, schools, parents, community groups, and girls throughout the state. The efforts of the 1994 Planning Group were recognized nationally as one of the five best in the country. The 1995 effort resulted in

attaining a grant of \$10,000 from Blue Cross/Blue Shield United of Wisconsin and \$2500 from Oscar Mayer as well as other private and corporate contributors. The early fund raising that was done by the coalition has allowed the effort to continue to be successful and financially sustaining through the contributions of member organizations. Briarpatch in Madison has taken over the distribution of materials in 1996 and 1997.

## **PROFILE OF WISCONSIN WOMEN**

In 1994, in collaboration with the University of Wisconsin System Women's Studies Consortium - Outreach Program the Women's Council published the second edition of "Profile of Wisconsin Women." The publication includes data and information on a wide variety of areas such as labor force participation, types of occupations, income and earnings, and women owned businesses.

## **LEADERSHIP ROLE IN WISCONSIN WOMEN VOTE '96**

Following in the footsteps of so many who have gone before us in the struggle for women's suffrage, the staff of the Women's Council played a key role in bringing women together in an unprecedented non-partisan voter education and get out the vote effort in Wisconsin. Made up of a very large coalition of organizations, staff provided leadership and technical assistance, workshops on issues and registration techniques and helped to secure a grant from the Wisconsin Community Fund that was provided to the Wisconsin Women's Network Education Fund.

## **COORDINATOR OF THE FOLLOW UP TO THE UN CONFERENCE ON WOMEN HELD IN BEIJING 1996**

The Women's Council staff played a crucial role in bringing women together from around the state for a satellite conference to discuss issues as a follow up to the UN Conference held in 1995 in China. We networked with several of the campuses in the Technical College System and the University of Wisconsin System.

## **LEADERSHIP ROLE OF EXECUTIVE DIRECTOR OF WOMEN'S COUNCIL**

The Executive Director frequently is called upon to give speeches and workshops at conferences throughout the state and country. These often included the Women and Poverty Conference, the Statewide Equity Leadership Conference sponsored by DPI and others, the Vocational Education Equity Conferences led by the Technical College System, church groups, advocacy groups such as the Council on Children and Families and others. Additionally, the current Executive Director serves on the Board of the National Association of Commissions for Women and will be actively engaged in working on a telecommunications project

for the Association. Region V of NACW which consists of Illinois, Michigan, Indiana, Ohio, Minnesota, and Wisconsin is planning a leadership conference for the Spring of 1998. The Executive Director has also participated in two Wingspread Conferences.

### **COMMUNITY LIAISON GROUP FOR SOUTHEASTERN WISCONSIN 1995-present**

Following up on the Council's work with the NEWA grant and ISTE/TRANS we were very instrumental in initiating the Community Liaison Group to the Office of Contract Compliance. The CLG has as its purpose to link job seekers with jobs in the greater Milwaukee area. We played a pivotal role in putting the structure in place and continue to participate in the functioning of the CLG. It complements a similar group that exists for industry.

### **LEGISLATIVE ISSUES**

AIDS education in K-12	Health insurance for the uninsured
child care funding	Civil Rights Act
Choices Initiative	Comparable worth
Earned income tax credit	School based health services
Abortion rights	Domestic abuse funding
Welfare reform	Family and medical leave
Alcohol and other drugs abuse funding	Pregnancy prevention
Flexible benefits/alternative work patterns	Education equity in higher education
Durable power of attorney	Child support
WI Women's Business Ownership Act	Anti-obscenity
Healthy Start funding	AFDC rules
Affirmative action (veterans preference)	Family Preservation Initiative
Head of household tax deduction	Sexual assault funding
Women's Business Initiative Corporation	Displaced homemakers funding
Gender balance on boards/committees	Spousal impoverishment
Medical assistance extension	

### **STATEWIDE PUBLIC HEARINGS**

Green Bay, 1984  
Rhineland, 1985  
La Crosse, 1987

Milwaukee, 1984  
Eau Claire, 1986  
Marathon county, 1988

Milwaukee, 1989  
Racine, 1991  
Lac du Flambeau, 1992  
Milwaukee, 1994

Platteville, 1990  
Superior, 1992  
Manitowoc, 1992

## **AGENCY REVIEWS**

Wisconsin Community Development Finance Authority, 1984  
Bureau of Procurement, Department of Administration, 1984, 1993  
Department of Development, 1984, 1988, 1991  
Department of Public Instruction, 1985, 1993  
Wisconsin Housing and Economic Development Authority, 1985, 1988  
Division of Community Services, Department of Health and Social Services, 1987, 1989, 1990  
Forward Wisconsin, 1988  
Department of Employment Relations, 1989, 1992  
Domestic Abuse Council, Department of Health and Social Services, 1989  
Department of Corrections, 1990  
Division of Health, Department of Health and Social Services, 1990  
Governor Task Force on Family and Children, 1990  
Wisconsin Equal Justice Task Force, 1991  
Division of Jobs, Employment and Training Services, Department of Industry, Labor and Human Relations, 1992  
Department of Health and Social Services, 1992  
Wisconsin State Bar Gender Equity Task Force, 1993

## **PUBLIC EDUCATION**

"Give Her Bread and Roses" National Secretaries Week forum on comparable worth, 1984  
"Women of Color Dialogue," 1984  
"Information Sharing Exchange on Welfare Reform," 1984  
"The Budget and Its Process from the Perspective of the Department of Administration and from an Advocacy Point of View," 1984  
"Issues Underlying Choices and Transitions," 1984  
"Transitions: Employment and Training," 1984  
"Teen Women: They Need Choices," 1984  
"Women of Color," 1985  
"At-Risk Teens," 1985  
"Race and Sex Equity in Our Schools," 1985

- "Early Input Into the Biennial Budget," 1985
- "The Pregnancy Options Bill," 1986
- "Impact of the Gramm-Rudman on Wisconsin's Budget," 1986
- "Women's Transition to Economic Self-Sufficiency," 1986
- "Economic Development," 1986
- "Child Care," 1986
- "The Fundamental Causes of Women's Poverty in Wisconsin," 1987
- "The Civil Rights Act," 1988
- "Women in Business," 1988
- "Women and Health," 1988
- "Child Care," 1988
- "Improving the Economic Status of Wisconsin Women," 1989
- "Women and Alcohol and Other Drug Abuse," 1989
- "Flexible Benefits," 1989
- "The Female Offender," 1989
- "Pregnancy Prevention - What Works and What Doesn't," 1990
- "Learnfare and Workfare: Community Initiatives and Reactions," 1990
- "Women and Alcohol and Other Drug Abuse," 1990
- "Women as Employees," 1990
- "Wisconsin Women Owned Businesses," 1991
- "Women's Business Initiative in Women's Studies," 1991
- "Choices," 1992
- "Teen Pregnancy Prevention State Plan," 1992
- "Women and Corrections," 1992
- "Welfare Reform: What's Working - What's Not. How Should It Look?," 1992
- "Wisconsin Women's Health Equity Act," 1992
- "Women and Tobacco," 1992
- "Elder Care and Child Care," 1993
- "Sexual Assault, Rape, Stalking, Mace, and Caller ID," 1993
- "Gender Equity in Education," 1993
- "Women, Job Training, and Welfare Reform," 1994
- "Elderly Women and Intergenerational Issues," 1994
- "Employer Sponsored Child Care," 1994

## **SPECIAL EVENTS**

- "Celebrating Women Making History" Women's History Month speech, film, and photo display, 1984
- "Making Herstory Visible" Women's History Month speech, art display 1985
- "Wisconsin Women: A Celebration" Women's History Month poster production and distribution, 1986
- "My Sister's Keeper: Sowing the Seeds" Women's History Month ROUND TABLE discussion and "Rural Women: Building on a Heritage of Courage" film, 1987
- "All-China Women's Federation" reception and tour of women's organizations,

1987

- "Girls' Choices . . . Future Voices" Women's History Month K-12 art contest and Capitol display, 1988
- "Heritage of Strength and Vision" Women's History Month K-12 Poetry and Rap Contest, 1989
- "A Tribute to Kay," dinner honoring Kay Clarenbach, 1988
- "Virginia Hart Special Recognition Award," 1989, 1990, 1991, 1992, 1993, 1994, 1995, 1996, 1997
- "Tribute to Hannah," dinner honoring Hannah Rosenthal, 1992
- "Tenth Year Anniversary Birthday Celebration," of Wisconsin Women's Council and Virginia Hart Special Recognition Award, 1993
- "Take Our Daughters to Work Day," 1994, 1995, 1996, 1997

## **PUBLICATIONS**

- "Wisconsin Women's Council" brochure, 1983
- "Job Training Partnership Act (JTPA)" brochure, 1983
- "Educational Equity" brochure, 1983
- "Marital Property Act" fact sheets, 1983
- "What is Comparable Worth?" brochure, 1983
- "Comparable Worth: An Issue for Women of Color" brochure, 1983
- "Marital Property Act" fact sheets, revised, 1984
- "Wisconsin Women's Services and Organizations" directory, 1984
- "Alternative Work Patterns" brochure, 1985
- "Women's History Month" poster, 1986
- "Choices Initiative" brochure, 1986
- "Civil Rights Act" brochure, 1986
- "Wisconsin Government and Education Serving Women Business Owners: A Resource Guide" brochure, 1986
- "Profile on the Economic Status of Wisconsin Women" book, 1987
- "Girls' Choices . . . Future Voices" poster, 1988
- "Wisconsin Women's Council" brochure, revised, 1988
- "Wisconsin Family and Medical Leave Act: Your Guide to Understanding Law" brochure, 1989
- "Women Needed on Public Boards and Commissions" brochure, 1989
- "Wisconsin Women's Organizations and Services" directory, 1989
- "Wisconsin Women and the Law" book, 1989 ←
- "Balancing a Job and a Family" brochure, 1991
- "Wisconsin Women's Organizations and Services" directory, 1991
- "Wisconsin Women's Council" brochure, revised, 1992
- "JTPA: Job Training for Better Wages" brochure, 1993
- "Wisconsin Women's Organizations and Services" directory, 1994
- "Profile of Wisconsin Women" book, 1994

## **OTHER SERVICES**

**Clearinghouse for materials and information relating to women.  
Library offering over 800 titles, 50 video cassettes, and 20 audio cassettes.**

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**Wisconsin Women's Council  
16 North Carroll St. Suite 720  
Madison, Wisconsin 53702  
608/266-2219 office  
608-266-5046 fax  
Email: [Emershart@compuserve.com](mailto:Emershart@compuserve.com)**

**Executive Director: Eileen D. Mershart**



STATE OF WISCONSIN

## WISCONSIN WOMEN'S COUNCIL

16 NORTH CARROLL ST., SUITE 720 • MADISON, WISCONSIN 53702 • TELEPHONE (608) 266-2219 or 266-2285

MARGARET FARROW  
CHAIR

HANNAH ROSENTHAL  
EXECUTIVE DIRECTOR

### MAJOR ACCOMPLISHMENTS OF WISCONSIN WOMEN'S COUNCIL 1984-1991

#### LEGISLATION

education equity (s. 118.13, AB 218)

pay equity

#### CHOICES

family and medical leave

civil rights act

pregnancy prevention

domestic abuse

displaced homemakers

welfare reform

child care

child support

health insurance for the uninsured

anti-obscenity

flexible benefits and alternative work patterns

reproductive choice

healthy start

affirmative action (veterans preference)

business women's initiative

sexual assault

AFDC rules

earned income tax credit

head of household tax deduction

durable power of attorney

gender balance

education equity in higher education

spousal impoverishment

## INITIATIVES

### CHOICES Initiative

A Wisconsin WEDCO (Women's Economic Development Corporation) model: Women's Initiative Corporation

Adolescent Pregnancy Prevention Board

Welfare reform - remove disincentives

## CONFERENCES

"National Association of Commissions for Women" regional conference, 1984

"Choices" conference, 1985

"Women and Economic Development: Creating a Strategy for the Future" conference, 1985

"Women and Health: Policy, Politics, and Power" conference, 1986

## CONFERENCE CO-SPONSORSHIP

Women in business conferences: 1984, 1985, 1986, 1987, 1989, 1990, 1991

Education equity: 1987, 1988

Women and health: 1986

Women and employment: 1986, 1987

Teen pregnancy prevention: 1986, 1988

Minority women: 1986, 1987, 1989

Female offenders: 1986

Child care: 1987, 1988

Women in poverty: 1987

Farm women: 1987

Women in prison: 1989

State leadership conference: 1989

Job opportunities: 1991

## PUBLIC MEETINGS

"Beyond the Barriers of Poverty," Green Bay 1984

"Beyond the Barriers," Milwaukee 1984

"Lives of Rural Women," Rhinelander 1985

"Women Facing the Farm Crisis," Buffalo, Jackson, Trempeleau, and Eau Claire counties 1986

"Wisconsin Women and the State Budget," La Crosse 1987

"Farm Women's Exchange," Marathon County 1988

"Women in Business," Milwaukee 1989  
"Farm Women's Exchange," Platteville 1990  
"Public Meeting," Racine, 1991

#### AGENCY REVIEWS

Wisconsin Community Development Finance Authority, 1984  
Bureau of Procurement, Department of Administration, 1984  
Department of Development, 1984  
Department of Public Instruction, 1985  
Wisconsin Housing and Economic Development Authority, 1985  
Division of Community Services, 1987  
Department of Development, 1988  
Wisconsin Housing and Economic Development Authority, 1988  
Forward Wisconsin, 1988  
Department of Employment Relations, 1989  
Department of Health and Social Services, Domestic Abuse Council, 1989  
Division of Community Services, 1989, 1990  
Department of Corrections, 1990  
Division of Health, 1990  
Task Force on Family and Children, 1990  
Department of Development, 1991

#### PUBLIC EDUCATION

"Give Her Bread and Roses," National Secretaries Week, forum on comparable worth, 1984  
"Women of Color Dialogue," 1984  
"Information Sharing Exchange," 1984  
"The Budget and Its Process from the Perspective of the Department of Administration and from an Advocacy Point of View," 1984  
"Issues Underlying Choices and Transitions - Prevention Strategies," 1984  
"Transitions: Employment and Training," 1984  
"Teen Women: They Need Choices," 1984  
"Women of Color," 1985  
"At-Risk Teens," 1985  
"Race and Sex Equity in Our Schools," 1985  
"Early Input into the Biennial Budget," 1985

"The Pregnancy Options Bill," 1986  
"Impact of the Gramm-Rudman on Wisconsin's Budget," 1986  
"Women's Transition to Economic Self-Sufficiency," 1986  
"Economic Development," 1986  
"Child Care," 1986  
"The Fundamental Causes of Women's Poverty in Wisconsin," 1987  
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"Women and Alcohol and Other Drug Abuse," 1989  
"Flexible Benefits," 1989  
"The Female Offender," 1989  
"Pregnancy Prevention--What Works and What Doesn't," 1990  
"Learnfare and Workfare: Community Initiatives and Reactions," 1990  
"Women and Alcohol and Other Drug Abuse," 1990  
"Women as Employees," 1990  
"Wisconsin Equal Justice Task Force," 1991

#### ROUNDTABLES AND PANELS

"Credit and Capital Formation" Roundtable, 1985  
"Welfare Reform Panel Discussion", 1986

#### PUBLICATIONS

- \* Wisconsin Women's Council brochure, 1983  
Job Training Partnership Act (JTPA) brochure, 1983  
Educational Equity brochure, 1983
- \* Marital Property Act fact sheets, 1983  
Beyond the Barriers of Poverty fact sheets, 1983  
Beyond the Barriers of Poverty - Green Bay Public Meeting brochure, 1983  
Beyond the Barriers - Milwaukee Public Meeting brochure, 1983  
Green Bay Public Meeting report, 1983  
Milwaukee Public Meeting report, 1983  
What is Comparable Worth? brochure, 1983  
Comparable Worth: An Issue for Women of Color brochure, 1983  
Choices Conference brochure, 1984)
- \* Choices Conference report (1984  
Choices fact sheets, 1984  
Choices position papers, 1984
- \* Marital Property Act revised fact sheets, 1984

- \* Wisconsin Women's Services and Organizations directory, 1984
- Alternative Work Patterns brochure, 1985
- Lives of Rural Women - Rhinelander brochure, 1985
- Lives of Rural Women report, 1985
- Women and Economic Development Conference brochure, 1985
- \* Women and Economic Development Conference report, 1986
- Women and Economic Development Roundtable report, 1986
- 1986 Women's History Week poster, 1986
- \* Choices Initiative brochure, 1986
- Civil Rights Act brochure, 1986
- Women Facing the Farm Crisis report, 1986
- \* Wisconsin Government and Education Serving Women Business Owners: A Resource Guide brochure, 1986
- Women's Health Policy, Politics & Power Conference brochure, 1986
- \* Women's Health Policy, Politics & Power Conference report, 1986
- \* Wisconsin Women's Services and Organizations directory, 1987
- \* Profile on the Economic Status of Wisconsin Women book, 1987
- My Sister's Keeper: Sowing the Seeds report, 1987
- Girls' Choices, Future Voices poster, 1988
- \* Wisconsin Government and Education Serving Women Business Owners: A Resource Guide brochure, revised, 1988
- \* Wisconsin Women's Council brochure, revised, 1988
- Wisconsin Family and Medical Leave Act: Your Guide to Understanding Wisconsin Law
- \* Directory of Wisconsin Women's Organizations and Services, 1989
- \* Wisconsin Women and the Law, 1989
- \* Balancing A Job and A Family brochure, 1990
- \* Wisconsin Women's Organizations and Services directory, 1991
  
- \* In high demand from Women's Council office.

#### SPECIAL EVENTS

"Celebrating Women Making History", Women's History Week speech by Professor Gerda Lerner, a film on farm women, and a Capitol display of photos and symbols of Wisconsin's women of color. 1984

"Making Herstory Visible", Women's History Month speech by Professor Clarenbach on gains of women in the arts, Capitol display of art of Wisconsin women artists. 1985

"Wisconsin Women: A Celebration", Women's History Month poster produced by Wisconsin Women's Council, State Historical Society, and Department of Public Instruction. 1986

"My Sister's Keeper: Sowing the Seeds", Women's History Month farm women's roundtable and panel discussion, special recognition to Ada Deer, honoree of the National Women's History Month poster, "Rural Women: Building on a Heritage of Courage" film. 1987

"All-China Women's Federation" delegation visit and meeting with women's organizations. 1987

"Girls' Choices...Future Voices", Women's History Month art contest for K-12 and Capitol display. 1988

"A Tribute to Kay", speech honoring Kay Clarenbach by Betty Friedan. 1988

"Heritage of Strength and Vision" Women's History Month poetry and rap contest for K-12. 1989

Virginia Hart Awards, 1989, 1990, 1991

Women in Government banquets, 1988, 1989, 1990, 1991

SPEAKING ENGAGEMENTS

Numerous speaking engagements throughout the state

SERVICES

Numerous consistent services



STATE OF WISCONSIN

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REPRESENTATIVE SUSAN VERGERONT  
CHAIR

HANNAH ROSENTHAL  
EXECUTIVE DIRECTOR

### WISCONSIN WOMEN'S COUNCIL PUBLICATIONS

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- Marital Property Act fact sheets (1983)
- Beyond the Barriers of Poverty fact sheets (1983)
- Beyond the Barriers of Poverty - Green Bay Public Meeting brochure (1983)
- Beyond the Barriers - Milwaukee Public Meeting brochure (1983)
- Green Bay Public Meeting report (1983)
- Milwaukee Public Meeting report (1983)
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- Comparable Worth: An Issue for Women of Color brochure (1983)
- Choices Conference brochure (1984)
- Choices Conference report (1984)
- Choices fact sheets (1984)
- Choices position papers (1984)
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- Lives of Rural Women report (1985)
- Women and Economic Development Conference brochure (1985)
- Women and Economic Development Conference report (1986)
- Women and Economic Development Roundtable report (1986)



WISCONSIN  
WOMEN'S  
network

## Wisconsin Women's Council

### What is the Wisconsin Women's Council?

The Wisconsin Women's Council is the state agency charged with identifying and eliminating all barriers that prevent women in this state from participating fully and equally in all aspects of life. The fifteen members of the Wisconsin Women's Council are appointed by the Governor and the legislature. There is a small office staff in Madison.

