



# Women & Girls: Policy Briefs on Critical Issues in Michigan



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# INTRODUCTION

*Michigan has a long way to go toward achieving equality for women.*

Women have made important social and political advances over the past fifty years. Nevertheless, they are still far from enjoying full equality. Civil rights laws, passed over 30 years ago, are not adequately enforced and discrimination persists, especially for low-income women and women of color.

In March 2003, the ACLU of Michigan convened a conference with groups and individuals addressing a range of concerns affecting women and girls. With over thirty organizational co-sponsors, and three hundred people in attendance, we decided to develop a policy paper that would present these issues and recommendations for policy-makers.

This paper cannot possibly address all of the issues identified but focuses on some of the most serious and provides resources for those seeking additional information.<sup>1</sup>

## Report: The Status of Women in the States

Many barriers facing women are less overt than they once were and are, as Supreme Court Justice Ruth Bader Ginsberg observed, “more subtle, and therefore more difficult to uncover and end.” (ACLU, 2001.)

Recognizing policymakers’ and advocates’ need for reliable data, the Institute for Women’s Policy Research created a series of reports called *The Status of Women in the States*. (IWPR, 2003.) Researchers compared the status of women across the country by focusing on five areas: employment and earnings, economic autonomy, health and well-being, political participation and reproductive rights.

Michigan does not fare well, receiving “C” grades in employment and earnings, social and economic autonomy and political participation. Michigan received a “D+” in health and well-being and failed reproductive rights. These ratings show that some of the greatest barriers that remain are sited in economic realities that limit women’s employment opportunities, ability to obtain health care, and access to education and childcare.

## Social and Economic Autonomy

Michigan received a “C” grade for social and economic autonomy, which includes business ownership, poverty, education, and

employment and earnings. We also examine the female immigrant population and the impact of living wage laws on women.

Because more married couples rely on both partners’ earnings and because more women head households than ever before, women’s earnings greatly affect the overall well-being of their families. The IWPR examined women’s annual earnings, the female/male earnings ratios, women’s labor force participation, and the industries and occupations in which women work.

With over 60% of its women in the workforce, Michigan ranks 29th in labor force participation. Mothers represent the fastest growing group of working women. In 1999, 55% of women with children under age one were in the labor force. (IWPR.) The growing rate of working mothers signifies an increasing need for affordable, adequate, and convenient childcare. And although Michigan offers childcare subsidies to low-income mothers, these subsidies are often inadequate and do not end up in the hands of the poor women and families who need them. (See “*Employment and Earnings*.”)

Although Michigan ranks 14th in the nation for women’s median annual earnings, it also ranks 45th for male-female income equity. In 2002, Michigan women earned less than 68 cents for every dollar earned by men. (IWPR.) Men and women often differ in their amount of job-related skills obtained through education, training, and experience. Men and women also tend to have different occupations, work in different industries, and join unions at different rates. (IWPR.) Research shows that these differences most likely account for about 60% of the gender wage gap—which leaves a considerable disparity in wages unexplained. (Council of Economic Advisors.)

One major problem continues to be the glass ceiling. Michigan ranks 38th in the percent of women employed in managerial and professional occupations. At the same time, Michigan ranks in the middle third of the states for the percent of women living above the poverty level. In 1999, over a third of single-mother households in the United States lived below the poverty level; the median family income for single-mother households was \$20,400, while that for married couples with children was \$61,900. (IWPR.) In addition, since women in poverty have limited access to education, training, and transportation, they often have difficulty improving their

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<sup>1</sup> We do not, for example, focus on female political participation although Michigan ranks 10th in the nation. With Governor Jennifer Granholm at the helm, Michigan has one of the six female governors currently in office – and ranks 14th in the nation for the number of women in elected office. The state also ranks in the top third for female voter turnout and registration.

economic status. Although welfare payments, food stamps, and other benefits can help low-income families, public assistance has become a less reliable source of income in the future because of recent federal and state funding cutbacks. (See “Poverty.”)

In addition, a lower percentage of unemployed women collect unemployment insurance (UI) benefits than unemployed men. Policies that prevent low-wage workers from qualifying for UI have a discriminatory effect on women since they constitute the majority of low-wage workers. Certain policies also keep workers from receiving UI if they leave jobs for reasons such as sexual harassment, domestic violence, or their own or a relative’s illness. (IWPR.)