### What has the Wisconsin Women's Council accomplished?

Since its founding in 1983, the Wisconsin Women's Council has formulated public policy, coordinated initiatives and programs, and increase public awareness to improve the lives of Wisconsin women. Some of the major initiatives of the Women's Council in the past twelve years have included:

- ♀ **CHOICES Initiative(1984)** - created an interagency initiative to focus on the needs of and improve services to adolescent females.
- ♀ **Pupil Non-Discrimination State Statute 118.13 (1984)** - worked with the Department of Public Instruction to expand protection against subtle forms of discrimination and to develop administrative rules for enforcement of 118.13.
- ♀ **Women's Business Initiative Corporation (WBIC) (1985)** - worked to provide state matching funds for this non-governmental program which focuses on women who are either unemployed or underemployed.
- ♀ **Governor's Workgroup on Women in Business (1986)** - organized and staffed the Governor's Workgroup on Women in Business which developed a resource directory for women business owners.
- ♀ **Wisconsin Women and the Law (1989)** - published the fourth edition of "Wisconsin Women and the Law", which describes state and federal laws that affect women. The Women's Council worked with the State Bar of Wisconsin and the Milwaukee Bar Association Foundation to produce this publication.
- ♀ **Glass Ceiling Initiative (1992-4)** - staffed a series of initiatives studying the glass ceiling, developed the "Report of the Governor's Task Force on the Glass Ceiling Initiative," and works with the Wisconsin Glass Ceiling Commission to expedite implementation of the "Report of the Governor's Task Force."
- ♀ **Sexual Assault Funding Initiative (1993)** - helped secure state funding for sexual assault services, including education, prevention and counseling.
- ♀ **All State Scholars Program (1993-94)** - worked in coalition to ensure equitable distribution of Wisconsin All State Scholarships, by advocating discontinued use of biased materials in selection process.
- ♀ **Take Our Daughters To Work Day (1994)** - worked in a statewide coalition to raise awareness of Take Our Daughters To Work Day and to encourage participation around the state.
- ♀ **Profile of Wisconsin Women (1994)** - published in collaboration with the University of Wisconsin System Women's Studies Consortium - Outreach Program, a profile of Wisconsin women -- including labor force participation, income and earnings, and education.
- ♀ **Intermodal Surface Transportation Efficiency Act (1994-95)** - initiated a coalition which focuses on training and support for women in highway construction careers that has received \$175,000.

### Why do we still need the Wisconsin Women's Council?

Despite its many accomplishments the Women's Council is still needed in Wisconsin. Women still do not have the same educational and employment opportunities as men do. More women and their families are living in poverty. The Women's Council, with its history of working not only with government agencies but also with advocacy groups, can forge the necessary links and coalitions to address this difficult issues.



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- Women and Economic Development Conference brochure (1985)
- Women and Economic Development Conference report (1986)
- Women and Economic Development Roundtable report (1986)

# Women's Council rips budget plan

## Agency attack spurs inner conflicts

Sentinel Madison Bureau 3-7-91

Madison — The Wisconsin Women's Council declared war on the governor's budget Wednesday, as members fought among themselves.

On an 8-6 vote, the council wound up to throw a punch in protest of the cut of one position and about \$25,000 from its own budget for 1991-'93.

Council appointees of Gov. Tommy G. Thompson opposed the protest; Democratic appointees, who still hold the majority, favored it.

But the council, which is designed to advance women's and family issues in the state, was far from a happy family Wednesday.

Council Director Hannah Rosenthal, of Madison, set off the debate by reporting the effects of the budget recommendations from the governor.

"It's a staff reduction for the Women's Council," she said. Kathryn Clarenbach, one of the early leaders in the state on women's issues, promptly moved to restore the money.

The new council chairman, Sen. Margaret A. Farrow (R-Elm Grove), sought to settle hostilities early by accepting, on a voice vote the move by Democratic appointees to challenge Thompson's budget cut — one of many the governor made in a time of tight revenue.

Farrow said the council budget Thompson submitted doesn't leave any room for restorations, and she didn't see much hope of saving the staff member. "If I'm anything," Farrow said, "I'm a fiscal conservative."

But council member Susan Hobart,

of Madison, and other Democrats wanted to find out where council members stood. Farrow herself then voted against protesting the cut.

Council member Rep. Barbara Notestein (D-Milwaukee), Assembly Democratic whip, said the governor's budget implied a "squelching again one of the few agencies in state government that still is in a position to differ with him.

"He has successfully gagged every other agency," said Notestein. "His attempt to gag the Women's Council" won't succeed, she said.

"It pains me to vote against restoring the budget," said Rep. Susan B. Vergeront (R-Cedarburg), former council chairman.

"The Women's Council should serve the interests of all women of the state, not just one point of view," she said, pointing not too subtly at the council's sometimes liberal agenda.

Others, such as Sen. Charles J. Chvala (D-Madison), said the council ought to work toward advancing an agenda on which it can agree.

But Chvala said that wouldn't happen as long as Thompson seeks to control the council with such maneuvers as a new budget lineup.

"I'm a little disheartened," said Chvala. "We again seem to be polarized. . . . Until we get beyond some of these collegial issues, it's going to be very hard to work together."

Hobart said Thompson set the tone for the fight when he named Mary Kohler, of Sheboygan, as council chairman several years ago.

# WORLDVIEW

VOL. 16, NO. 41, OCT. 11-17, 1991

## A Leader Among Women

*Hannah Rosenthal  
knows what  
she must do:  
Change the world.*

BY JUDITH M. DAVIDOFF

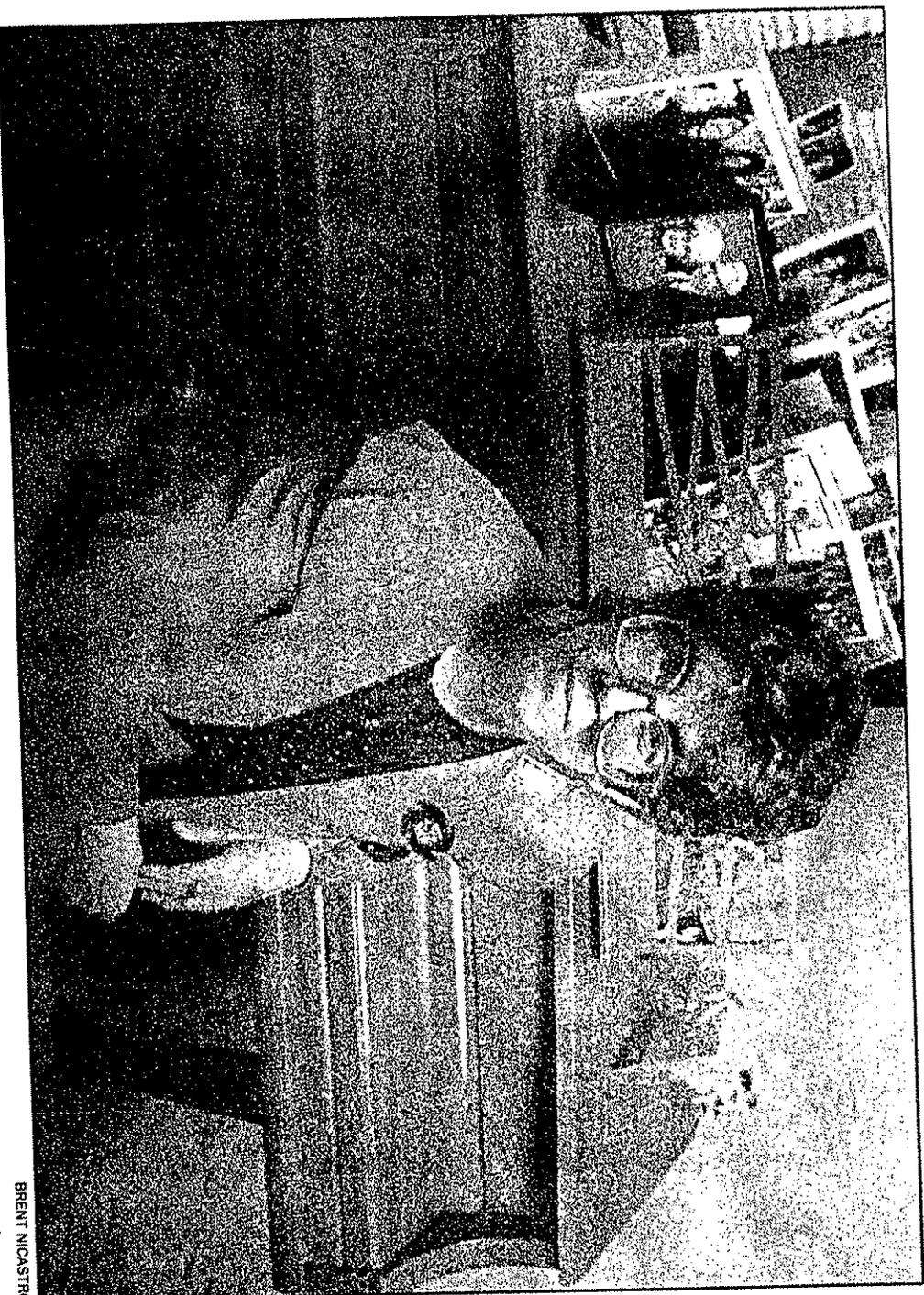
When Hannah Rosenthal was 10 years old, her father, then a rabbi in Flossmoor, Ill., brought his family to the water tower in Frankfurt, Germany, where years earlier he was to have been publicly executed for allegedly plotting to kill Hitler. Looking skyward, arms clutched tightly around his wife and two daughters, he spoke triumphantly and between sobs: "You tried to annihilate me and look what I did."

"It was a profound moment in all of our lives," Hannah Rosenthal recalls.

Frank Rosenthal was released from Germany's notorious Buchenwald concentration camp and slipped out of Germany with the aid of a Lutheran minister. He arrived in the United States in 1939, the only member of his family who would survive the Holocaust.

When Hannah asked her father why this was so, his answer was simple: "To have you and [younger sister] Debbie, my dear."

"And so onto our shoulders went the responsibility of the entire world," says Rosenthal with a laugh. "People ask me, 'What are you trying to do, Han-



BRENT NICASTRO

Descended from 17 generations of rabbis, Rosenthal studied to be a rabbi herself, then turned to politics. Today, a friend says, she approaches her work on behalf of disadvantaged people, women and girls with a spiritual zeal. She's motivated by a sense of



BRENT NICASTRO

**'We have a choice  
as a state: To  
keep our heads  
buried in the sand  
or try to teach  
kids responsible  
sexual behavior.'**

contraception is going to help prevent a pregnancy until they realize that by postponing parenthood, they have other options open to them."

Not everyone likes hearing such pronouncements from the predominately white members of the women's council. Dane County Supv. Eyvonne Crawford-Gray objects to Rosenthal's labeling adolescent pregnancy a "problem" in the African-American community. She supports the decision of some girls to become parents out of a desire to love and be loved and asserts that strong networks exist among blacks to help these teenage mothers.

As Crawford-Gray sees it, the system is to blame for failing to provide teens with viable alternatives to getting pregnant. But on this point she'll get no argument from Rosenthal: "The best contraceptive, clearly, is hope for the future."

**BRIDGING GAPS**

Rosenthal recalls a conversation she had with her mother before leaving for college in 1969. Harriet Rosenthal, a committed abortion-rights activist at a time when abortion was illegal in Illinois, gave Hannah a litany of advice on what she should do if she ever became pregnant.

"She said, 'I don't want you going to a butcher; I don't want anybody else to be butchered. These are issues that are women's issues. Don't let anyone do anything to your body that you don't

want; never have sex until you feel you're ready,' which of course to her meant married.

"But the message was clear," says Rosenthal. "You make the decisions; make them wisely. And because laws don't represent that kind of freedom for you, you call me. Those were very strong messages."

Equally formative was Harriet Rosenthal's expectation that her daughter, unlike herself, would pursue a profession: "The message I got from her loud and clear was that I was going to be someone on my own and not just somebody's wife."

Rosenthal's father, the 17th in an unbroken succession of rabbis, was a liberal standout in the conservative, upscale Chicago suburb of Flossmoor. Its population of 4,000 supported no less than seven country clubs—all of which restricted membership in some way.

"He was very involved in the civil rights movement at a very pivotal time of my life," says Rosenthal of her father, who worked with the local chapter of the NAACP, helped create the local Head Start program and devoted many hours to interfaith, intercultural and interracial initiatives. (Both parents are now deceased.)

Frank Rosenthal, like other Holocaust survivors, believed fervently in building ties with the non-Jewish community, so that "such misunderstanding, such bigotry, such horror and such depths of human evil could never happen again. That is the home I grew up in."

It is a philosophy Hannah embraces as well. "Nothing gets accomplished unless you bridge gaps," she says, citing her work in bringing together a coalition of lawmakers, business groups, labor unions and child-care advocates to win passage of the Family and Medical Leave Act of 1988.

Rosenthal is disturbed that race politics have driven wedges between traditionally strong alliances. She is especially aggrieved to see relations between Jewish and African-Americans at such a low ebb, as reflected in the racial strife between blacks and Hassidic Jews in Crown Heights, Brooklyn.

For Rosenthal, her loneliest moment in Madison came in February 1989, when the Rev. Louis Farrakhan came to the UW-Madison. Although she supported his right to speak, she was appalled that public money paid his fee.

"My concern was that \$11,000 of taxpayers' money went to a hate-monger who was identified nationally for a basic reason...because he was so vehemently anti-Semitic," says Rosenthal, who felt "betrayed at the loud silence of the community in condemning his demagoguery."

**FROM PIERCED EARS TO POLITICS**

Urged by her mother to go to an all-women's college, Rosenthal chose Mount Holyoke, a small elite school in Massachusetts. On her first night there, she took a symbolic stand against her parents: She had her ears pierced.

Rosenthal's parents, citing some obscure historical reference, viewed earrings as a symbol of slavery. But for

# ROSENTHAL

Continued from Page 1

nah, save the world?' And I answer, 'I have no choice; my dad told me I have to.'"

Rosenthal has borne that burden well. As executive director of the Wisconsin Women's Council since its founding in 1984, she is a passionate, outspoken—some would say strident—advocate for progressive change.

"Hannah has been very much in the forefront of women's issues in Wisconsin," says Rep. Becky Young (D-Madison). "She knows the right buttons and when to push them."

Lately, Rosenthal has been wondering whether the council is still an appropriate place for her, given the degree to which it has become politicized over issues like abortion and what she calls "extremist appointments" by Gov. Tommy Thompson. She says "unleashing" herself to be a pressure point on the system outside of government seems like an attractive option: "No matter what I do, I will continue to be a very loud voice."

Rosenthal, 40, recently considered challenging Scott Klug for the 2nd District congressional seat but decided against it because of family considerations. She is married to Dane County Executive Rick Phelps; the couple has two young daughters: Shira, 13, and Francie, 10.

Trained as a rabbi, Rosenthal also performs alternative services for the Jewish High Holy Days. Audrey Fox, a student at MATC, attended Rosenthal's services for the first time this year and was moved to tears by her lyrical storytelling and soulful singing: "You get the feeling you've known her forever."

"Hannah has the capability that few people have for greatness—to be a great human being who really changes the lives of people around her," says Rosenthal's friend Jacquelyn Mitchard, a Milwaukee Journal columnist. "Things that Hannah has done in the state have materially affected lives for the better."

"People and their welfare are almost a spiritual expression for her. She approaches her work on behalf of disadvantaged people, women and girls with a spiritual zeal. She's motivated by a sense of mission. There's a lot of the rabbi still in Hannah."

## FEMINIST AGENDA

The Wisconsin Women's Council is a state agency whose 15 members are appointed by the governor and legislative leaders. Rosenthal, who receives a salary of just under \$40,000 for overseeing the administration of the council and the affiliated Adolescent Pregnancy Prevention and Pregnancy Services Board, is supported by one full-time assistant and a part-time clerical worker.

For fiscal 1992 the council's budget is \$129,000; the pregnancy board will receive \$89,000 for administrative costs (including the salary of a full-time staffer) and \$590,000 in grant money for community-based programs aimed at preventing teen pregnancies.

Rosenthal and the council's bipartisan members endorse and work on legislation that affects women—doing research, organizing public hearings and disseminating information.

In tackling such controversial issues as reproductive health, pay equity, marital and family leave, domestic abuse and teen-pregnancy prevention, Rosenthal would say she is simply fulfilling the council's mandate: to protect and enhance the interests of Wisconsin women.

But critics like Rep. Susan Vergeront (R-Cedarburg), who resigned as council chair in 1989 after it voted to support pro-choice legislation and oppose parental consent bills, say Rosenthal abuses her position by attempting to advance her "liberal feminist agenda."

This past July, Vergeront unsuccessfully urged Gov. Thompson to veto legislative appropriations for the council and the pregnancy board—a move that would have terminated Rosenthal's job.

In a letter to Thompson, Vergeront condemned Rosenthal for continuing to "lobby and push for her viewpoint." Rosenthal's most "inappropriate" action, according to Vergeront, was "challenging the [pregnancy board's] grant for Rosalie Manor on grounds that a religious institution was the grant recipient."

What was truly "inappropriate," counters Rosenthal, was for the council to fund an organization that has "religious dogma regarding sexuality" and that incorporates prayer and Bible-reading in its program. (Rosalie Manor, a residential program for pregnant teens in Milwaukee, no longer receives board funding.)

Vergeront says Rosenthal's "personal prejudices and beliefs" conflicted with the purpose of the board. Rosenthal says her insistence on the separation of church and state was met with "not-so-thinly veiled anti-Semitism." ("What's it to you, Hannah?" she recalls hearing. "Does it offend you to have a crucifix on the wall?")

"That's still the reason they're trying to get my job," Rosenthal avers. "Because I had the audacity to take on the Catholic Church."

## HARD REALITY

It is Rosenthal's job to see that policy is not stymied by politics. As she proudly notes, the pregnancy board's six voting members (not including Rosenthal) are evenly divided on the issue of abortion yet unanimously agree that programs must provide contraception—not just urge abstinence—to receive state funding.

Says Rosenthal, "The board recognizes that 90% of adolescents are sexually active by the time they reach their senior year in high school and we have a choice as a state: To keep our heads buried in the sand or try to teach kids responsible sexual behavior."

But even Rosenthal admits birth control is only a partial answer to the problem of teenage pregnancy. A hard reality she and others who work in this area must face is that some teens become pregnant on purpose—"And no information we're going to give them on

Hannah they became a symbol of freedom. Big, clunky and wild earrings—miniature Monopoly boards are one of her current favorites—are now Rosenthal's fashion signature, and she admits to a huge collection.

A guidance counselor at Mount Holyoke, noting Hannah's inability to hide her feelings, steered her away from an early interest in politics (and poker). Rosenthal chose instead to follow family tradition and became a rabbi. She spent a summer studying Hebrew at the UW-Madison, transferred to the university in 1971 and two years later received a bachelor's degree in religion.

In fall 1973, Rosenthal began her rabbinical studies at Hebrew Union College in Jerusalem. The Yom Kippur War broke out shortly after her arrival.

Living through a war reinforced her peace activism, Rosenthal says. "It's real different to be on Bascom Hill being gassed with tear gas and living in a bomb shelter in a country where real bombs are dropping." (She supports the concept of justifiable war, but says she hasn't seen one in her lifetime.)