Michigan also still has a long way to go with respect to educational attainment, ranking a poor 36 in the study. Only 15% of Michigan women have completed four or more years of college. Equal access to education is critical, since educational attainment affects earnings, job opportunities, hours of work, occupational prestige, civic participation, and childbearing decisions. (See “*Employment and Earnings.*”)

## Health and Well-Being

Michigan ranked 39th for women’s health and well-being, receiving a “D+.” Legislators and policymakers should recognize universal access to health care as a fundamental human right. Health care access for low-income, uninsured people must be ensured, so that all community members can achieve the highest attainable state of health.

No discussion of health and well being would be sufficient without a discussion about reproductive rights. Michigan places near the bottom of all states for reproductive rights, ranking 44th in the nation and receiving an “F.” The IWPR examined state policies concerning abortion, contraception, gay and lesbian adoption, infertility, and sex education. We also look at the important issue of the provider shortage, minors access to reproductive services, and contraceptive equity.

Michigan’s conservative legislature puts women’s reproductive rights at risk—they received a “zero” score for pro-choice government. The state requires parental consent and notification and a mandatory waiting period. Over 25% of women live in counties that do not have abortion providers. (IWPR.) Michigan also does not offer public funding for abortion except when required by the federal law—in cases of rape, incest, or life endangerment to the woman.<sup>2</sup>

Michigan lags behind the rest of the nation in other areas of reproductive health as well. Whereas nineteen states require private health insurers to provide comprehensive contraceptive coverage, and seven states require partial coverage, the Michigan legislature has not passed any such laws. (Alan Guttmacher Institute, 2002.) The state legislature has also failed to pass measures requiring insurance companies to cover infertility treatments.

One continuing problem that affects the health and well being of women is the persistence of domestic violence and sexual assault. In 1998, Michigan domestic violence service providers sheltered 13,429 women and children, and Michigan domestic violence crisis lines received over 60,000 crisis calls. (Michigan Family Independence Agency.) In 1996, 5,466 forcible rapes were reported in Michigan. Nationally, it is estimated that half or fewer of all attempted or completed rapes are reported to police. (U.S. Dept of Justice.) (See “*Domestic Violence Issues.*”)

We also take a look at the issues affecting the LGBT community. With no federal or state laws to prevent discrimination, and with the persistence of stereotypes that pervade employment, health care delivery, and impede access to political power, there are many pressing issues that need the attention of policy-makers. (See “*Sexual Orientation.*”)

## Adolescent Young Women

In the last twenty years, with the birth of the feminist movement, there came a growing awareness of the special problems that face young women. There have been many new organizations that have been formed in recent years to respond to their needs. As our paper reports, approximately 20% of adolescent females are at risk today because of poverty, poor health, abuse, neglect, sexual victimization, lack of access to adequate secondary or post-secondary education, substance abuse, and responsibility for child care. Social control is most often the knee-jerk response to the difficulties that young women face. We offer, instead, many positive responses that policy-makers can adapt to decrease the risks that young women face today.

## Criminal Justice

We also focus on the female prison population, a population that has most often been the victims of sexual or domestic violence. They face threats of sexual abuse and harassment, but also cannot secure adequate health care services in prison and, because of

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<sup>2</sup> *Planned Parenthood Affiliates v. Engler*, 73 E3d 634 (6th Cir. 1996) (holding that the section of Michigan Social Welfare Act which denied state funding for an abortion unless the abortion was necessary to save the mother’s life was invalid under the Supremacy Clause because the section impermissibly conflicted with provisions of Medicaid, the Hyde Amendment, and accompanying federal regulations; Health Care Financing Administration interprets the Hyde Amendment, governing use of federal Medicaid funds for abortions, as requiring Medicaid states to fund abortions made necessary by rape or incest as well.) See MCLS § 400.109a; 42 USCS § 1396.

their relatively low numbers in relation to the male prison population, receive even fewer services than do men and are often objects of discrimination and sexual harassment. It is increasingly difficult to address their needs, especially since almost all will reenter the general population. Discrimination and lack of funding prevent rehabilitation and restrictive federal and state laws limit legal advocacy.<sup>3</sup>

## Moving Forward: Taking Steps Toward Equality for Women

Clearly, Michigan has a long way to go toward achieving equality for women. *The Status of Women in the States* should motivate policymakers, legislators, and communities to improve Michigan's low scores and boost women's status throughout the state.