Rosenthal returned one afternoon from school to find an unexpected visitor waiting outside her Jerusalem apartment. Rick Phelps, touring through Europe, decided to pop in after making a hasty exit from Greece where civil war raged. The two had been acquaintances in Madison—he had dated her roommate—but in Israel they fell in love.

After three months, Phelps returned to Madison. The following fall, Rosenthal resumed her studies in Los Angeles, serving as a student rabbi to a congregation in Long Beach, Calif. She loved "being involved in people's lives" but grew disenchanted with the rabinate, and decided to leave.

Two days later, Rosenthal was invited to teach Hebrew, Jewish literature and Jewish history at a residential camp for young adults in Oconomowoc. Rosenthal rushed back to Wisconsin, where she and Phelps reunited—this time for good.

Rosenthal and Phelps, a former Catholic, find it hard to speak about the resistance they encountered from their families about their mixed-faith relationship, saying only that it was a "difficult transition." Phelps converted to Judaism and the couple was married by Rosenthal's father in 1976.

After a semester in Oconomowoc, Rosenthal landed a job at Temple Beth El in Madison, running its religious school. Called "Hannah Banana" by her students, she tried to make the curriculum more egalitarian—"to see girls in the school have the same expectations of opportunities within the religious world as the boys."

After three years, Rosenthal was again ready for change. ("The religious vehicle was a little slow for my inner clock," she explains.) And so, against the guidance counselor's advice, Rosenthal entered the political arena.

She worked as an aide for Rep. Martin Schneider (D-Wisconsin Rapids) from 1979 to 1980 and for former U.S. Rep. Robert Kastner from 1980 to 1984. When the Wisconsin Women's Council was created, she threw her hat into the ring and, to her surprise, got the job. (By the way, Rosenthal says she plays a mean game of poker.)

#### ALL IN THE FAMILY

Having a family was something Rosenthal always wanted: "My parents were happily married. There was never any anti-marriage, anti-family or anti-male message. We had a very warm and loving family. One I wanted to emulate. One I really think I have."

"We operate from a base that starts with our family," adds Phelps. At least one parent is home in the evening to help with homework, and both are home in time to tuck the kids into bed.

In addition to family getaways, the pair take separate vacations. He goes camping solo; she visits old college chums in New York City—choices, Rosenthal says with a smile, that reflect their different personalities.

Neither Rosenthal nor Phelps has experienced much conflict from their high-profile professions. Rarely is Rosenthal called "Mrs. County Executive," or Phelps "Hannah's husband." Sometimes, though, Rosenthal says lobbyists have tried to use her to get to Phelps. She tells them they are hurting their cause.

Even when there is the potential for costly political fallout, they operate as free spirits. Phelps was part of the welcoming committee at July's parade for Persian Gulf vets; Rosenthal, put off by the military hardware, declined to attend.

And although the couple already runs on what Phelps calls a "relentless activity level," he urged Rosenthal to run for Congress: "I think Hannah would come with a unique and strong base of support."

But Rosenthal didn't want to be away from her children. "I remember adolescence," she says. "I want to be there for them."

Rosenthal is saddened that some hard-won battles over issues like abortion must be refought by her daughters, but she's confident they will rise to the occasion. Francie's peace sign adorns the front window of the family's home near Vilas Park. Shira is concerned about the destruction of rain forests and other environmental issues.

The family last weekend celebrated Shira's bat mitzvah, a coming-of-age ceremony for Jewish girls. For the occasion, Rosenthal pulled out the speech she gave at her own bat mitzvah in 1964. At 13, her stripes were already showing:

"I am grateful to all the generations who went before me. To my grandparents who made my parents such special people. And I am grateful to you, oh God, for making me a girl!" ■



STATE OF WISCONSIN

## WISCONSIN WOMEN'S COUNCIL

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### TESTIMONIES OF JUNE 7, 1994, PUBLIC HEARING ON THE STATUS OF WOMEN

MILWAUKEE, WISCONSIN

#### BONNIE SUMNER

Consider the following headlines: Study Suggests Advertising Encouraged Girls to Smoke (*The Milwaukee Journal*, February 24, 1994); Lung Cancer Killing More State Women (*Milwaukee Sentinel*, February 25, 1993); Lung Cancer in Women Shows Deadly Gain: Cases Passed Breast Cancer as Chief Cause of Death Among State Women (*Milwaukee Sentinel*, February 9, 1994); Smokers Have Higher Breast Cancer Death Risk (*The New York Times*, May 25, 1994).

It is difficult to understand why smoking is a non-issue for most otherwise involved, educated, and politically aware Wisconsin women.

Women in Wisconsin have one of the highest rates of smoking among the states. According to former Surgeon General Antonia Novello, "the Virginia Slims woman (is) catching up with the Marlboro Man." Girls start smoking and women die. It is no coincidence that 20 years after the beginning of an extremely successful campaign by the tobacco industry to increase smoking among girls, more women than ever are dying from smoking related diseases. A cigarette is not a bullet to the brain. The results can be the same, but death by smoking takes so long that many people forget the cause. It doesn't help that most newspapers do not list smoking as the cause of death in obituaries, even when it is apparent, such as in the tragic case of our own Kay Clarenbach.

Smoking adversely affects women during all stages of their lives. Thirty percent of Wisconsin women of reproductive age smoke. Women who smoke during pregnancy have a higher rate of miscarriage, stillbirth, premature birth, sudden infant death, and low infant birth weight. Once they are born, children of smoking mothers tend to have an increased frequency of respiratory problems. Nicotine is present in breast milk for up to five hours after a nursing mother smokes. Cigarette smoking increases the risk of serious cardiovascular side effects from oral contraceptives, such as stroke, heart attack, and thromboembolism. "In older women, smoking is five times more important

than the blood pressure number, the cholesterol level, or weight. It's overwhelmingly the worst thing a woman can do," according to Sonja McKinlay of the New England Research Institute.

What can be done? Legislation that increases tobacco taxes, mandates for more smoke-free public areas and work places, cracking down on the industry's access to our youth, and restricting advertising and promotions aimed at young people will all help.

I would encourage members of the Wisconsin Women's Council and others here today to read the materials I have prepared for you. This issue should become part of our health agenda. We owe it to the girls in our state not already smoking and the girls and women already addicted to help change the grim statistics presented here today.

Do you see any evidence that groups taking tobacco money have their agenda specifically affected by that money?

Sumner: What seems to be the pattern is what Daniel Moynihan called benign neglect. It's not a question of overt complicity. To me if this is a big women's health issue, which my research tells me it is, why aren't women's groups speaking about it? As I said before, what really awakened an awareness in me was Kay Clarenbach's death--the fact that it was so obvious that she died from tobacco and nobody talked about it. No women's groups talked about it. It's not--I will give you money and you will not do anything about this issue. It creates a climate of benign neglect, where things just don't happen.

Because this affects men and women, it affects everyone who smokes. But I can see where the trends can be alarming as they relate to women. Why isn't this something that everyone should be involved as a public awareness campaign. Why is this something that women's groups with very limited resources should focus on?

Sumner: I work with children. Tobacco is not my area of expertise. When I heard that the Council was coming to Milwaukee I put together this presentation because I think that it's been a neglected issue for women just as many health issues, as you know, have concentrated on men and women were sort of the stepchild. This is not specifically a women's issue. I think it's an issue for everyone and women need to be a little more educated as to why it should be part of the agenda. We need support for legislation that will help and that support is not forthcoming. My question is, why? If 27% of the people smoke and 70+% don't smoke, why don't we have higher cigarette taxes, except that the tobacco industry doesn't want it. Why can a 12 year old buy cigarettes from a vending machine? Why can a 15 year old buy cigarettes from a gas

station? There have to be reasons why the laws either are not passed or not properly enforced because there's more to it than meets the eye. It's a big health issue.

## HELEN KELLEY

My name is Helen Kelley. I am the Milwaukee Community Coordinator for Planned Parenthood of Wisconsin. It is my privilege to appear before you this afternoon to provide an update of some of our activities and to announce the findings of a brand new study regarding teenage pregnancy released nationally only this morning by the Alan Guttmacher Institute.

In November of 1992, our Executive Director, Severa Austin, appeared before you, presenting a new series of health care initiatives, which became known as the Wisconsin Women's Health Equity Agenda. The Wisconsin Women's Council signed on back then as a co-sponsor of this comprehensive health agenda.

At that time, Severa noted that the bulk of medical research performed in this country was performed on men, by men, involving major illnesses which affected men. The objectives of the agenda she reported, began with the need to prioritize women's health care, that it not be lost in the process of health reform.

As many of you know, the 14 point agenda includes a diverse and comprehensive group of proposals listed here:

- \* full funding for family planning services for women in need;
- \* health insurance coverage for family planning and pre-natal care;
- \* comprehensive sexuality education and teenage pregnancy prevention programs in public schools;
- \* increasing the number of nurse practitioners to alleviate shortages in public health;
- \* discouraging drug abuse and other risk-taking behaviors among women of reproductive age;
- \* expanding pre-natal and neo-natal care services;
- \* assuring that the Medical Assistance Program is responsive to maternal and child health care needs;
- \* expanding state efforts to screen for and treat women's cancers;
- \* increasing funding for diagnosing and treating sexually transmitted diseases;
- \* ensuring that testing, treatment and support services meet the needs of women with HIV and AIDS;
- \* expanding efforts to prevent and treat infertility;
- \* expanding coverage of mid-life services for women;
- \* funding research on women's health; and
- \* protecting the privacy, confidentiality and freedom of choice of women's health decisions.

During the last two years, significant progress has been made on several initiatives, examples include:

- 1) the receipt of a large federal grant supplemented by state and local funds, for the screening and treatment of cervical and breast cancer in Wisconsin;
- 2) providing prescriptive authority to advanced-practice nurses;
- 3) creation of an educational loan and loan forgiveness program for mid-level practitioners;
- 4) passage of legislation which will result in expansion of the Healthy Start program;
- 5) federal legislation has just been passed which will help protect women seeking reproductive services from intimidation and violence;
- 6) much progress has been made on the federal level to fund and cover medical research in women's health.

Importantly, however, we have failed to make progress in a number of important areas.

- a) No additional funding has become available to provide family planning services for the nearly 100,000 women in need in Wisconsin who have no services. Meanwhile costs of service have gone up. Planned Parenthood alone spends \$100,000 annually to assure compliance with new federal laboratory requirements.
- b) We struggled to simply maintain support for HIV and AIDS outreach to women at high risk. New funding was not allocated to women who make up the fastest growing segment of HIV infected population.
- c) Legislation to simply require medical accuracy if human growth and development is taught in the public schools failed to receive enough votes to be reported out of the assembly education committee.
- d) Though it passed out of the assembly insurance committee, legislation requiring insurance companies to include family planning in health coverage failed to reach the floor.
- e) No progress has been made to find funds for midlife services for women in need.

The state funding crisis which has resulted from property tax reforms means that we will need to engage in creative strategies and collaboration in addressing the Women's Health Equity Agenda in the next two years.

We believe that some of the greatest needs and most important opportunities in improving women's health involve the progress and education available to young women.

While schools are looking for new funding supports and health care reforms begin to address adolescent health needs, we see a logical partnership developing to provide comprehensive adolescent health services in school-based and school-linked settings. The need for such services is particularly acute in underserved urban and rural areas.

The Alan Guttmacher Institute report released today, makes abundantly clear that young women who are provided education and health services are in fact successful in avoiding unintended pregnancies and sexually transmitted diseases.

We would therefore propose to return to the Council this fall with revised strategies to address the Women's Health Equity Agenda with a focus on adolescent health. By this time we hope to also have a better idea of the contours of national health reform and we can plan to address the gaps.

We would intend to work closely with the staff of the Council and with other health and advocacy organizations in developing these new strategies.

#### BARBARA NORDBERG

I'm the manager of the Women's Development Center at Waukesha County Technical College. I'm here today on behalf of my staff and the many women that we serve each year. Our clients are single parents, displaced homemakers, single pregnant women, and women interested in enrolling in nontraditional training programs.

Each year we assist women in career exploration and career assessment as well as provide case management and counseling to women who are enrolled in school and experiencing barriers to remaining in school. I'm proud to say that we have been successful in this endeavor.

Our comprehensive career assessment programs for women interested in both traditional as well as nontraditional occupations are successful because they are intensive and thorough.

We begin by looking at women in terms of where they are with their self-esteem, self-concept and help them to develop a more positive outlook through trust building, risk taking and problem solving activities. We help them assess their skills, interests and academic ability for a career so that they may make a decision based on their individual situation.

Part of our program looks at their financial needs and the present and potential financial rewards of the career options they are exploring. We provide them with role models, students and graduates who are now employed, both in traditional and nontraditional occupations, to give them a feeling of what it's really like and what it takes to make their goals a reality. Tours and job shadowing are part of the investigative process of our career exploration.

Our process takes time--seventy-two hours of classroom education for traditional career options and 180 hours for women interested in the electronics field. Ninety-three percent of the women who complete our career assessment enter training programs designed to build a better future for themselves and for their children. Seventy-one percent of these women entered high wage earning training programs.

Entering the program is just the beginning. Single mothers juggling school, families and often part time jobs cannot take the time to enroll and be academically successful at 18 credits per semester--that would allow them to complete an associate's degree two years after finishing their career exploration course. Many of the women who spent time in our Learning Place prior to and during course enrollment obtain remedial assistance with math, science, reading or writing. Obtaining this assistance helps to ensure their success, but it takes time. We've also found that our women are rarely satisfied with B's. Most of them want to make straight A's while in school.

Because of the achievements of the women enrolled in programs through the Women's Development Center at WCTC, I urge you to look at welfare reform and develop legislation that will give women the time and the support to become economically self-sufficient through education. Give them the time to complete a career assessment so they can reach their personal and financial goals and complete their education. It is essential for women to have access to child care funds while they are enrolled in school. Grants cover the cost for tuition and books and that leaves scant amount for child care. Mothers who are trying to be role models for their children need this assistance.

A case in point: A counselor called me this morning looking for assistance with child care funds for a mother who was in her second semester in the Surgical Technology program. She can pay for school, but day care costs for her three year old is just too much. Clinical courses begin at 6:30 a.m. and child care is difficult to obtain as well as expensive. Few alternatives are available for this woman. Please make good jobs through education a part of your agenda for 1995 and make welfare reform work for women, not cut them off on the road to success.

What level of child care support do you have now?

Nordberg: Women that are on welfare and targeted in the JOBS program have some money to spend on child care. It's the poverty level women, who are not on welfare, that have no money for child care support. The Women's Development Center does some fundraising in order to help with scholarships that may pay for child care, but we have nothing available. We do have money available for them for child care in the career exploration process, but beyond that it's up to the grants. Frequently, after they obtained all their grants and loans and pay for tuition and books for a semester they have about \$90 left for child care, which is not enough.

Does your county have any kind of a child care assistance program?

Nordberg: Through the JOBS program and through human services there is some money available.

But it's only for people on AFDC?

Nordberg: Yes. Some of the women are not targeted. Their children are below the age of 2 and they would like to get started and get going. Many of them, as well as those on welfare, would like to have part time jobs.

A bipartisan group was established in Madison through DHSS to take input from various people in the state and around the country on what a replacement program for AFDC should look like. At one of the meetings we are going to have a listening session where we will invite advocates and agency people. There will be a separate one for recipients. I will make sure that you're informed of those meetings.

KIT HELMS

I have chronic fatigue syndrome. I'm a member of the Chronic Fatigue Syndrome group in Wisconsin and nationally. Governor Tommy Thompson proclaimed May Chronic Fatigue Syndrome Awareness Month. I'm here representing myself and all the other people suffering from this debilitating disease. I'd like to read a little from the proclamation about chronic fatigue.

Whereas, Chronic Fatigue Syndrome is a debilitating illness which frequently attacks people of all ages. It mostly attacks women in their middle years interrupting education and employment, extracting the enjoyment from life, causing the accumulation of tremendous medical expenses.

Whereas, Chronic Fatigue Syndrome is a complex illness characterized by incapacitating fatigue, neurological problems and other dysfunctions often of sufficient severity to qualify patients for social security disability.

Whereas, the National Institute of Health and the Center for Disease Control are investigating and trying to document the concentration and spread of this syndrome.

Whereas, the State of Wisconsin is pleased to join the Chronic Fatigue Syndrome sufferers who must struggle to cope effectively through this disease on a daily basis. In devoting a special week to increasing knowledge and understanding about CFS and in supporting valuable research for its cause and cure.

Now, therefore, I, Tommy G. Thompson, Governor of the State of Wisconsin do hereby proclaim May 1994 Chronic Fatigue Syndrome Awareness Month.

If you do have chronic fatigue syndrome, it is very difficult to get social security disability.

I want people to know what is going on--how painful and debilitating this disease is. I lost my home, my family, my business, and my ability to be able to continue my education. I am now barely surviving on a small amount of money. I'm hurting a great deal and I'm not the only one. There are many, many other people like me. I had a wonderful life and now it's destroyed. I'm trying to rebuild my life, but it's very difficult when you're in terrible pain and your mind cannot concentrate and function like it used to. Please consider our plight and I thank you for listening to me.

Do people understand what causes this?

Helms: The doctors have been working on it for many, many years. They feel that they'll probably find a cause. Some doctors believe its a viral thing. Other doctors believe it's other causes. But it's a very real problem. So many people have this problem and don't even know it. I wasn't diagnosed until 1988. But I was ill since 1986. I had no idea what was going on. A lot of doctors are not aware of it too, but now there is more and more research on this.

You indicated that a greater number of women than men are affected with this. Do you know the actual statistics?

Helms: There are statistics, but I don't have them here.

Is the disease difficult to diagnose? Is there frustration because a doctor might not believe you?

Helms: That is a big problem. But there are some very fine doctors now that are doing research. It took approximately 8 different doctors before I found one who understood what was going on. It is very difficult to diagnose. It can be diagnosed as MS or Lupus or a lot of different diseases because there's similarities.

**DARLENE BUEDZEISZEWSKI**

Women often remained trapped in abusive relationships because of simple economics. Like all women, battered women may become the victims of the "feminization of poverty" should they attempt to support themselves and their children.

Divorce can have a profoundly negative effect on a woman and her children.

In the first year after divorce, a woman's standard of living drops by 73%, while a man's improves by an average of 42%.

One-half of white female-headed households that live in poverty do so because of a change in household composition such as divorce; this is true for one-fifth of Black female-headed households.

Only 58% of custodial mothers are originally awarded child support. 4.4 million custodial mothers are supposed to receive support payments. Of these, barely one-half receive the full amount of support granted to them, one-quarter receive partial payment, and one-quarter receive no payment.

In addition:

The poverty rate in female-headed households is five times that of married families.

Nearly one-half of all female-headed households with children live in poverty, as compared with only 8% of male headed households.

The majority of African American and Latino female-headed households live at or below the poverty level. Nearly 60% of all African American children under the age of 14 live in female-headed households.

Fifty percent of all children can expect to live in single parent homes for a significant part of their lives. The lack of affordable and reliable child care is a major factor that perpetuates women's low economic status, which can lead to

dependency on public assistance since the cost of child care often prohibits low-income women from working.

Even if employed, battered women face wage discrimination in the workplace.

Full time female workers earn 70 cents for every dollar that male workers earn.

Three out of five working women earn less than \$10,000 a year.

Nearly two-thirds of all minimum wage workers are women.

But domestic violence not only affects its victims, it affects our whole society. The American Journal of Public Health estimated that in 1989, reported domestic violence injuries included:

\$44,393,700 total annual medical costs.

28,700 emergency room visits.

175,500 days lost from work.

99,800 days of hospitalization.

39,000 physician visits.

If we are to begin to address the needs of women in the workforce, we must consider:

Affordable and quality day care for children.

Higher wages for women.

Access to health care through employer coverage.

Employee Assistance Programs which are trained in providing an appropriate response to the needs of battered women.