Kary L. Moss, Esq.  
Executive Director

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<sup>3</sup> In March, 2000, the ACLU of Michigan filed a federal class action lawsuit challenging the treatment of women prisoners at the Livingston County jail. The lawsuit challenged as unconstitutional a state law exempting prisoners from the protections of the state human rights law. (For more information on women in the criminal justice system, see "Criminal Justice Issues." Also, in January, 2003, the ACLU of Michigan filed a class-action lawsuit in federal district court charging that Michigan prison officials allowed the Hepatitis C virus to reach epidemic proportions by failing to adequately test and treat HCV+ inmates. The ACLU claimed that state protocols for testing and treatment fall short of accepted medical standards and that the state sometimes fails to adhere to its own standards. To read about ACLU cases, visit [www.aclumich.org](http://www.aclumich.org).

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# Social and Economic Autonomy



# Employment and Earnings

*...women have not reached equality in pay, treatment or opportunity.*

## Recommendations

1. Despite federal and state statutes protecting women from discrimination in the workplace, women have not reached equality in pay, treatment or opportunity. Policymakers should advocate for equal treatment in the workplace for all women, including immigrants, who face increased discrimination and challenges.
2. Policymakers should encourage legislators to amend relevant state laws to substitute paid leave for non-paid leave, and the leave should be extended for more than twelve weeks. Alternatively, there should be legislation mandating regulated, on-site day care, including sick child care, for employers with fifteen or more employees and who accept tax benefits or any other financial incentives from the government, including government contracts.
3. Policymakers should develop a bi-partisan system for screening judicial appointments that assures that nominees for state and federal judgeships are not only qualified for the positions by education, experience, and background, but are also capable of being neutral and unbiased to fairly hear discrimination claims as well as other disputes.
4. Policymakers, legislators, and municipalities should consider enacting living wage ordinances. Studies show that such laws have had positive effects on both cities and workers.

## Inequities in the Workforce

Nationally, Michigan ranked 29th for employment and earnings and was assigned an over-all “C” grade. (IWPR, Fact Sheet, 2003.) The Institute on Women’s Policy Research found that “sex discrimination continues to play a role in holding down women’s earnings.”

In 1999, with just over 60% of American women in the labor force, women have still not achieved equality in pay with men. Forty percent held lower-paying technical, sales and administrative support occupations, and 17.4% were in low-paying service professions. Only 7% were in unskilled but higher-paying blue collar jobs. Just over 2% of women are in the well-paid skilled trades, and only 1% of women managers have earnings in the top 10%. (IWPR, 2003.)

## Balancing Work and Family

Most women continue to be primarily responsible for taking care of their families and children and must choose between work and family responsibilities.

Most employers cannot or will not introduce flex-time for parents. Some assume that women with children are less reliable than childless female employees, and therefore assign them to less responsible work, refuse them promotion opportunities and terminate them instead of fathers when they have to reduce the workforce. Women who can afford to work part-time or take a few years away from the workforce to be with their young children are often put on the “mommy track” and denied career advancement. (Skube, 2002.) Because of family responsibilities, women with infants and small children often work in low-paying, non-union, or part-time positions and thus have no health insurance, job security, pension, or other benefits. (NAPTE.)

Although the Family Medical Leave Act (“FMLA”) provides for twelve weeks leave for the birth or adoption of a child or to care for an ill family member, most families cannot afford to make use of it. The FMLA provides for only twelve weeks leave, after which mothers must turn over their three month-old infants to daycare or the care of a family member or risk termination. This leave is unpaid, and many families cannot go without an income for three months even if they retain their health benefits. Furthermore, the law only applies to fairly large employers (at least with 50 employees), excluding low-wage women who work for smaller employers.

Daycare for working parents of infants and small children is often inadequate. Low-income workers are often unable to afford quality daycare. Even for those who can afford it, the cost uses up a large portion of their earnings.<sup>4</sup> Many daycare centers have limited, inflexible hours, and the locations of centers that are compatible to work schedules are often inconvenient to reach. Since most daycare workers earn low salaries and do not receive benefits, daycare staffs often have high rates of turnover.

The burden of elderly parents or the long-term care of a sick spouse or relative frequently falls on females who have to

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<sup>4</sup> “Child care costs are a significant barrier to employment for many women. Childcare expenditures use up a large percentage of earnings, especially for lower-income mothers. For example, among single mothers with family incomes within 200 percent of the poverty level, the costs for those who paid for child care average 19% of the mother’s earnings...Currently, subsidies exist in all states, but they are often inadequate; many poor women and families do not receive them. Recent data show that, nationally, only 12% of those children potentially eligible for child care subsidies under federal rules actually received subsidies under the federal government’s Child Care and Development Fund in 1999.” IWPR report, p. 31.



concentrate on family issues at the expense of work responsibilities. More than 70% of those giving care are women, and caregivers on average provide about 18 hours per week of care. (IWPR.) Many caregivers are forced to make adjustments to work hours or schedules, and they often experience shortages of time, money, and other resources. (National Alliance for Caregiving and AARP, 1997.)

## Sexual Discrimination

Despite federal and state laws prohibiting discrimination on the basis of sex, women in all professions continue to face discrimination and civil rights laws are poorly enforced.

Women are paid less “in every employment status and in every experience range,” according to a study by Richard Neumann Jr. of Hofstra University School of Law. (Guinier.) Females who take time out to have children are “mommy tracked” into lower-paying positions, less competitive and unrewarding work. While many women have advanced in business, they still encounter the “glass ceiling.” In 2000, only 4.1 percent of the highest-earning high-level executives in Fortune 500 companies were women. (IWPR.)

Women continue to have difficulty entering the well-paying skilled trades and non-traditional employment. Those who manage to get an apprenticeship are sometimes hazed and held to higher standards than their male counterparts. Women who join the trades frequently find themselves isolated from their male co-workers, who often refuse to work with them, and find themselves overly-scrutinized and generally treated poorly by their supervisors. (Latour, 2001.)

Women who enter the police and fire service, which are unionized and thus offer good pay and excellent benefits, are often treated with hostility by their male co-workers. (Latour.) In training, they are sometimes hazed and held to higher standards than the male rookies. Especially in the fire service, females remain just a small percent in primarily male departments, and there seems to be little effort to recruit more than a token number of women, despite the high performance of those currently serving as firefighters. Additionally, sexual harassment remains a condition of employment for many female firefighters who have even suffered sexual assault at the hands of co-workers and supervisors.

*Wendy Fields Jacobs, with the United Auto Workers, speaks during the conference luncheon.*



Although approximately 50% of medical and law students are female, females report enduring sexist and stereotypical comments from their professors and instructors. (Guinier, 1994.) In addition, women continue to find themselves stuck on the academic ladder. The top legal jobs are overwhelmingly male, while the bottom jobs are overwhelmingly female. Only about one in five full professors and one in nine deans are women, but nearly 70% of lower-paid and low-status lecturers are women. (White, 2001.) Men are at least twice as likely as similarly qualified women to make partner in law firms. (Rhode, 2001.)

Although federal and state laws prohibit discrimination on the basis of sex, these laws are not adequately enforced. Studies show that wage discrimination laws are poorly enforced, and cases are extremely difficult to prove and win. (National Committee on Pay Equity.)

## Sexual Harassment

Sexual harassment is a form of sex discrimination. When it occurs on the job, it violates the laws against sex discrimination in the workplace, including Title VII of the Civil Rights Act of 1964. Although sexual harassment occurs to women in all types of jobs, it is most prevalent where the workforce has been traditionally all male. It manifests itself both in the form of explicit sexual advances, including physical groping, and hostile work environments, such as a sexual favor being a condition for an employment benefit. (CCH, 2003.)

A hostile work environment may be found, for example, when an employee teases an employee of the same sex unmercifully about his or her physical attributes or love life. An employer might tolerate pinups containing sexual material on fliers, newsletters, bulletin boards, and even screen savers.

Sexual harassment can cause employers to suffer substantial financial losses from job turnover, use of sick leave, and losses to individual and group productivity due to harassment. The federal government lost \$327 million due to harassment from 1992–1994. (U.S. Merit Systems Protection Board, 1995.)

Policymakers should encourage companies to clearly communicate to employees that sexual harassment will not be tolerated. Companies should establish an effective complaint or grievance process and take immediate and appropriate action when an employee complains. Guides on sexual harassment prevention recommend three key steps that employers can take to counter sexual harassment. (Kimble-Ellis, “Protecting Employees” 1998.) First, develop a written company policy that specifies inappropriate behaviors and penalties. Second, establish grievance procedures for reporting, processing, and resolving complaints. Third, provide sexual harassment training for supervisors, managers, and workers that defines sexual harassment and explains how to recognize, confront, and prevent it.

## Women Immigrants in the U.S. Labor Market

Women immigrants are the lowest paid workers in the U.S. workforce. They are confined to a narrow range of work in typically poorly paid and insecure environments—often low-paying domestic and service jobs. (Gammage, 2002.) Both citizenship status and gender impact immigrants' wages and working conditions. Although all documented and undocumented workers are protected by U.S. labor laws, domestic workers have reported being paid as little as fifty cents an hour, or in some cases, nothing at all. (Zarembka, 2002.) Many immigrant women are also forced to work extremely long hours—such as dawn-to-midnight shifts, six days a week. (Zarembka.)