Ensurance that the work environment is free from discrimination and sexual harassment.

Is there a transitional housing program?

Buedzeiszewski: No we don't have it.

Is there a plan to take women into that next stage?

Buedzeiszewski: The Milwaukee Women's Center and the Campus Circle Group with another shelter have received a HUD grant to work with landlords. It is a five year pilot project. We will be working with people from high risk populations and with landlords and property managers.

We are doing focused case management with our families and we know we have to address the housing issues and economic issues. In the next couple of weeks, I will be giving a proposal to HUD to request supportive housing which would provide long term case management for a battered woman. It's still not providing housing, but it will provide more ongoing support. We'll have a contingency fund so that instead of families re-entering the shelter, we can do some intervention. Right now we don't have the funding to do case management after women leave the shelter. We know that it's critical to support women to stay out of abusive relationships. If we're going to access job training we have to make sure jobs with decent wages are there. There needs to be coordination.

Are battered women getting younger?

Buedzeiszewski: What we have seen in shelters is that women have gotten a little bit older. Years ago they were between ages 20 and 24. Now they're in the late 20s, early 30s. I'm not sure if that's because Milwaukee County has gotten a little older.

Is it a function of who's being battered or who's seeking services?

Buedzeiszewski: That's a question we don't know. We initiated our Older Abuse Women's program because we were getting calls on our crisis line from older women and when we discussed the shelter option, they were very reluctant to come in. We designed a program to have case managers go into the home or meet the woman at her doctor's office or at her minister's office. The program is going into its third year. Some women who began the program 2 1/2 years ago finally left the partner by just having ongoing support. We started support groups at the shelter for the women in the community. We would like to expand that program in 1995.

CAREY TRADEWELL

*"We are all responsible for reinforcing a state of pathogenic adaptation to social conditions of oppression in women if we do not make explicit the existence of such a set of conditions and make it possible for the individual to acquire a choice about it - the choice to defy acquiescence to this order."*

Regardless of our knowledge and skills, none of us as social workers and/or treatment professionals can be fully cognizant of the gender biases we bring to our work with women and families.

As we work to empower women, we must understand and recognize that addictions both maintain and ease the overwhelming sense of powerlessness, inadequacy, confusion and shame about what it means to be a woman in our culture. Essentially, we must look beyond chemicals and compulsive behavior to recognize how certain internalized beliefs keep women in a submissive dependent role. The underlying power and dependency issues women face are often symptomized by chemical abuse depression and eating disorders.

Professionals are often not aware of the gender biases inherent in the substance abuse treatment agencies and programs. Professionals must recognize that power differences between the sexes are real and exist in their own work setting.

Our entire culture is based on a belief system of power and control over thoughts. Our work environments and treatment facilities and homes have been set up in ways that perpetuate and maintain dominance over others. Therefore, if a male is encouraged to be dominant and in charge/control, but he actually feels vulnerable and afraid, he may abuse chemicals to either minimize his vulnerability or enhance this sense of dominance. Likewise, if a woman is encouraged to be dependent and think of others more than herself, but she actually feels independent and self motivated, she may use substances to cope with her gender role confusion. The difference between males and females in terms of the functions and effects of addiction arises from their prescribed gender roles identities within the social and family hierarchy. Women have had to assume a submissive status and thus their sense of self is often predicated on feelings of being dependent on and/or valued only in the context of a relationship to others. If women become "too good" at taking care of thinking of others or "too involved with others" we label them as co-dependent.

"In a most basic way, an addictive behavior is a way of avoiding shame" (Bepko & Krestan, 1990). The failure to live up to the dictates of societies rules and boundaries about what it means to be a woman, often creates the need for a fix.

What a difficult position for women when our patriarchal culture encourages and supports dependent, caretaking behavior, and our medical and/or treatment community begins to label dependent behaviors pathological!

An addiction helps a woman face dilemmas of being female on many levels. It obscures her ongoing conflicts between dependence/independence. Central to a woman's dependency is the chronic condition of women's poverty and economic vulnerability. Poverty is the condition which any woman can face when she is kept dependent on a husband, on welfare or on any larger institutional/system(s).

Dependency becomes a metaphor for a woman's submission and powerlessness. At least dependency to drugs and alcohol is something she can, **tragically** do to herself.

According to Claudia Bepko, patterns of substance use, abuse, and addiction differ based on gender. Addictions mirror the power imbalances and hierarchial constraints imposed by gender arrangements in our culture. Yet traditionally, the addiction field, which is primarily by man researched with treatment programs developed primarily by men for men, has viewed addiction purely as a medical disease process. Professionals assume compulsivity will be reduced or eliminated by bringing back a "functional" balance in a "traditional family." Gender inequities and power imbalances in families go unrecognized and untreated.

Female addictions take different forms from male addictions. For males, money, sexuality, size, strength and competitive work all convey images of power and status. Consequently, gambling, sexual addiction, workaholism appear to be predominantly male forms of excessive compulsive behavior. Women are socialized to primarily concern themselves with physical and emotional nurturing. Thus, eating disorders, excessive shopping or cleaning, and compulsive behavior in relationships, i.e., "women who love too much," are common female forms of addicted behavior. Women also typically abuse prescription drugs such as tranquilizers, reflecting cultural support for the notion that women efforts and emotions need to be subdued and controlled.

Recovery from addiction demands that counseling provide an experience of assisting a woman in self-definition, self-confirmation and self-direction. It is necessary that the counselor understand the nature of the addictive process on a multi-level process, requiring multi-level treatment. Since addiction evolves over time, and the family system adapts and adjusts, it is necessary to see treatment as both long term and phase oriented.

The following conditions influence women and are particularly important to women. These conditions affect a women's ability to change her life and make choices.

- \* The number of children in the woman's family (and ages).
- \* A woman's ability - is she able to support herself financially and/or is economic survival based on a social service system of support--"welfare" and/or husband.
- \* A woman's job/career opportunities and plans - is she in school or job training, has she completed school or training, is she literate.
- \* Empathetic support from others--who can a woman turn to--her partner, husband, friends, or extended family community? What treatment professionals offer gender sensitive programming?

Professionals/counselors working with women must be flexible and not hindered by a rigid treatment program, demanding compliance. A flexible treatment approach, individualized and client centered reflects the understanding of women's roles and changes throughout the life cycle.

In the initial phase of treatment, it is critical to reinforce that the woman has a problem rather than she is the problem. This will offset the tendency many women have of assuming full responsibility of any of the abuse that have entered their life.

Treatment needs to address the woman's behavior in the context of her family, extended family and society. Who she views as important and valuable in her life may not necessarily reflect traditional patterns. For example, many women may value the advice and support of the other female friends or family members, yet defer to males or spouse when in conflict.

Gender bias often subtly reflected and maintained in self-help groups as well as traditional settings. A counselor needs to ascertain whether these resources further promote inappropriate gender messages or maintain the status quo.

The following issues must be addressed when working with women:

1. Understanding the dysfunctional patterns of over and/or underfunctioning, based on gender expectation.
2. Dealing with the woman within the context of her family, as she defines it.
3. Assisting women who have issues from their families or origin. It is particularly important for women who have experienced rape, incest or other forms of physical abuse, to integrate their emotional responses to these traumatic events. Techniques for dealing with these issues can vary from group therapy to psychodrama, visual image, hypnotic work, etc.
4. The counselor must recognize that the woman seeking help for her addiction may come forward with beliefs such as, "I deserve to be unhappy. I am worthless. I can't expect anything from anyone." Her family may also come forward with accusations that she has been a bad mother, a selfish wife and/or is crazy. It has been clearly shown in treatment facilities and research that when a man is overcoming his addiction, although the children may react negatively, the wife and/or partner will provide empathetic supportive role in treatment. This is exactly the opposite in cases for women seeking treatment.

You said you feel that women do better without facility and home treatment. Is this opinion shared by the health care professionals?

Tradewell: It's really shared now. The Center for Substance Abuse Treatment, which has done the bulk of the federal funding for model programs to serve women and children, now has data nationally based on programs all over the country that show that if a woman does not have to leave her children and her family, particularly the woman who's divorced or a single head of household, and if the services include finding out what her life looks like, by meeting her in her community, the treatment people can develop a model of intervention that will meet her needs. In the 80s women were pigeon-holed into a lot of programs. Everybody became a co-dependent, particularly white, upper-class women. That movement was earmarked for a certain group of women and it worked effectively. Today, as we look at the programs and funding from the Bureau of Substance Abuse, it is clear that treatment programs be gender and culturally competent.

Do you see any conflicts or need for changes in how insurance funds, through the employer, direct dollars to inpatient care? Are health insurance companies addressing the issue of gender biases in health care?

Tradewell: What makes change is dialogue. This HMO partnership that we formed in 1990 brings Compare, PrimeCare, and Managed Health Services, CNR Health and Renew and all their gatekeepers to the table once a month. We know now that effective outpatient can work. They're hearing us. We're now talking to each other because we're leading the country with this private/public partnership of Title 19 dollars in Milwaukee through HMOs, through private insurance companies, through a dialogue. We have a wonderful opportunity to educate each other. I really believe that we are being heard based on the response we're getting from the HMOs. When we first started this meeting in 1990 the HMOs were hesitant to meet with us because they thought we were going to use up all their money. We said our goal is to get these women well, not put them in services they don't need. If they only need to be hospitalized for only 24 hours to detox we then want them out. Then we will "umbrella" them in services in their home. They discovered we were really going to do that and they saw money being saved. They also saw that these women were beginning to get well. It took time for this partnership from 1990 to reach the point now in 1994. We have 40 people at the table every month. This private/public dialogue is absolutely essential because health care reform is joining managed care with community based organizations. So we have to have a conversation.

So you feel that there is the flexibility within mandates and the current structure to continue and improve this dialogue.

Tradewell: I don't know if I'd go that far. I'm saying that the conversation is beginning. I wouldn't put anything beyond the fact that the conversation is happening and we're seeing some moves.

## CEILANNE LIBBER

I'm the new Executive Director from Milwaukee 9to5. As an advocacy group for working women, we focus on empowering working women so that they can become self-sufficient in their lives. We do that by supporting them at work through job survival skills, training for women making the transition from welfare to work, and through health care and day care programs at work. We work on outreach and education access programs for low wage women who can't afford these things. We address the lack of family supporting wages for women, glass ceiling issues, and the EEOC and discrimination.

The following are comments on surveys that we received:

A 32 year old woman, a clerical worker, tells us that working mothers need more support at the work place and more leave to spend time with their children without being penalized by having their wages or pensions cut.

A 42 year old clerical worker tells us that when her children were younger it was very hard to balance home and work responsibilities. That's why it is so important to have a family medical leave act when you need it. There are some who may get fired for taking off too much time for a sick child when they shouldn't. Although we need the money from our jobs, our families are our number one priority. Many of us have no choice. We have to work, but we also need the security of knowing our sick family members will be taken care of.

A 33 year old mother of two tells us that being a working woman is stressful and demanding. She is the breadwinner in her household and worries about job security and time away from her young children. She also does the majority of the household duties, and feels like she's working three full time jobs.

Pertaining to the lack of family supporting wages, a 40 year old, single mother says that being a working mother is difficult, especially when insurance premiums take a large portion of your take-home pay. Try and support two children on \$147 a week.

A 33 year old college educated single parent says that when you have to pay for child care, monthly transportation, health care, lunch and office attire on an income of \$15,000 a year, AFDC is very attractive.

A 40 year old technician says that not all working women can afford child care. It would really help if companies received some kind of support to help them set up a day care for their employees, both male and female, instead of paying people to stay home. Let's help people help themselves.

From a 28 year old sales manager regarding the glass ceiling: The roles for men and women are difficult to work out. Anything that is said can be suspect and clarification of roles must occur. For example, if she's the only woman in a meeting why do they ask her to make copies. She's not a secretary. Why is she asked if her female secretary is going through a midlife crisis. Would a man be asked that?

A 37 year old single sales representative says that we are still dealing with a male mindset. Successful careers still often seem dependent upon adopting a rigid corporate attitude. A more flexible, organic attitude would improve the work place.

A 52 year old clerical worker says that it is very frustrating working your whole life and raising your children, knowing your abilities are equal to and often surpass your male counterpart. Yet he's moved along and given larger salaries and better opportunities and support. Most of the time women are never seriously considered.

A 42 year old mother of two says that it is generally understood that women have to juggle home and work responsibilities, but rather than being admired for this ability it is used as a negative when competing with a man for a promotion because the man can give the job his entire focus.

A 31 year old clerical worker says "let's get rid of the glass ceiling for women. We need to see more than 3 percent of women in upper management positions with equal pay and opportunity."

Regarding the EEOC and discrimination: A 39 year old sales representative says that she has been the victim of and the witness to discrimination and harassment. The EEOC is inadequate with its investigation and support. Employers need to be more closely monitored, especially employment agencies.

A 22 year old secretary with a college education says "imagine being underpaid, overworked and overlooked for promotions. That is what the American woman goes through every day."

#### KAY PEPPLER

I am from Today's Girls/Tomorrow's Women located at the Boys and Girls Club. We're also the Milwaukee Choices Initiative.

I think it is very hard to talk about everything that our girls need here in Milwaukee. Sometimes I get over 200 referrals a year asking about a variety of things. They'll ask about getting sexual harassment training in the schools. Mothers and even girls call in for activities, especially for ages between 10 to 15. Before they have work experience and work time, they want to have some really good scheduled activities. It could be

something from recreation to sports to after school programs. They want to know what's going to really help their daughters or help themselves grow and have some good self-esteem and decision making skills.

I also get some calls about pregnancy. The mothers have that kind of health concerns. People want to know what apprenticeship and trades programs and college scholarships are available for young women.

Our needs cover a variety of things--from the abuse that they're facing to alcohol and drugs to eating disorders to education for the future.

We're proud of the Choices Initiative's mini-grant proposals. Last year we had 14 proposals asking for over \$12,000. It goes up every year. A lot of them are very innovative. This year we were only able to fund four of them.

I want to give you a few examples of what we funded. The Counseling Center in Milwaukee did a project on sexual assault with three generations. The mother, the teen mother and younger siblings and cousins talked about how sexual assault could be a family disease and they're trying to break that cycle. It was very exciting and the girls really got a lot out of it.

Another project was at Milwaukee Spectrum, an alternative school. They had what they called a women in science project where they had several field trips. One of the trips was to a sewerage plant--not only to look at science for girls as a career but actually to relate to the sciences courses they were currently taking at school. The girls had hands-on experiences at the plant.

Our third one was in the Wellness Clinic at South Division and they had some learning disabled girls. The girls get a lot of peer pressure. Being disabled they really want to fit in and it is really hard for them to just say no and get around. The clinic had a session on self-esteem and health concerns. There were some real good responses. The girls were talkative when I attended the class.

The YWCA did a nontraditional workshop and several sessions prior to the workshop. The girls took a field trip and looked at a variety of careers in welding and trades. This was followed up with a workshop.

Sometimes it's hard as an adult to say I'm representing teenagers. I can tell you what I see and what I hear. This year we were very fortunate to start the first scholarship program. We had \$250 to give out and we had 44 applications. We had one winner and she was from an alternative school. I just wanted to read what she said because that brings a little of our teenagers to you: "I think I deserve the scholarship because of all my achievements that I have accomplished. I've been a great leader at my school. I've always respected my teachers and peers. I also put great effort into my

schoolwork. I dropped out of school for about three years after middle school. I decided to continue with school when I finally realized that I had to support two children of my own. I was married and I thought it was all that I needed to do. It hasn't been easy but I never expected it to be. I just wanted to go onto college and I want to be able to show this world and my community in general that nothing is impossible. Obstacles always get in your way and all it takes is a determined person with a dream." She's going on to UW-Milwaukee into engineering. We're very proud of Angela.

We had two others that we felt just stood out and so we found some little pot of money and we scraped together a little bit extra for them. One is Emily and she goes to Washington High School. She says: "It may be in a classroom, on the job or in my home. I find a direction and follow it. Others may choose to follow me, but they may not. If I influence people to make their own decisions I feel that qualifies me for leadership." She is looking forward to going to Lake Forest College.

The last one is Shannon and she goes to Riverside. She had stated in her application: "I have volunteered at several institutions and organizations. I have served on many committees, whether it be service or recreational. I know that every project that I complete I not only help myself build character and patience but I also help those in need and those who are able to contribute their time and talents just as I have."

So there are a lot of girls out there with great accomplishments. What Choices has enabled some of these girls to do is not only look at economic self sufficiency and careers, but at being personally self sufficient. They're really motivated.

While the three young women acknowledged their own abilities, they talked about helping others and being leaders. These young women have a sense of the need for helping others.



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Study suggests advertising encouraged girls to smoke



THE NEW YORK TIMES HEALTH WEDNESDAY, MAY 25, 1994  
SMOKERS 2 HAVE HIGHER BREAST CANCER DEATH RISK

MILWAUKEE

# SENTINEL

THURSDAY MORNING February 25, 1993

## Lung cancer killing more state women

Smoking blamed as death rate triples

Increase in lung cancer deaths among women tied to smoking

### Local news

"It's a 'case of the Virginia Slims Woman catching up with the Marlboro Man.'"

— GERALD WHITBURN  
state official, quoting a former surgeon general

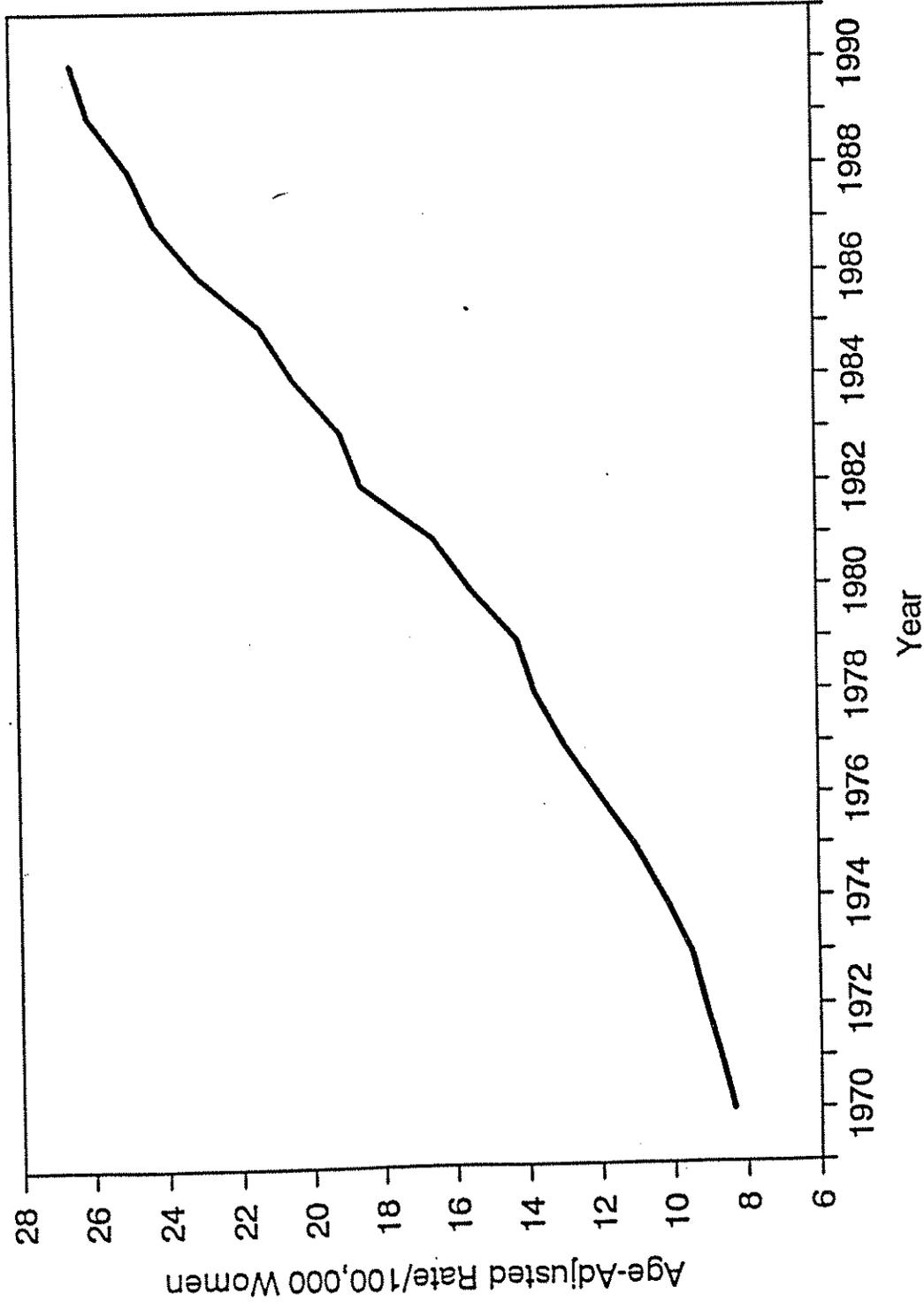
## Lung cancer in women shows deadly gain

Cases passed breast cancer as chief cause of death among state women



# Lung Cancer Mortality Trends among Women

Wisconsin, 1970-1990



Year	Rate
1970	8.3
1971	8.7
1972	9.1
1973	9.5
1974	10.2
1975	11.0
1976	12.0
1977	13.0
1978	13.8
1979	14.2
1980	15.5
1981	16.5
1982	18.5
1983	19.1
1984	20.4
1985	21.3
1986	22.9
1987	24.1
1988	24.8
1989	25.8
1990	26.3



## DOH Study Shows Increased Lung Cancer Threat to Women

"The lung cancer risk to Wisconsin women has tripled in the last 20 years," Gerald Whitburn, DHSS Secretary, said in reporting recent findings of new Division of Health research that he termed "most alarming."

"The persistence of smoking among Wisconsin women will soon mean that lung cancer will kill more women in our state than breast cancer. As a former Surgeon General has said, it's a 'case of the Virginia Slims Woman catching up with the Marlboro Man.' We've got to do a much better job in helping Wisconsinites kick the habit," the Secretary said, noting that DHSS attracted a \$6 million federal "Project Assist" grant last year to fund community efforts this decade to assist smokers who want to quit, to succeed.

Authored by DHSS Medical Officer Dr. Patrick L. Remington and Epidemiologist Nancy Chudy, the report appears in this month's *Wisconsin Medical Journal*.

The report indicates that in 1970 the rate of lung cancer mortality among



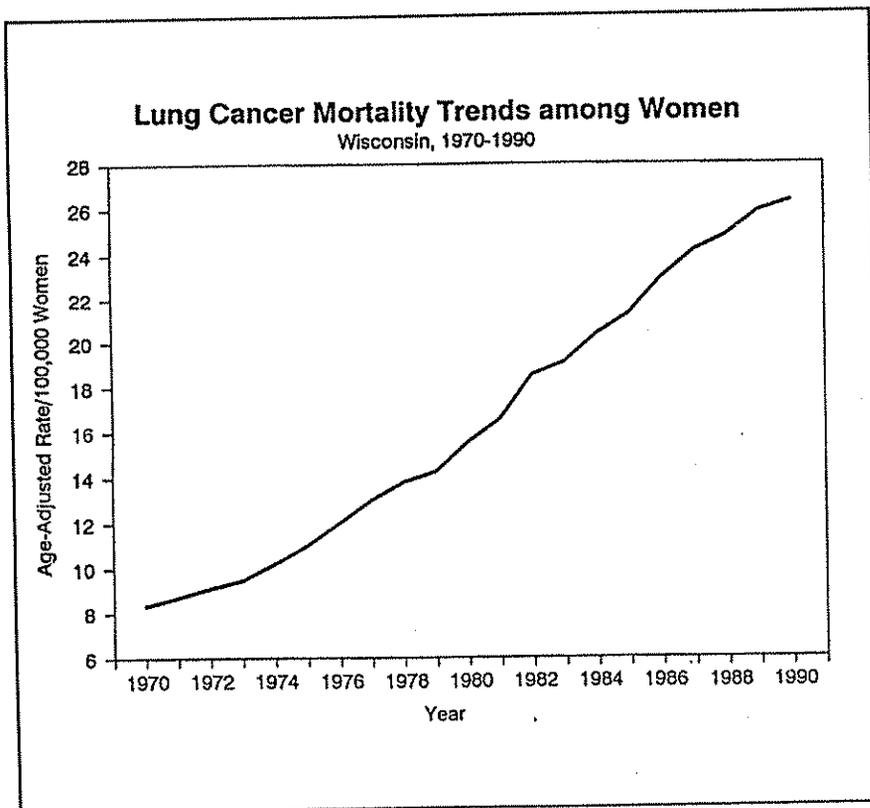
John Ross, Director of the DYS Bureau of Residential Services and Jan VanVleck, DVR Deputy Administrator, show off awards received by both Divisions from the Combined Health Appeal of Wisconsin, for the Divisions' outstanding support and leadership during the recent campaign which was held outside the metro areas of Madison and Milwaukee.

Wisconsin women was 8.3 per 100,000 residents. By 1990 it reached 26.3. Breast cancer mortality rates have remained constant (at 29.3 per 100,000 in 1970 and 28.9 in 1990).

Cancer deaths among women between 1930 and 1970 in Wisconsin dropped from 157 to 137 per 100,000 residents. But since 1970, the cancer mortality rate from all causes increased from 137 to 141 per 100,000 women. "The lack of progress in reducing cancer mortality among women can be explained entirely by the preventable epidemic of lung cancer," the authors pointed out.

Secretary Whitburn stressed "our long-term ticking time bomb is among high school girls, and the fallout from nicotine addiction," noting the report's conclusion that current "smoking rates among high school girls are as high today as they were in the 1970's." A 1989 survey found women aged 18 to 44 in Wisconsin had one of the highest rates of smoking in the United States. "Recent trends in smoking among women are not encouraging," the authors noted.

"This epidemic can only be stopped through comprehensive, community-wide efforts to help women who smoke quit, and to prevent children from starting to smoke," the researchers concluded.





## Public health

# Trends in cancer mortality among Wisconsin women, 1970-1990

Patrick L. Remington, MD, MPH, and Nancy E. Chudy, MPH, Madison

**C**ANCER IS THE second leading cause of death among women and the leading cause of death among women under the age of 65. Between 1930 and 1970, Wisconsin's age-adjusted cancer mortality rate among women declined steadily, from a rate of 157 to 137 per 100,000 residents.<sup>1</sup> Since 1970, however, the cancer mortality rate has not declined.

In this report, we examine trends in the age-adjusted cancer mortality rate for women in Wisconsin for the past 20 years. In particular, we examine trends in the most common causes of cancer death to determine their contribution to the recent trends in cancer mortality.

We used data published by the Center for Health Statistics, Wisconsin Division of Health. All mortality data were adjusted to the 1970 US standard million population. To minimize the effects of year-to-year variation, all annual rates and case counts were based on 3-year averages.

Since 1970, the age-adjusted cancer mortality rate from all causes increased from 137 to 141 per 100,000

women, a 3% increase. Changes in the mortality rates for nine types of cancer are listed in the Table. During this time period, cancer mortality rates increased for some cancers

(lung, pancreas, and lymphoma) and decreased for some (stomach, colorectal, genital, leukemia, and urinary) (Figure 1). A relative risk of 1.0 means that there has been no

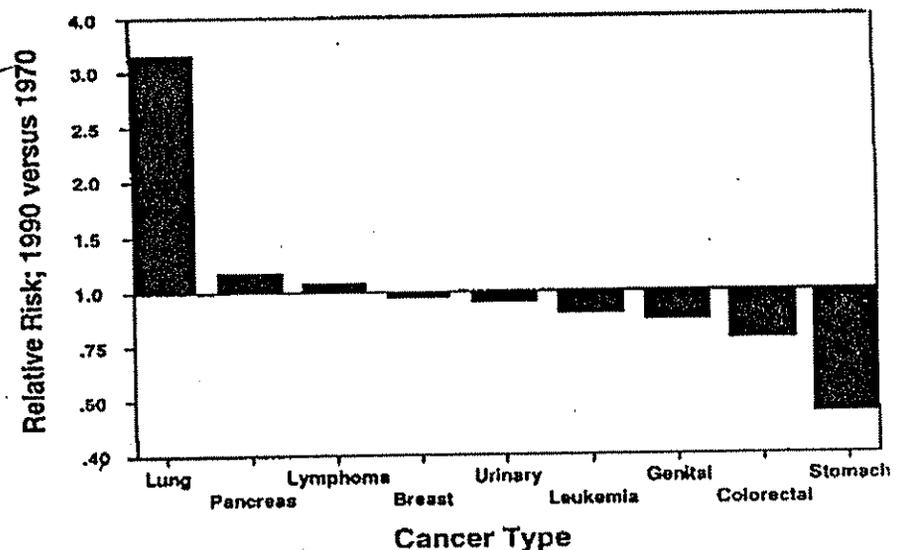


Fig 1.--Cancer mortality trends among women in Wisconsin, 1970-1990.

Trends in cancer mortality among Wisconsin women, 1970-1990.			
Cause of cancer	Rate (number) in 1970*	Rate (number) in 1990*	Relative risk, 1990 v 1970
Lung	8.3 (202)	26.3 (817)	3.2
Pancreas	6.5 (167)	7.7 (275)	1.2
Lymphoma	5.8 (142)	6.3 (219)	1.1
Breast	29.3 (705)	28.9 (907)	1.0
Urinary	4.8 (126)	4.4 (159)	.92
Leukemia	6.4 (157)	5.3 (185)	.83
Genital	20.0 (488)	15.9 (510)	.80
Colorectal	22.6 (579)	15.7 (582)	.69
Stomach	6.2 (162)	2.9 (111)	.47
All causes	137.0 (3401)	141.4 (4720)	1.03

\*Based on the 3-year average from 1969-1971 and 1989-1991. Age-adjusted to the 1970 US standard population.

The public health column is not reviewed by the WMJ Editorial Board. Dr Remington is the chief medical officer for Chronic Disease in the Bureau of Public Health, Wisconsin Division of Health. Chudy is an epidemiologist in the Chronic Disease Prevention and Health Promotion Section of the Bureau of Public Health. This project was funded in part from the National Cancer Institute (CN-15373). Reprint requests to: Patrick L. Remington, MD, Wisconsin Division of Health, 1414 East Washington Ave, Madison, WI 53704. Copyright 1993 by the State Medical Society of Wisconsin.

change from 1970 to 1990.

In 1970, lung cancer was the fourth most common cause of cancer death among women, accounting for 6% of all cancer deaths (Table). By 1990, lung cancer became the second leading cause of cancer death accounting for 17% of all cancer deaths. The increase in lung cancer over the past 20 years has been constant and shows no sign of leveling off (Figure 2).

#### Comment

The Public Health Agenda for Wisconsin calls for a 25% reduction in cancer mortality by the year 2000. The age-adjusted mortality rate for cancer, increased 3% in the past 20 years, making it unlikely that the year 2000 objective will be met. The lack of progress in reducing cancer mortality among women can be explained entirely by the preventable epidemic of lung cancer.

The increasing lung cancer mortality rate among women is directly related to the increasing use of cigarettes from the 1940s to the 1960s. Over the past 30 years, the percentage of women who smoke has declined only slightly. Because of the latency between exposure to tobacco and the development of cancer, mortality rates for lung cancer are expected to continue to increase well into the next century.

Recent trends in smoking among women are not encouraging.<sup>2,4</sup> Smoking rates among high school girls are as high today as they were in the 1970s. According to a 1989 survey of all states, Wisconsin women aged 18 to 44 in Wisconsin had one of the highest rates of smoking in the United States. Because of the addictive potential of nicotine, it is likely that many of these women will be unable to quit later in life.

What are some of the factors influencing girls, adolescents, and young women to smoke cigarettes? Smoking initiation is a complex behavior that is influenced by a variety of factors, including peer influences, cost, availability of cigarettes, and public restrictions on

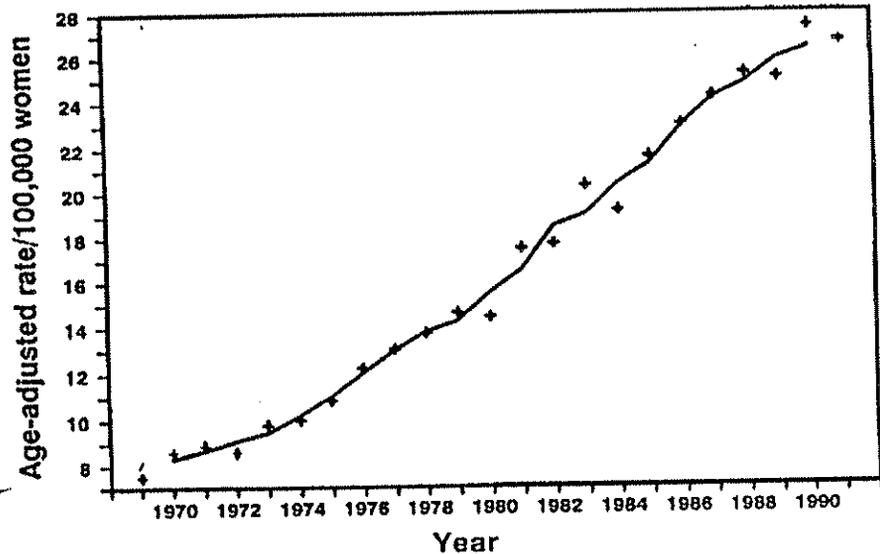


Fig 2.--Lung cancer mortality trends among women in Wisconsin, 1970-1990.

smoking.<sup>5</sup> Teenage girls may balance the risks from smoking with the perceived benefit of lower bodyweight. Finally, tobacco companies have targeted women with certain brands (eg, Virginia Slims, Eve, Satin), capitalizing on the association between smoking and the image of an independent woman.

Surgeon General Antonia Novello referred to the increasing rates of lung cancer mortality among women as a "case of the Virginia Slims woman catching up with the Marlboro Man."<sup>6</sup> Soon, lung cancer will overtake breast cancer as the leading cause of cancer death among women in Wisconsin. This epidemic can only be stopped through comprehensive community-wide efforts to help women who smoke quit, and to prevent children from starting to smoke.

#### Acknowledgements

The authors acknowledge the contributions of Jerri Linn Philips and the staff in the Center for Health Statistics.

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Community-based tobacco-free coalitions have been established in more than 35 communities throughout Wisconsin as part of the ASSIST Wisconsin Project. This project is a joint initiative between the Wisconsin Division of Health, the Wisconsin Division of the American Cancer Society, and the National Cancer Institute, to reduce the prevalence of smoking to 14% by 1998. If you are interested in working with a coalition in your community, contact your local American Cancer Society office or call 1-800-ACS-2345. For information about the ASSIST Wisconsin Project, contact Richard Yoast, PhD, Wisconsin Division of Health, 1400 East Washington Ave, Madison, WI 53704, (608)-266-8322.



# Smoking and the Female Work Force

An interview with  
Gayle M. Boyd, Ph.D.,  
Smoking, Tobacco, and  
Cancer Program, National  
Cancer Institute

**Q: What makes smoking different for women than for men?**

**A:** Not only do women suffer the same smoking-related health problems that men do, but smoking also represents an additional health threat to women from an increased risk of cervical cancer, reproductive and pregnancy complications, early menopause, and an increased risk of coronary heart disease if they smoke and use oral contraceptives. Some evidence also suggests that women may have a harder time quitting than men, and recent data indicate that the message to avoid smoking has been less successful in reaching young women than young men. These factors will make smoking a unique problem for women in the next several decades.

**Q: Don't men smokers outnumber women smokers in the United States?**

**A:** It is true that there is a larger percentage of male smokers (32 percent) than female (27 percent), but the gap in male-female smoking prevalence has narrowed dramatically over the past 25 years. While the percentage of male smokers has dropped by nearly 40 percent from its peak, the percentage of female smokers has dropped only 18 percent since its peak in 1966. And, in some age groups (late teens and early 20s), the percentage of female smokers exceeds that of male smokers. The Centers for Disease Control estimates (if current trends continue) that by the mid 1990s there will be more women than men who smoke, both proportionately and in actual numbers of smokers. This trend now appears to be mostly the result of greater smoking initiation rates among women rather than lower quitting rates as compared to men.

**Q: What makes women take up smoking?**

**A:** Many factors appear to influence why women start and stop smoking. Among teenagers, 75 percent of all first cigarettes are smoked with another teen, usually of the same sex. Girls report that peer pressure, aspirations to emulate the liberated and glamorous advertising images of female smokers, access to a perceived method of weight control, or the presence of a smoking parent or sibling all influence that initial cigarette.

Maintenance of the smoking habit is often blamed on advertising claims, hunger suppression, relief of depression, as a means to cope with stress, and for the simple pleasure of smoking.

**Q: Doesn't smoking help women keep their weight down?**

**A:** Although many women report that they believe smoking helps keep their weight down, there is no consistent medical evidence to substantiate the benefit of smoking as a weight control measure.

It is true that most people who quit smoking gain some weight because of changes in their metabolism and eating behaviors, but average weight gains are small. Too many quitters, especially women, panic when they begin to gain weight and don't give their bodies and eating habits time to adjust.

Many cessation programs specifically address weight control as part of the cessation process. This factor should be considered when selecting a workplace cessation program.

**Q: What about the relief of stress?**

**A:** It is also true that women more often than men cite smoking as a way to cope with stress, including stress that many working wives and mothers experience due to their multiple-role strains. However, methods of coping with stress other than cigarette smoking can be learned, such as exercise, and stress management is frequently incorporated into smoking cessation programs.

**Smoking  
Policy:  
Questions  
and  
Answers**

No. 9 in  
a series

**Q: How great a health problem is smoking for women?**

**A:** Smoking is the number one health risk for American women. It now appears that a major reason why women live longer than men is the fact that in the past fewer women smoked than men. Because of the increased prevalence of smoking among women, lung cancer is now projected to have surpassed breast cancer as the leading cause of cancer deaths in females.

**Q: But isn't lung cancer historically a men's disease?**

**A:** That's only because women started smoking in large numbers much later than did men during this century. Whereas lung cancer was rare in women before World War II, in 1985, 38,600 women died of lung cancer; the total was 87,000 for men. The estimates for 1989 are 49,000 female deaths and 93,000 male deaths. Because a larger proportion of men than women have quit smoking, because females now have considerably higher rates of initiation compared to males, and because smoking rates are higher for young women than young men, it is expected that the female-male gap in lung cancer deaths will continue to shrink.

**Q: And what about heart disease?**

**A:** In one recent report, smoking was shown to be the dominant cause of coronary heart disease among young and middle-aged women. As reported in *The New England Journal of Medicine*, smoking up to 14 cigarettes per day was associated with a two- to threefold increase in the risk of heart disease.

**Q: What are the specific effects of smoking on pregnancy?**

**A:** Women who smoke during pregnancy have a higher rate of spontaneous abortion (miscarriage), stillbirth, premature birth, sudden infant death, and low infant birth weight. Although 18 percent of women smokers will quit during pregnancy and 27 percent will cut back, almost all will relapse following birth of their babies.

**Q: If a mother continues to smoke after her baby is born, won't this have an effect on the child?**

**A:** It most certainly will. Statistics indicate that exposure of children to tobacco smoke in the house can increase the frequency of respiratory infections and respiratory symptoms and can even stunt lung growth. There is also an increased risk of hospitalization for bronchitis and pneumonia. And nicotine is present in breast milk for up to 5 hours after the mother smokes a cigarette.

**Q: How do oral contraceptives and smoking interact?**

**A:** Cigarette smoking increases the risk of such serious cardiovascular side effects from oral contraceptive use as stroke, heart attack, and sudden blockage of blood vessels (thromboembolism). Risk increases with age and with number of cigarettes smoked per day and is quite marked in women more than 35 years of age.

**Q: What can be done for women who smoke at the workplace?**

**A:** It is important, first, to find smoking cessation programs at the workplace that address issues specific to women. Second, female employees should be educated about how they are being targeted specifically by the tobacco industry; how they are uniquely at risk; and how environmental tobacco smoke affects them, their coworkers, and families. Third, women who smoke should be given strong, practical advice about alternative methods of weight and stress control.

For more information about tobacco use and advice on smoking cessation, call the Cancer Information Service at 1-800-4-CANCER (in Hawaii on Oahu call 524-1234; call collect from neighboring islands).

# Feminist Voices

A FREE MADISON AREA NEWS JOURNAL; BY WOMEN FOR WOMEN

## "You've Come a Long Way, Baby!"

### *How the Tobacco Industry Uses Women's Liberation to Make Women Prisoners of Smoking*

by **Bonnie Sumner**

Women are dear to the hearts and bottom line of the tobacco industry. Historically, this industry targeted the more mature woman at a time when men smokers greatly outnumbered women. Until the mid-1920's cigarette ads were aimed at men, and smoking was generally considered to be indulged in only by lower class or scandalous women. As women moved towards social and civic equality, becoming less homebound, many felt the need for those "social currencies acceptable in the public world defined by men. The cigarette was one such social coin...cheap, visible..., both easily flaunted and easily hidden, a topic of talk, and token of comradeship, and to boot, a comfort in anxious moments." (Schudson, Michael, *Advertising, The Uneasy Persuasion*, Basic Books, 1983, p. 182.)

Women's colleges discussed whether to introduce smoking rooms into their dorms in an angry debate closely covered by the media. In the '20s the emphasis was on social acceptability, not health, but the arguments were strikingly similar to those we see today. Freedom, equality, independence, and choice were the attractions then as they are now. It was considered by some as enlightened, stylish, a little naughty, and for some immigrants, modern and American to smoke. Smoking became a symbol of women's

continued on page 11



photo by Sue Slapnick

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"You've Come a Long Way, Baby!": How the Tobacco Industry Uses Women's Liberation to Make Women Prisoners of Smoking  
by Bonnie Sumner 1

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liberation from a stultifying, unempowered, and old-fashioned past.

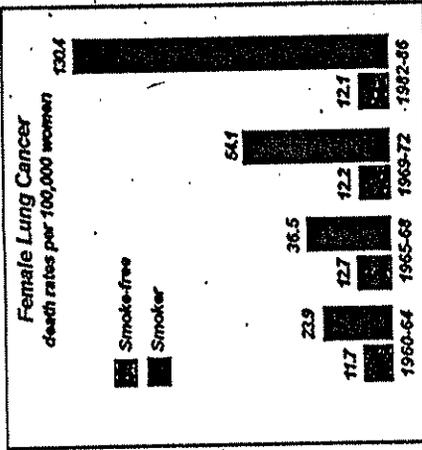
In the mid-1920s the tobacco industry began to see the true potential of the women's market. The American Tobacco Co. in 1925 began a new campaign for Lucky Strikes featuring such personalities as Amelia Earhart and Jean Harlow and the brand-new slogan, "Reach for a Lucky instead of a sweet." This blatant appeal to the belief that thin is beautiful helped make Lucky Strike America's best selling brand in only two years. Janet Sackman, a striking blond 17-year-old, started modeling for Chesterfield and Lucky Strike in the 1940s. She did not smoke at the time, but was encouraged to begin by company executives who felt the ads would look more realistic with a girl who actually smoked. At the age of 63, Janet Sackman now speaks to children on the dangers of smoking, a difficult task for a woman who lost her voice box to throat cancer caused by this uncaring industry.

The twin appeals of independence and power, and thinness and beauty, dominate cigarette ad campaigns aimed at women to this day. By equating women's rights and independence from male domination with smoking, tobacco companies were able to convince those who were role models to their sisters to take up this dangerous addictive habit. In 1929, Edward Bennays, considered by some to be the father of modern public relations, was working for Lucky Strike. That year he hired a group of women, dressed as suffragettes, to march in the New York Easter Parade, each smoking a Lucky "torch of liberty" to symbolize her independence. This slightly shocking display was prominently featured in the media, as he knew it would be, and reinforced the image of women cigarette smokers as modern and emancipated.

Both the changing role of women and the prevalence of the tobacco industry led to an increase in the prevalence of women smokers. To be historically fair, it must be understood that the true addictive nature and deadly consequences of the drug nicotine were neither as well known or documented as they are now.

More recently, in 1964, the now-famous Surgeon General's report linking tobacco and serious health problems was released. Some adults were beginning to question the wisdom of smoking and were quitting. Others were dying of tobacco-related illnesses. The tobacco industry needed replacement smokers and

turned its sights on our youth. More and more ads appealed to young people's need for social acceptance, independence, and the appearance of adulthood, but girls were not getting the message as fast as boys. Enter a new tobacco industry strategy epitomized by Philip Morris' Virginia Slims. We all know the famous slogan, "You've come a long way baby!" It was the old suffragette marchers dressed in 1960's smoke and you will be powerful and independent just like the boys. You don't have to listen to all those who



try to boss you around, like parents, teachers, doctors, husbands, and boyfriends. Just smoke and you will be in charge. The second part of the message was equally powerful: smoke and you will be super slim and beautiful. It is no accident that most cigarette brands aimed at women use at least one word that means thin in their name or slogan.

The unfortunate results of this campaign have been documented in a study directed by Dr. John P. Pierce of the University of California San Diego Cancer Center (published in the *Journal of the American Medical Association*, 2/23/94). Between 1967 (the year Virginia Slims was introduced) and 1973, the percentages of teenage girls who had started smoking increased by 110% in 12-year-olds, 55% in 13-year-olds, 70% in 14-year-olds, 75% in 15-year-olds, and 55% in 16-year-olds, and 35% in 17-year-olds.

In 1992, lung cancer surpassed breast cancer for the first time as the chief cause of death among Wisconsin women, a trend that had already shown up nationally. It should be no surprise that these and other tobacco related deaths are on the increase years after women began smoking in greater numbers. Such illnesses often take decades to develop, but the eventual outcome is no less deadly or tragic than a quick bullet to the brain. Every day some 2,000 American girls smoke their first cigarette, every year 147,000 women die from tobacco related diseases.

Surely if we are trying to convince children not to start smoking by teaching them these facts, one would hope that intelligent grown women would make the connection. "As long as young women are led to think that smoking makes them beautiful, successful, ... [and] slender, lung cancer will be a women's issue. The reality is that smoking leads to disease and death, and dying from lung cancer is a terrible way to die." (Gritz, Ellen, "Target," *Mirabella*, April 1990, pp. 81-84.)

So why is smoking not considered a feminist issue? Part of the answer may lie in the industry's support of many women's groups. From women's pro tennis to the Women's Campaign Fund, tobacco money is ubiquitous. Philip Morris almost single-handedly rescued the fledgling women's pro tennis movement over 20 years ago, and has been pushing its Virginia Slims brand through this sport ever since. That "good corporate citizen" Philip Morris is also a sponsor of the National Women's Political Caucus annual convention, and contributes \$25,000 to produce the Caucus' directory of women elected officials. Why does the Caucus not consider tobacco control an issue worthy of its candidates?

Philip Morris also contributes to Ms Foundation for Women, National Women's Law Center, NOW, NOW Legal Defense and Education Fund, National Association of Women, National Foundation for Women, Illinois Women in Government, League of Women Voters, Midwest Women's Center, Women in Need, Sarah Lawrence College, and Alverno College, among others. Tobacco control has been a non-issue for most women's organizations. This is not seen as a health concern specific to women or as a priority. If women question whether a male dominated society allows unwanted pregnancies, unsafe contraception (or none at all), a high level of domestic violence, and seduction of our daughters and sisters by the male dominated tobacco industry? It is time to open our eyes to the truth, become educated, and start fighting back.

Bonnie Sumner is a former classroom teacher, mother, and seasoned presenter of special programs on smoking to groups of all ages.



# Planned Parenthood of Wisconsin, Inc.

414/271-8045

For Release: Tuesday, June 7

302 North Jackson Street Milwaukee, Wisconsin 53202

For More Information: Lisa-Marie McDonald

## **"Sex and America's Teenagers" Reveals Teens Lack Information Austin Urges Schools, Parents, Media to "Take the Challenge"**

A new study today released from the Alan Guttmacher Institute reveals some surprising new facts about the trends in teenage sexuality, dispelling myths and making a case for comprehensive sexuality education.

Among the findings:

- **Pregnancy rates among sexually active teens have gone down in the last decade.**
- **Two-thirds of teenagers generally use contraception and have lower rates of unplanned pregnancy than unmarried women in their early 20s.**
- **Higher proportions of teenage men and women are having sex and at earlier ages than ever before, but 70% of 15-year-olds are NOT sexually experienced.**
- **Sexually experienced teenage women are no more likely than older unmarried women to have more than one sexual partner within a given period.**
- **Some 74 % of women who had intercourse before age 14 and 60 % of those who had sex before age 15 report having had sex involuntarily.**
- **For a sizable minority of young women becoming mothers, the father of the baby is considerably older - by six years or more.**
- **An estimated 3 million teens get a sexually transmitted disease each year. In a single act of unprotected intercourse with an infected partner, a woman has a 1% risk of acquiring HIV, a 30 % risk of getting genital herpes and a 50% chance of contracting gonorrhea; a man's risk of infection ranges from 1% for HIV to 30% for genital herpes.**
- **Among teens who are pregnant, more are giving birth than having abortions.**
- **Almost half of 15-19 year olds think the average young person today does not have enough accurate information about sex and reproduction.**

"The facts are all there, and they point to something we've known for a long time: kids are having sex," said Severa Austin, executive director of Planned Parenthood of Wisconsin (PPW). "Our challenge is to give them the access to information and services they need to behave responsibly and make healthy choices."

Austin pointed to comprehensive sexuality education as the foremost method of helping teens make responsible decisions.

"We still don't have a law in the state of Wisconsin that requires schools to implement sexuality education curricula," she said. "The schools that do offer that kind of education are not required to make sure it's medically accurate and that it includes contraception. With the number of teens having sex and the number of teenage pregnancies in this state, not requiring comprehensive sexuality education is nothing less than shameful."

Austin also voiced concerns about the lack of access to information and services low-income teens face. According to the Alan Guttmacher study, 83% of teens who give birth are from low-income or poor families; young black and Hispanic women are more likely than white teens to give birth. In addition, 56% of those mothers will be using public assistance for delivery coverage. More than 70% of teenage mothers are much less likely than older mothers to go on to college.

"What we have here is a cycle of low education and low-income and it all comes down to the access issue," said Austin. "It is ironic that public assistance will pay for delivery and prenatal care, yet prohibits low income teens to choose abortion. It's clear that with the advent of health care reform, we need to make sure that teens have equal access to abortion, prenatal care and most importantly, contraception."

Austin challenged parents, schools and the media to take action to help teenagers make more responsible choices.

"The first thing we have to do is accept the reality of teenage sexuality and deal with it honestly and directly," she said. "Parents have got to talk to their kids, guide them and give them the information they need to make decisions about sex. The schools need to do their part by requiring comprehensive sexuality education programs and the media needs to wake up and start dealing with teenage sexuality as a public health issue and not as controversy."

###

Planned Parenthood of Wisconsin, Inc. is a private, non-profit organization which provides reproductive health care services, education and counseling for people of all ages regardless of ability to pay. The largest of 163 Planned Parenthood affiliates, PPW operates 38 family planning clinics and serves more than 100,000 women annually throughout Wisconsin.

The Alan Guttmacher Institute is a non-profit corporation for reproductive health research, policy analysis and public education based in New York City and Washington D.C. Is affiliated with the Planned Parenthood Federation of America.

# News

A Not-for-Profit Corporation  
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The  
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New York and Washington



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EMBARGOED FOR RELEASE:  
A.M., TUESDAY, JUNE 7, 1994

## TEENAGE PREGNANCY MYTHS DEBUNKED IN NEW ALAN GUTTMACHER INSTITUTE REPORT

The public's distorted view of U.S. teenagers' sexual and reproductive behavior impedes society's willingness and its ability to cope with the potentially serious problems resulting from that behavior—unplanned pregnancy, abortion, early out-of-wedlock childbearing, and sexually transmitted diseases (and their long-term effects, such as infertility). Myths linger, in large part, because studies on teenage sexual activity and pregnancy are numerous, and their findings often contradictory and difficult to interpret. An illuminating and momentous new report by The Alan Guttmacher Institute, *Sex and America's Teenagers*, brings America up to date and face-to-face with the reality of teenagers' lives by dispelling these myths:

- **MYTH: TEENAGE PREGNANCIES ARE "SOARING"**

**FACT:** The pregnancy rate among *sexually experienced* teenagers actually *fell* 19% between 1972 and 1990, from 254 to 208 pregnancies per 1,000 sexually active women aged 15-19.

This trend shows that teenagers became more successful in preventing pregnancy over the past two decades; however, because the proportion of teenagers who have had intercourse grew during this time, the overall number of pregnancies stayed about the same, at somewhat more than one million each year. Only those teenagers who are having sex are exposed to the risk of pregnancy. Trends in rates calculated among just sexually experienced teenagers therefore present the most accurate picture of teenage pregnancy levels.

- **MYTH: TEENAGERS ACCOUNT FOR MOST UNPLANNED PREGNANCIES AND OUT-OF-WEDLOCK BIRTHS**

**FACT:** Adult women, not teenagers, account for large majorities of the unintended pregnancies, abortions and out-of-wedlock births that occur each year. Only about one-quarter of all unplanned pregnancies each year are to teenagers.

Although 85% of teenage pregnancies are unintended, 55% of pregnancies among older women are also unplanned. Seven in 10 births to teenagers occur outside marriage, yet adolescents account for a smaller proportion of all out-of-wedlock births today (30%) than they did in 1970 (50%). In recent decades, a growing proportion of births among women *of all ages*, in many developed countries, have been outside of marriage. The increase in the United States has actually been less dramatic than in other countries.

- **MYTH: MOST TEENAGERS BEGIN HAVING INTERCOURSE AT A VERY YOUNG AGE**

**FACT:** Few very young teenagers have had intercourse—84% of 13-year-olds, 77% of 14-year-olds and 70% of 15-year-olds are *not* sexually experienced. In fact, about 1 in 5 (18%) teenagers do not have sex at all during their teens.

Nonetheless, most teenagers, regardless of their race, income, gender or religious affiliation, begin to have sex in their middle-to-late teens. More teenagers are sexually active now, and at earlier ages, than in recent decades. Somewhat more than half of women and almost three-quarters of men have had intercourse before their 18th birthday; in the early 1970s, just more than one-third of women and just more than one-half of men had had intercourse by age 18. Young people now typically begin intercourse roughly eight years before marriage.

- **MYTH: TEENAGERS CAN'T OR WON'T USE CONTRACEPTIVES RELIABLY**

**FACT:** Two-thirds of teenagers use some method of contraception the first time they have sex. Seven in 10 sexually experienced 15–17-year-old women, and eight in 10 experienced 18–19-year-old women, use contraception on an ongoing basis, for protection against sexually transmitted diseases (STDs) and unintended pregnancy.

Teenagers today spend a considerably longer period of time exposed to the risk of unintended, out-of-wedlock pregnancy than they did several decades ago, since Americans now have sex earlier and marry later. Although their contraceptive use is not as consistent or correct as it could be, eight in 10 sexually active teenagers each year succeed in avoiding unintended pregnancy. They generally use contraception as effectively as adults do, and actually have lower rates of unplanned pregnancy than unmarried women in their early 20s who use contraception.

- **MYTH: PREVENTION PROGRAMS CANNOT CHANGE TEENAGE SEXUAL OR REPRODUCTIVE BEHAVIOR**

**FACT:** Some intervention programs *have* been shown to be successful in helping younger teenagers delay intercourse, and in improving contraceptive use among adolescents who are sexually active.

The most effective programs combine innovative, comprehensive sexuality education; skills for making decisions about having intercourse and for communicating with partners; and access to family planning services. Evaluations of primary prevention efforts show that programs designed to increase knowledge of sexuality issues, including pregnancy and STD prevention, and to improve access to contraception *do not* encourage participants to engage in sex earlier or more frequently than their peers who are not involved in such programs; nor do they result in higher pregnancy rates or birthrates.

In addition to these key findings, which challenge many perceptions about the nature of adolescent sex and pregnancy, the 88-page report shows that:

- *Large proportions of the very young teenagers who have intercourse are coerced into having sex:* Seven in 10 women who had intercourse before age 14 and six in 10 who had sex before age 15 report having done so involuntarily. Furthermore, sex often involves a man who is considerably older. Most fathers of babies born to

teenage mothers are not teenagers themselves. In fact, the younger the women, the greater the age difference. Only about one-quarter of fathers of babies born to women under age 18 are estimated to have been that young. Nearly one-third of the fathers of babies born to 15-year-olds are aged 21 or older.

- *Poverty is a major underlying cause of teenage childbearing.* Young women who give birth are much more likely than other teenagers to come from economically and socially disadvantaged families. Although 38% of all teenage women are from poor or low-income families, 83% of teenagers giving birth are from such families. About a quarter of women who become mothers as teenagers are poor in their 20s and early 30s, but many of them (an estimated 16%) would have been poor even if they had not begun childbearing as teenagers. Their initial disadvantage, rather than having a baby, is itself a major reason for their poverty later in their lives. Still, early childbearing has a lasting impact on the lives and future opportunities of younger mothers and their children.
- *Fewer teenagers have abortions now both because a larger proportion of those who are sexually active use contraception effectively and because a lower proportion of those who become pregnant have abortions.* While teenagers account for about one-quarter of all abortions each year, their abortion rate dropped 25% between 1980 and 1990, from 95 to 72 per 1,000 sexually experienced teenage women. This drop was accompanied by a rise in teenage birthrates in the late 1980s, after a 15-year decline. It is unclear whether fewer pregnant teenagers are having abortions because more of their pregnancies are intended, because less stigma is now attached to out-of-wedlock childbearing, or because they have less access to abortion services.

Jeannie I. Rosoff, president of The Alan Guttmacher Institute, comments on the findings of the new study, "If we are going to help American teenagers avoid STDs, unplanned pregnancy, abortions and early childbearing, we need to accept the reality of their lives, including their sexual activity. *Sex and America's Teenagers* clearly shows that major social changes in recent decades have greatly altered how young people make their transition into adulthood. We must concentrate more on giving them the information, guidance, skills and services they need both to deal with the pressures to have sex too soon, and to have healthy, responsible and mutually protective relationships when they start having intercourse."

The Institute's research project was supported principally by The Carnegie Corporation of New York and the Charles Stewart Mott Foundation. The Brush, the Marion Cohen Memorial and General Service Foundations provided additional support. The project represents two years of direct research and analysis by a team of AGI staff members, and builds upon a decade of research by the Institute and many other organizations. The counsel of two advisory panels, comprising 31 individuals from academic, educational, governmental and medical fields, helped to shape the direction of the final report, which also encompasses:

- an overview of the context of teenagers' transition from childhood to adulthood;
- trends in teenage sexual activity and contraceptive use;

- the incidence and outcomes of STDs and pregnancy;
- the effects of programs and policies on teenage sexual behavior;
- how adults and society in general can more effectively help adolescents become healthy, responsible and competent adults.

According to *Sex and America's Teenagers*, adolescent sexual activity, pregnancy, abortion and childbearing are larger problems in the United States than other industrialized countries, where there is more openness about sex; where the society and government reinforce messages about the importance of using contraceptives to avoid pregnancy and STDs; and where contraceptives are generally more accessible to teenagers because reproductive health care is better integrated into general health services. Accordingly, the report identifies several interventions that are needed:

- All teenagers need sexuality education that teaches them the interpersonal skills they will need to help them postpone sex until they are ready, and that includes accurate information about methods to prevent pregnancy and STDs.
- All teenagers need clear and frequent reminders from their parents, the media and other sources about the importance of behaving responsibly when they have sexual intercourse.
- All sexually experienced teenagers need access to contraceptive services, STD screening and treatment and, if they become pregnant, prenatal and abortion services, regardless of their income.
- Teenagers who are disadvantaged also need special services and support to help them obtain the education and employment necessary to extricate them from entrenched poverty, a major cause of early childbearing.

# # #

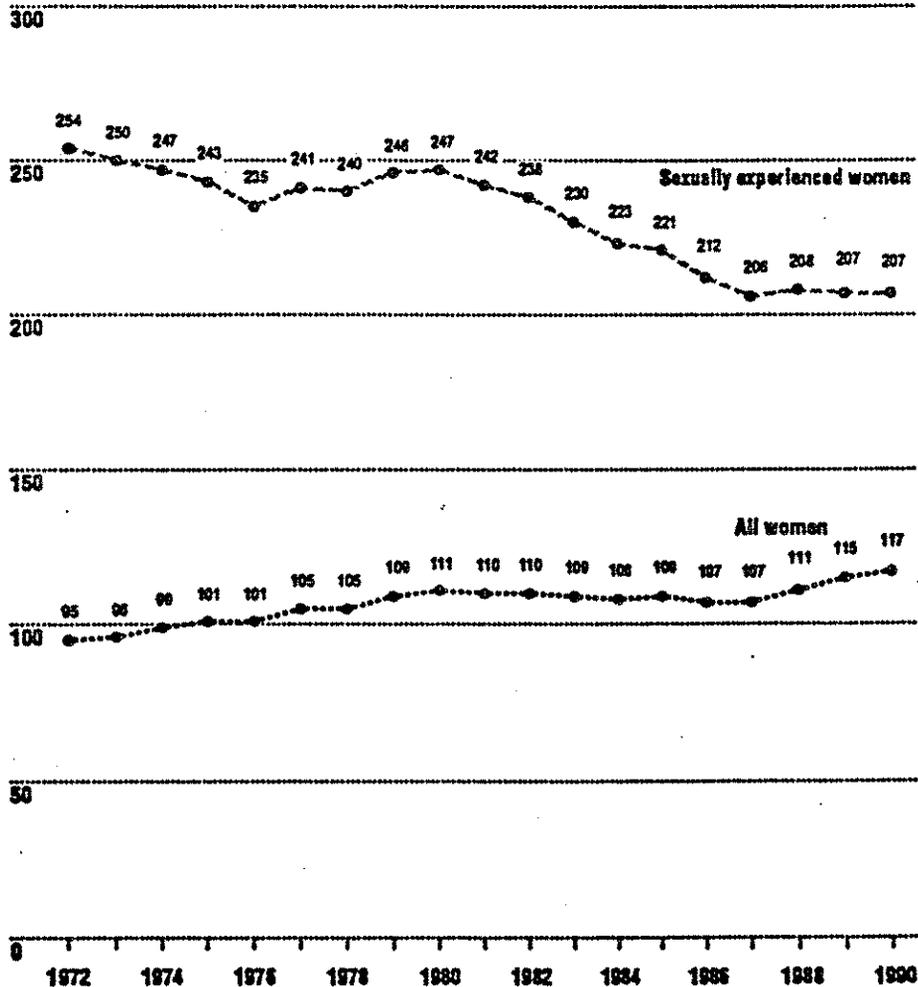
*Sex and America's Teenagers* can be purchased for \$33.00 (including shipping and handling) from: The Alan Guttmacher Institute, 120 Wall Street, New York, New York 10005. Volume discounts are available on request.

*The Alan Guttmacher Institute is a not-for-profit corporation for reproductive health research, policy analysis and public education, and has offices in New York and Washington, D.C. The Institute is supported primarily by numerous private foundations, related organizations, and contributions from private individuals.*

## DECLINE AND RISE IN PREGNANCY RATES

Over the last two decades, the pregnancy rate among teenage women who have had intercourse has declined; however, since proportionately more adolescents are having intercourse, the pregnancy rate among all teenage women has increased.

Pregnancies per 1,000 women aged 15-19



Sources: Births, 1972-1990: National Center for Health Statistics, "Advance Report of Final Natality Statistics," *Monthly Vital Statistics Report*, Vols. 23-41, Supplements, 1974-1993. Abortions, 1973-1988: S. K. Henshaw and J. Van Vort, eds., *Abortion, Factbook, 1992 Edition: Readings, Trends, and State and Local Data to 1988*, AGI, New York, 1992, Table 1, pp. 172-173; 1972, 1988-1990: S. K. Henshaw, "U.S. Teenage Pregnancy Statistics," AGI, New York, 1993. Sexual experience data: E. F. Jones et al., *Teenage Pregnancy in Industrialized Countries*, Yale University Press, New Haven and London, 1986, Table 3.5, p. 47; J. D. Forrest and S. Singh, "The Sexual and Reproductive Behavior

of American Women, 1982-1988," *Family Planning Perspectives*, 22:206-214, 1990, Tables 1 and 3, pp. 207 and 208.

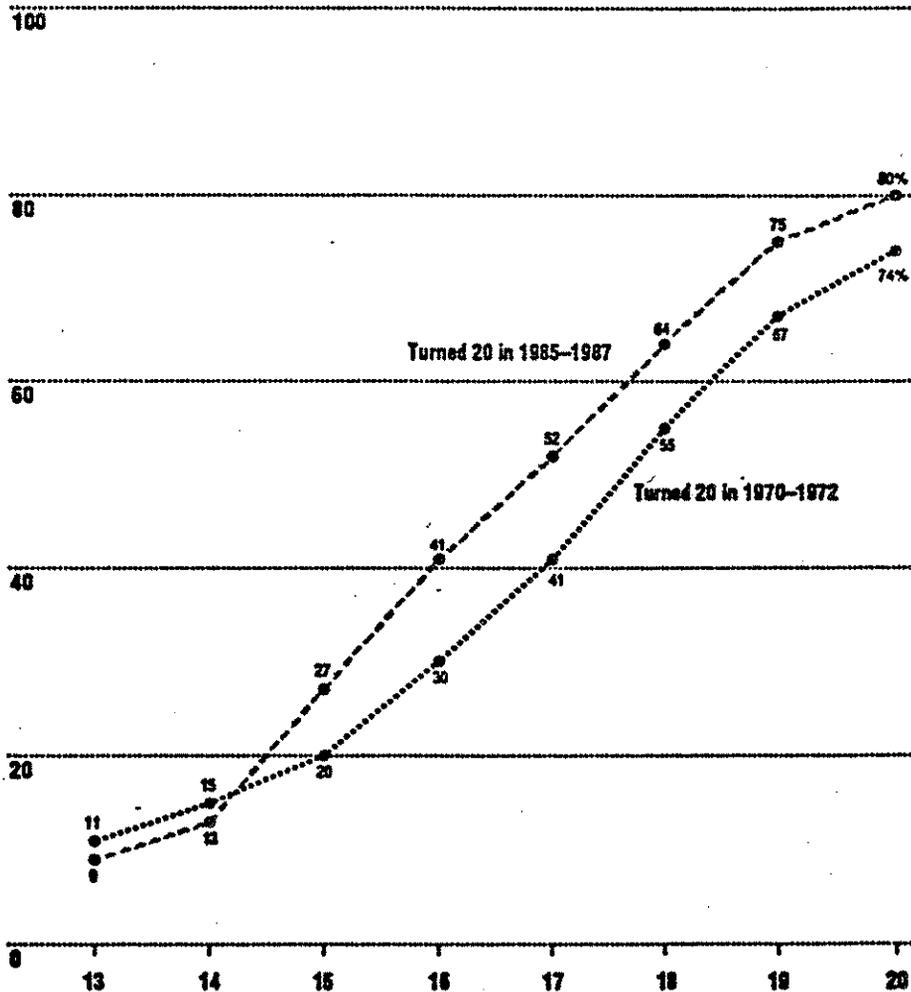
Notes: Pregnancy: Pregnancies are defined as the sum of births, abortions and miscarriages. Miscarriages are estimated as 20% of births and 10% of abortions. Sexually experienced women: The sexually experienced population was estimated by interpolating from sexual behavior data for 1971, 1976, 1982 and 1988. Data were extrapolated for 1989 and 1990 using the 1982-1988 trend.

FIGURE 30

### MORE TEENAGE MEN ARE HAVING SEX...

Higher proportions of teenage men had had sex in the late 1980s than in the early 1970s.

% of men who have had intercourse by each age



Source: Adapted by AGI from tabulations by K. Tanfer of data from the 1991 Survey of Men.

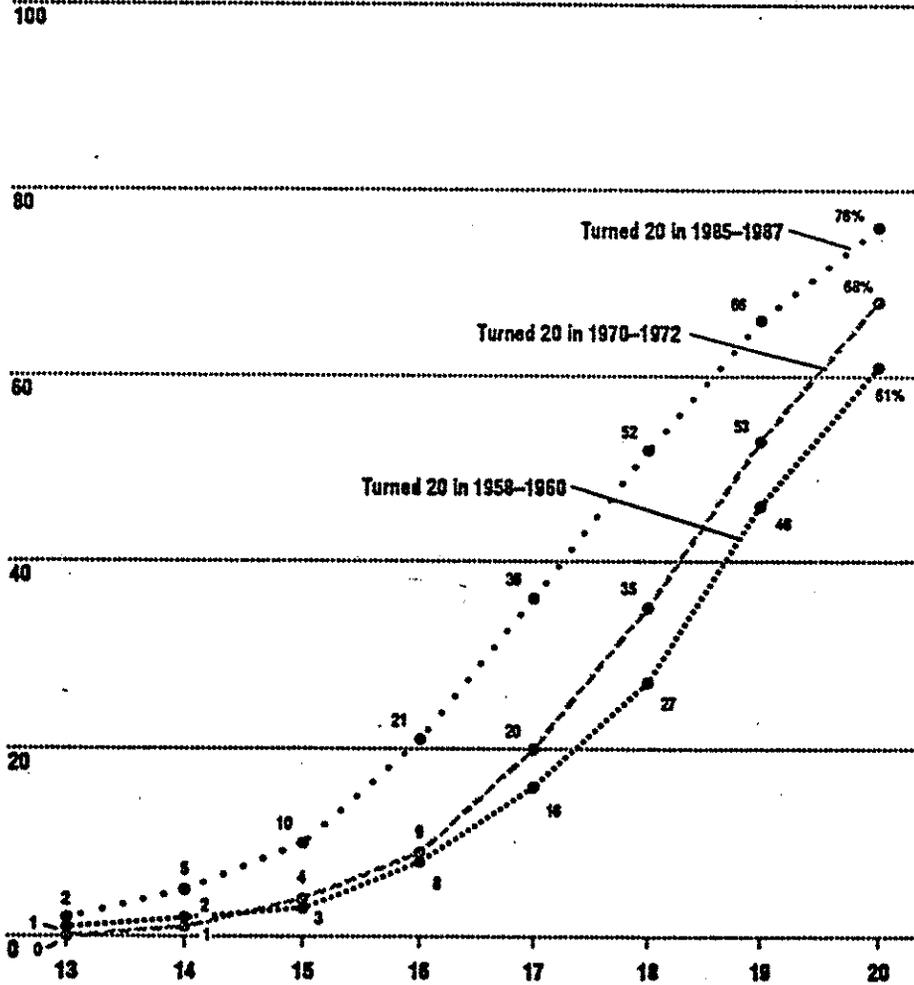
Note: Data are based on men aged 21-23 and 36-38 in 1988.

FIGURE 11

**...AND MORE TEENAGE WOMEN ARE HAVING SEX, TOO.**

Higher proportions of young women had had sex in the late 1980s than in the late 1950s.

% of women who have had intercourse by each age



Sources: Turned 20 in 1958-1960: Adapted by AGI from tabulations by S. L. Hofferth of data from the 1982 National Survey of Family Growth. Turned 20 in 1970-1972: Adapted by AGI from tabulations by S. L. Hofferth of data from the 1982 National Survey of Family Growth; AGI tabulations of data from the 1988 National Survey of Family

Growth. Turned 20 in 1985-1987: AGI tabulations of data from the 1988 National Survey of Family Growth.

Note: Data are based on women aged 30-32 and 42-44 in 1982, and aged 21-23 and 36-38 in 1988.

FIGURE 12

**PUBLIC HEARING ON THE  
STATUS OF WISCONSIN WOMEN**

**SUPERIOR, WISCONSIN  
SEPTEMBER 10, 1992**

**WISCONSIN WOMEN'S COUNCIL  
16 NORTH CARROLL STREET, SUITE 720  
MADISON, WI 53702  
608/266-2219**

COMMENTS FROM SEPTEMBER 10, 1992 PUBLIC HEARING  
ON THE STATUS OF WISCONSIN WOMEN

SUPERIOR, WISCONSIN

On Pay Disparity

"Talked with other nontraditional students who had job offers in the counseling field. However, I found that they would make less than I am making as a typist. They also didn't have the benefits I have."

On Age Discrimination in Employment

"When an employer is checking up on a person, they will also ask for the birthdate of the person. Prior registrar and a number of other people said they need that for identification. When a new registrar came in, she made the effort to have the birthdates taken off the transcripts. After the change, people who were not asked to interview were getting interviews. I realize there is going to be some discrimination but at least you're given an opportunity to face them and present your qualifications and talents."

On Queen Bee Syndrome

"Another thing that women run into often is other women discriminating, too, professional women in some instances."

On Tenured Women at University

"I am one of two women in the math department. There aren't any women tenured in the math or sciences here at this university. The women's bathroom for faculty was removed from the science building because they felt there wasn't a need for it."

### On Mentor/financial Counseling

"We would like to get here a program where we could mentor women, but there aren't any women faculty who have time. Financial counseling is very important, too."

### On Abortion

"I was extremely disturbed by recent Wisconsin legislation which restricted access to abortions. During this coming election I will vote based upon this issue and I know that many of my friends and colleagues will do likewise -- both men and women."

### On Child Care and Parental Leave

"Working mothers in rural Wisconsin face difficulties in finding child care, especially before and after school care. We need more financial assistance from local and state governments."

"Employers are starting to realize that good child care also results in more productive workers. We need good parental leave and government supported child care facilities."

"UW-Extension in Ashland and Washburn did a survey of parents regarding child care. They found that there is a need for more child care services, especially for school-age children. Parents use a patchwork of several kinds of child care during the week, and find it hard to balance work and family responsibilities. Child care must be addressed in relation to the poverty crisis for women, as low-paying jobs combined with child care costs will not pull them out of poverty."

"Child care continues not to be accessible to northern Wisconsin families. I believe there are at least two reasons for this: one is need for public assistance by some families to pay the high cost of quality child care and the other is the lack of an adequate supply of child care because child care providers/businesses do not make an adequate income."

"Counties must receive help to plan the effective use of their child care dollars. Child care funds must be streamlined into one funding source to assure that families can access the funds to help them work."

### On Domestic Violence

"Police need to be active in transporting women to agencies that are specifically trained to help them. The criminal justice system needs to show that domestic violence and sexual assault are treated as crimes and that perpetrators of these crimes are arrested and made to go through the system just like perpetrators of other crimes. The needs of the victims of violence involves making sure that no-cost or low-cost legal avenues are available. Who makes sure that state mandated policies and procedures (mandatory arrest law) are carried out by sheriff departments? By district attorneys?"

### On Education

"We need to eliminate gender bias in schools. I appreciate the effort to pass laws to make it illegal to discriminate against women. Education is the only effective way to change that."

"I haven't been out of high school long enough to forget what I went through - a chemistry teacher telling girls they just don't need to go into chemistry. Why aren't we telling high school girls about reporting teachers like that?"

"The Teen Assessment Project (TAP) survey has been completed in a number of counties and school districts around the state. Much of the information obtained from the TAP surveys has concurred with the information revealed in the AAUW report, "How Schools Shortchange Girls." This information is vital to parents, communities, agencies and organizations, schools and others who wish to address the needs of adolescents."

### On Adolescent Pregnancies

"Our clients this year number over 3,000. Most of those visits are for contraception. Most clients are between the ages of 15 and 21. Sex education is not there. To use the argument that telling kids about sex is like telling them to do it is so bizarre."

"This year CESA 12 did not receive their funding , and so the program (Teen Parent Program) was cut. The programs that I provided last year for teen parents, included information on social service programs, GED and continuing education services, parenting skills, self-esteem building, nontraditional career opportunities, and so on, will not be available to those students, and others, this year. How will those students receive that information? How will those teen parents meet other teen parents coping with the same challenges and stresses? Adolescents and children in rural areas must often face these situations alone."

### On Poverty

"In Ashland county, 83.9% of female-headed households with children under 5 years old live below the poverty level; in Bayfield county, it is 76%. Clearly, poverty is a great and growing concern for women in northern Wisconsin."

### On Health Care

"We have older and nontraditional age students coming on campus. A lot of those women who have a change in marital status are coming back to school. Their financial resources are low and it's hard for them to get health care. There's an increase in the use of student health services but the services' budgets are getting cut."

"The original focus of the Health Care Clinic was the adolescent populations...the lack of access to health care by adult women in these rural areas has created another high risk group. Our program is restricted from adequately serving this group of women due to lack of funds...the ultimate cost of treating their reproductive health problems will escalate."

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9/10/92

**Public Hearing on the Status of Wisconsin Women**

Testimony from Deb Nordgren  
R. 1 Box 543  
Lake Nebagamon, WI 54849

Working mothers in rural Wisconsin face difficulties in finding child care, especially before- and after-school care. A recent survey conducted by the School Board of the Maple Elementary School District showed that half of those who responded wanted after-school care; another 40% needed before-school care, summer care, school holiday/vacation care; and 30% wanted sick-child care. 70% would like some type of organized, licensed programs; with 60% preferring a school based program. When asked if they would be willing to spend up to \$2.00/hour, 40% indicated they could not afford that rate.

My husband and I asked the School Board to conduct the survey. We hoped a latchkey program would be started to meet our own personal needs and our perceived need within the district. Despite the need expressed by the survey for a latchkey program, the Maple School Board voted "not to proceed with a latchkey program due to budget restraints." Since my husband and I have some flexibility in our work hours we were able to arrange our schedules so that one of us sees our children off to school and one is home when they arrive home. Many parents do not have that flexibility, certainly single mothers do not. Clearly, the District and most of the parents within the district can not finance adequate child care for working parents without more financial assistance from local and state governments.

Good child care benefits all of us - it's not just a women's issue. Children who are well-cared for and receiving educationally enriched care are productive members of society. Employers are starting to realize that good child care also results in more productive workers. The number of employees who don't show up or who show up harried because child-care arrangements have fallen through is enormous. One study shows that 25% of mothers on welfare can't take jobs because they can not find adequate child care. I know a single mother, on welfare, trying to get a college degree to improve her employability who can not afford child-care to cover in-class time and study time. We need more than a tax credit for child care. We need good parental leave and government-supported child care facilities.

Health Care Clinic is a non-profit family planning/reproductive health program providing comprehensive services in Douglas, Ashland, Bayfield and Iron counties.

The original focus of HCC services was the adolescent populations of the areas in which we are located. While that continues to be a needy group of people, the lack of access to health care by adult women in these rural areas has created another high risk group.

The annual pap smear is considered to be a critical component of a woman's primary health care. Yet hundreds of women in this area are not getting this important screening exam, some going for many years between pap smears. The result, of course, is an increased risk of cervical and other cancers, infertility resulting from untreated infections and complications from less severe problems.

Our program is restricted from adequately serving this group of women due to lack of funds. Legislative efforts to acquire funds for increasing services through programs such as ours have failed.

Until we sensitize our state government to the health needs of women, many will suffer unnecessarily and the ultimate cost of treating their reproductive health problems will escalate.

HEALTH CARE CLINIC  
2231 Catlin Ave.  
Superior, WI 54880  
394-4117

*Linda Willcox*

Brooke Magid Hart  
612 Chapple Avenue  
Ashland, Wisconsin 54806  
8 September 1992

Wisconsin Women's Council  
16 North Carroll Street, Suite 720  
Madison, WI 53702

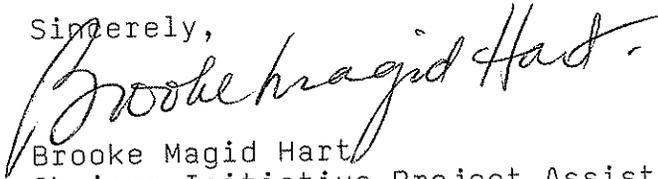
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Dear Friends:

I am, unfortunately, unable to be at the public hearing to be held in Superior September 10 on the status of Wisconsin women. In lieu of being there in person, I would like to submit the testimony in writing which I had planned to give in person.

Thank you for taking the time to travel all the way north to meet with representatives in our region. Your willingness to do so is much appreciated.

Sincerely,



Brooke Magid Hart  
Choices Initiative Project Assistant

NAME: Brooke Magid Hart

PROFESSION: Project Assistant, Choices Initiative of Northwest WI

BACKGROUND: worked as Family Resource Person for Head Start program in Ashland for 2 years; was project coordinator for Teen Parent Program for CESA 12 spring 1992, before funds were terminated for program; member of Teen Pregnancy Prevention Task Force for northwest WI; member of People for Choice of Ashland/Bayfield counties; city councilor in Ashland.

I am testifying before the Wisconsin Women's Council both as a citizen and as a Project Assistant for The Choices Initiative. I would like to begin by revealing some startling and concerning statistics which I recently read in our local Daily Press, from the latest census. These statistics come from Ashland and Bayfield counties, but reflect, I believe, Douglas, Iron and Sawyer counties (the other counties I represent) as well.

Between 1980 and 1990, Bayfield county grew by 1.3%, while Ashland county lost 2.8% of its population, due in great part to lack of employment opportunities.

In Ashland county, 83.9% of female-headed households with children under 5 years old live below the poverty level; in Bayfield county it is 76%.

In Ashland county, 20% of children under 18 yrs. live in poverty; in Bayfield county, 22.9% do. In Ashland county 28.1% of children under age 5 live in poverty; in Bayfield, 30.8% do. Both of these statistics are overwhelming in comparison to the national rate of 20.1%. In Ashland county, 40.1% of all female-headed households live in poverty, while 40.5% of these families live in poverty in Bayfield county.

Ashland and Bayfield counties reflect the national average of male/female percentages of the workforce, with approximately 55% of the workforce being male and 45% being female.

In Ashland county, 12.8% of the population hold college degrees, while 18.3% do in Bayfield county.

Clearly, poverty is a great and growing concern for women in northern Wisconsin. In this election season, the economy and lack of job opportunities is getting much attention, particularly for those in the inner cities, and for men, but women are still not getting the attention they need and deserve. And yet women make up the majority of those in poverty, along with their children.

Many of these women are and/or were parents as teens. When I worked for the Head Start program, a program that serves very low-income families, it became apparent immediately that the majority of families served are female-headed, and that most of the mothers were first pregnant as adolescents. Many of them never finished high school, and have no skills to join the workforce.

Last spring, I worked as the Program Coordinator for the CESA 12 Teen Parent Program, which received funding from a Carl Perkins grant. This year CESA 12 did not receive their funding, and so the program was cut. The programs that I provided last year for teen parents, including information on social service programs, GED and continuing education services, parenting skills, self-esteem building, non-traditional career opportunities, and so on, will not be available to those students, and others, this year. How will those students receive that information? How will those teen parents meet other teen parents coping with their same challenges and stresses? Adolescents and children in rural areas must often face these situations alone; I worked with kids in schools of only a couple of hundred students k-12, where they were the only one, or one of two, who had to learn to be both a student and a parent at the same time. They desperately need a network as they find themselves fitting in less with their friends who do not face their same challenges and stresses.

We must fight for and find funding for programs which provide these kids (teen mothers and fathers) with COMPREHENSIVE care and education, including schooling/tutoring for high school and beyond, child care, parenting skills, sex education, health care, nutrition, job skills and more. These kids are the most at-risk for poverty and dependency. Their siblings, friends and children are the most at-risk for following in their footsteps.

UW-Extension in Ashland and Washburn did a survey of parents regarding child care. They found that there is a need for more child care services, especially for school-age children. Twenty-seven percent of the families identified finding child care for sick children as a major problem. Parents use a patchwork of several kinds of child care during the week, and find it hard to balance work and family responsibilities. Often, young children are left alone before and after school, many of them (10%) caring for younger siblings. Child care is clearly an issue that must be addressed, especially as more mothers are entering the workforce. And child care must be addressed in relation to the poverty crisis for women, as low-paying jobs combined with child care costs will not pull them out of poverty.

The Teen Assessment Project (TAP) survey has been completed in a number of counties and school districts around the state. It has been completed in both Ashland and Iron counties. However, once completed, the counties are left to compile the data in a digestible fashion, and to disseminate the information obtained to the community. There are no funds or resources to do this. In Ashland, a Choices Initiative mini-grant paid to publish and distribute the teen sexuality portion of the TAP results. This information is vital to

parents, communities, agencies and organizations, schools and others who wish to address the needs of adolescents. Much of the information obtained from the TAP surveys has concurred with the information revealed in the AAUW report, "How Schools Shortchange Girls". Just as that report must be required reading for all teachers, administrators, parents and other citizens of the community, so must the TAP results, and other similar studies done on a local level which reveal the plight of girls and women in our communities. I recently spoke at an in-service for teachers in the Hayward School District. My topic was adolescent female issues. Only two teachers showed up. Now, perhaps it was the end of the day and they were all tired and wanted to go home. Or maybe the other speakers were more compelling than I was. Or maybe adolescent female issues just don't concern teachers. If that is the case, then I believe that we have lots of work to do, not just in convincing teachers, but everyone else, that adolescent females are of concern to all of us, and that we must all give our attention to them. We must address the issues of poverty, health care, sex education and parenting, along with all of the other inter-related social issues.

I would like to take this opportunity to give kudos to the Women's Network. I am one of the founding and active members of People for Choice, a grassroots reproductive rights group in Ashland and Bayfield counties. The Women's Council Reproductive Rights Task Force has been a wonderful liason for us, and has helped to bring us out of our physical isolation up here in the northland, to hook us up with others around the state doing similar work, and to keep us abreast of urgent action needed locally and in the legislature to protect women's reproductive rights. We thank you and ask that you continue to do so.

**CHOICES INITIATIVE NEEDS ASSESMENT SURVEY SUMMARY**

**ASHLAND COUNTY**

**1. Observation of how services do or do not address the needs of disabled and minority girls in your county**

--I feel that the needs of minority students are addressed all of the time and that it is to the point where the average white female is discriminated against moreso then the minority students. Disabilities, however, are very seldom addressed in my immediate town.

--I am not aware of special programs in place for disabled girls. I believe that each disabled child is assess. and treated individually by the school and community. The school seems to be the directing force.

--I believe that we do offer services to these individuals, but on a piecemeal basis. In order to identify these gaps, we need a concentrated effort. I also see that we need to develop sensitivity and understanding for the individual needs of these populations, for all people

--Haven't seen any services

--Need more role models, community education, stronger advocacy programs

--There are no services that I am aware of that assist minority girls. There are some services for disabled girls

**2. What are the barriers for girls in using these services?**

--Awareness of service

--Transportation, child care, work experience, accessability, white ignorance, lack of education, lack of skills, health problems

--Travel, comm/family support and encouragement

--Lack of info about these services, \$ and transportation

--There aren't any

3. What other barriers exist in your community which prevent young women from developing the skills and attitudes which will help them become self-sufficient?

- They are not taught life skills that don't involve academics
- The attitude of the community for years
- Someone to educate them and assist them in obtaining the resources available
- Our area is still very traditional in what is "women's" work vs "men's" work. I see it in the traditional choices students make in programs here. Employers are reluctant to cross the traditional lines.
- We continue to battle sexism in the local media and organizations. The gender-role stereotypes are alive and well and changing them appears to be a low priority
- Job search expense, transportation, no driver's license, no child care, lack of self confidence, lack of jobs, underqualified, won't relocate, health problems
- Not encouraged to daydream choices from early age on
- General lack of knowledge in the community about gender equity, male privilege and racism
- The attitude towards women in general in this area is that women are second class citizens, this attitude is passed down from one set of parent to another

4. What are two or three things that you think your community/county does well in preparing young women for their futures?

- Career/job training opportunities are available
- Small classes in schools allow for more individualized instruction
- There is a strong family support system
- We have a strong ed for employment program in most of our schools; we have many caring individuals who give up their time to help girls-their commitment is noteworthy; in general we have an excellent corps of guidance counselors implementing the developmental guidance approach
- New Perspectives, MMTC Weekend, PIP, FLIP, etc. Should have a New Persp. type class for all high school girls as a requirement
- Provides a generally strong educational foundation in schools
- The classes are designed for males and females but females are somewhat discouraged because of the reputation of sexual harassment that goes on in the classes

5. Other

- I would be interested in the results of this survey. We each only have a piece.

Eleven surveys summarized

## CHOICES INITIATIVE NEEDS ASSESMENT SURVEY SUMMARY

## BAYFIELD COUNTY

1. Observation of how services do or do not address the needs of disabled and minority girls in your county

--We need to make these students more aware of opportunities that are available

--These populations are often overlooked

2. What are the barriers for girls in using these services?

--Transportation; activities that bring the disabled and minority students together

--Geography/transportation; cost; isolation

3. What other barriers exist in your community which prevent young women from developing the skills and attitudes which will help them become self-sufficient?

--Employment

--Attitudes of adults living with and work with them; cost; time available; some programs not available

4. What are two or three things that you think your community/county does well in preparing young women for their futures?

--We have a good program for students who are teen parents; 4H and Scout groups

--Good basic education; good support for girls sports; good support of girls community groups

5. Other

--The Choices Program held at WITC last year was a good experience. We need more groups for kids

2 surveys summarized

## CHOICES INITIATIVE NEEDS ASSESMENT SURVEY SUMMARY

## SAWYER COUNTY

## 1. Observation of how services do or do not address the needs of disabled and minority girls in your county

--Traveling distances provide barriers to both providers and recipients with respect to frequency and duration of services

--Minority girls have special needs that haven't been fully addressed

--The needs of disabled people are not addressed in my county except as required in public areas - school, courthouse, etc. - and then, minimally. Accessibility is a major concern. No role models, no career options as far as I can tell. Services are much broader for those individuals who are developmentally disabled. Minority girls can get into places but also lack career planning, options, role models and are overwhelmed by the alcoholism problem on the reservation. Also, transportation is no small problem for both groups.

--The schools do fairly well with being adaptable for disabled with transportation, etc. Quite a bit of help for mentally handicapped, need for more physically handicapped.

--I feel distance is a problem; we in winter are 40 miles from a hospital/social services

--Many of these issues are addressed in the school system. The problem being the many people who have the disability do not know that they are in a disability category or do they know how to get the needed assistance. Often, follow-up is not complete, as in the case of teen parents who have assistance while in school but not after.

## 2. What are the barriers for girls in using these services?

--Distance

--Transportation, economics, conflict between reservation and county agencies--often county will not provide services if services are available on the rez

--Lack of social skill development and assertiveness on the part of the girls; lack of sensitivity to these lacks by service providers. Differences in cultural values, non-acceptance of teen pregnancy, more limited views of options for all women. Unfamiliarity with available services and/or their eligibility to receive services.

--May not know all the resources

--Many people are unaware of the services available. One of the biggest barriers to females is the traditional role so prevalent in our society. Also the peer pressure from other females is the same negative type of pressure to not use services available. If someone is abused at home by family members it is not acceptable to reach out for help

3. What other barriers exist in your community which prevent young women from developing the skills and attitudes which will help them become self-sufficient?

--Old fashioned attitudes toward status of women; role definition; lower expectations

--Lack of role models, racism/sexism. no unified effort

--Learned helplessness which accompanies AFDC and the preservation systems, community attitudes which foster male dependence, de-valuation of education and professionalism by the community - suspiciousness about post high school educators, Lack of professional positions in the community for young women to emulate (most people provide services or manual labor)

-Peoples' attitudes, lack of jobs

--I feel we are a poor economic area where not enough emphasis is placed on education and we do not have very good career counseling in our school so many girls do not feel a real strong need to branch out of the mold of their mothers

--Traditional role models are still the norm in our area. If a female wishes to take non-traditional courses or type of employment, she is looked upon as being different. She would not be restricted from those activities, but would find it difficult to continue

4. What are two or three things that you think your community/county does well in preparing young women for their futures?

--Educational system is providing equitable approach to opportunities physically available; non-traditional careers are being presented in an objective manner

--The schools, of late, have implemented several programs that help young women prepare for their future; networking with agencies is beginning; county health has established several excellent programs/services

--Does a great deal in the area of prevention: AODA, pregnancy, suicide, etc. Strong, equal community support for girl's athletics. Strong high school science program which encourages girls to enroll

--Stresses education

-- I don't feel we are doing much to improve young women's futures

--In our school district we have many vocational education courses that are available to both genders. These courses have strong equity and the gender balance is improving. Females are entering areas once dominated by males, but the reverse is not the case

5. Other

--This community does prepare its young women for their future - marriage or no, babies, low-paying, soul stifling jobs, hopeless relationships. It's a wonder to me that as many young women escape such a fate as manage to since there is frequently little self esteem building outside of school and even that is pretty selective

--I believe that complete equity cannot be achieved. Because of safety reasons and the fact that we do not have enough staff to completely individualize the content of all courses so that everyone can achieve the highest of their ability

5 surveys summarized

**CHOICES INITIATIVE NEEDS ASSESMENT SURVEY SUMMARY  
DOUGLAS COUNTY**

1. Observation of how services do or do not address the needs of disabled and minority girls in your county

--We could do more re: minority girls

2. What are the barriers for girls in using these services?

--Availability

3. What other barriers exist in your community which prevent young women from developing the skills and attitudes which will help them become self-sufficient?

--Training staff will help

4. What are two or three things that you think your community/county does well in preparing young women for their futures?

--Basic services available, variety of positive extracurricular activities, career ed available

5. Other

--This is my first year as a secondary counselor. I don't feel aware enough of some of the services available, etc.

1 survey summarized

**Wisconsin Women's Council  
Hearing  
September 10, 1992  
Superior, WI.**

As a northern Wisconsin resident, I welcome you to our beautiful northwoods and thank you for taking your time to travel to meet with us. We appreciate your commitment to study the issues facing Wisconsin Women throughout Wisconsin. As an individual, I wish to share several issues of concern I face.

\* **Child Care:** Child care continues not to be accessible to northern Wisconsin families; I believe there are at least two reasons for this: one is need for public assistance by some families to pay the high cost of quality child care and the other is the lack of an adequate supply of child care because child care providers/businesses do not make an adequate income. I'd like to share a couple of anecdotes with you from my personal experience.

As the owner of a new bed & breakfast business, I have hired a person to clean, cook, provide guest services. I cannot afford, during these early years of business to pay a "good" salary nor can I afford to offer benefits. In fact, my sister and I continue our outside paying jobs to cover our new business costs. Of course, we hope this will change in the next few years. We have had three employees in our first year: one quit because the county child care tuition assistance funds were not available to her (she was told she would be put on a waiting list) in June of this year when her 5, 7, 8 year old children got out of school. We could not afford to pay the child care bill; we have no space or time available to provide on-site child care although we considered both options. The staff member left our employment to stay home with her children (and went back on AFDC). Three weeks later, after we had hired a new employee, our former staff member was called by the county to say funds were now available for her child care. The employee currently working for us is also on a "waiting list" for child care. Her partner works different shifts each week; he can provide child care for her when he works the shifts opposite her but cannot provide child care when they work the same shifts. During those weeks (about once per month), our employee must purchase child care but has to pay for that herself now. They are trying to earn money to build their own house (by themselves) and get a good start for their family but the wages she earns are seriously cut by the cost of child care. I worry I may once again lose this employee because of child care costs. If adequate child care tuition assistance were available to families, many would work outside the home; many new businesses would be able to get through those tough beginning years and both families and businesses would be able to prosper.

I am aware of a child care program which tried to open their services last autumn and sought help from a statewide child care technical assistance agency. The owners did their homework: they did a needs survey; they contacted others in their community; they projected their budget and planned to add personal income

the first few years. However, after one year of operation, they are considering closing down. Why? Because they cannot attract enough customers and they are running out of their personal income. The public school has started a 4-year old kindergarten this year and although the child care program offered to rent space to the school to house the kindergarten in the child care building, they were turned down and not told of the meetings to be held to plan the new kindergarten. While this center was offered a start-up grant from DHSS, they are reluctant to take the money knowing they will have to pay it back if they go out of business in the next three years. They have studied the options; they prepared themselves; they marketed their services; they sought technical assistance. They are the only group child care program in their city/county and still struggle. Perhaps the parents in this low income area cannot afford to pay for child care; perhaps the public sector is competing with the private sector to offer the services at no cost to families; perhaps the children in need of care are being cared for in an un-regulated child care program for which no one knows the actual quality.

Children deserve the best possible child care/development services. Public assistance must be provided to help parents pay for quality child care; counties must receive help to plan the effective use of their child care dollars; child care funds must be streamlined into one funding source to assure that families can access the funds to help them work.

Comprehensive child care business technical support services must be offered to help women start stable child care businesses and enhance the quality of those services to children.

Of course, you know quality child care is not just a women's issue, but I bring the concerns to you because, too often, in public policy it remains "just a woman's issue."

Wendy Hinrichs Sanders  
Route 6  
Hayward, WI. 54843

**Wisconsin Women's Council  
Hearing  
September 10, 1992  
Superior**

As a woman who was raised and continues to live in northern Wisconsin, I ask you to recognize the importance of a woman's right to choose to give birth to a child she can afford to care for and provide for or to abort a child which she cannot afford to care for or provide for.

You know that many women become pregnant through incest, through sexual abuse. You know that many children are born into poverty in this country every day; the numbers are staggering. I believe the recent numbers provided by the Census Bureau suggest that 1 in 3 children are living in poverty today in this country. In all my work with children, I have never met a mother who did not love her child; I have met many mothers who did not have the resources, either fiscal or personal or both, to provide adequate care for her child.

Those who advocate under the guise of "pro-life" are not in touch with these children or their mothers. This is not "living;" it is merely "surviving." Those of us in child development fields know that children who merely survive may never "live." Furthermore, public funds for programs which support healthy child birth and development have been cut and are threatened to be cut annually---the demand for these services already exceeds the supply!

I know a few women who have chosen to have an abortion. None has made the choice frivolously; all have made the choice in the best interest of the child. I would suggest to you that any woman who considers an abortion is a woman in a situation which will prevent her from adequately caring or providing for her child.

I raise this issue today to remind you the issue is ever-present in the minds of Wisconsin women, of northern Wisconsin women. I was extremely disturbed by recent Wisconsin legislation which restricted access to abortions. During this coming election I will vote based upon this issue and I know that many of my friends and colleagues will do likewise---both men and women. If we truly care for our children in America, in Wisconsin, not just for ourselves, we must protect a family's right to choose.

Wendy Hinrichs Sanders  
Hayward, WI.