Employers also can exploit workers' immigration status to limit their ability to file complaints. Immigrant women often endure physical, verbal, or sexual abuse. For example, one domestic worker reported that she was forced to wear a dog collar, and another was forced to kneel down and kiss her employer's feet. (Zarembka.)

Policymakers must advocate for improved work conditions for all workers. Workers' rights groups and legislation that will help improve immigrants' status should be supported.

## Living Wage Laws

Over 100 cities in the United States have enacted living wage laws. These include Baltimore, Boston, Chicago, Denver, Detroit, Los Angeles Milwaukee, Minneapolis, New York, Portland, San Francisco, and San Jose. In Michigan, living wage laws have been passed in fourteen cities and counties, including Ann Arbor, Ypsilanti, Detroit, Southfield, Warren, Ferndale, Taylor, and Washtenaw County.

Living wage laws require that businesses that contract with the city, and, in some cases, businesses that receive financial assistance from the city, pay employees a living wage. In Michigan, the living wage is roughly equal to the federal poverty level for a family of four, \$9.03 an hour, if an employer provides full family medical coverage; otherwise, it is \$11.28, which is 125% of the federal poverty level. (Reynolds, 2003.)

Without a living wage, families may not earn enough to support themselves. Although over two-thirds of poor families have at least one working family member, over 15% of Michigan families live in poverty. (Reynolds, 2003.) In 1998, half of all service sector jobs and 10% of manufacturing jobs in the Detroit-Flint-Ann Arbor areas paid below \$7.00 an hour (Reynolds.) With wages below seven to nine dollars an hour, people can work full-time and still not pull their families out of poverty. These low wages harm the entire community by decreasing wage standards and living conditions. Furthermore, people in poverty require public assistance, such as food stamps and emergency medical services, which means that taxpayers effectively subsidize low-paying employers.

In his report, *How Living Wage Laws Affect Low-Wage Workers and Low-Income Families*, David Neumark, an economics professor at Michigan State University, observed positive effects on workers and cities. He examined 36 cities with living wage laws and found significant income gains among the lowest-paid workers. Studies of Baltimore, Los Angeles, Detroit, and other cities found very little evidence of job loss. (Niedt, Weisbrodt, 2003.)

Companies also enjoy positive effects of living wage laws. Higher wages increase employee morale and productivity. For example, after San Francisco enacted a living wage law, the quality of airport security substantially increased. (Reich, 2001.) In addition, since higher wages reduce employee turnover, companies can cut costly recruiting expenditures. Employees have more spending money to place into the local economy, and contractors who pay higher wages will defeat low-wage competition. Finally, living wage laws increase companies' expenditures by only a small percentage. A study estimating the impact of living wage laws in Los Angeles, Detroit, San Francisco, and other cities found that for the vast majority of covered employers, the costs of paying a living wage involved less than one percent of their total production expenditures and typically less than one percent of the funds received from the city. (Reynolds, 2003.)

### Distribution of job classifications and average income in Southeast Michigan, by Gender (2002 Household Survey, Employed 18-years or older)

	Distribution (percent)	Average Income	Distribution (percent)	Average Income
Managers, medical doctors/lawyers	11.4	\$47,246	15.6	\$90,795
Business professionals	14.0	\$39,939	23.5	\$58,157
Medical & educational professionals	30.3	\$36,013	8.8	\$43,714
Supervisors	4.3	\$40,837	8.0	\$57,265
Skilled manual workers	4.8	\$35,004	19.2	\$49,047
Clerical & administrative support	15.5	\$26,142	3.7	\$30,523
Operatives	0.9	\$20,949	3.4	\$51,291
Salesclerks, service workers, & laborers	12.8	\$22,841	11.4	\$23,761

Heidi Gottfried and David Fasenfest. 2001. "Temporary Help in Southeastern Michigan: A Segmented Labor Market and Contingent Geography." Center for Urban Studies Working Paper Series No. 6 ([www.wayne.culma.edu](http://www.wayne.culma.edu))

### The Status of Women in Michigan Relative to Other States (Based on 1990 Population Census)<sup>1</sup>

	Percent	Rank
Earnings Ratio Full-Time Full-Year Women/Men	61.	45
Women in Labor Force	58.7	35
Women in Professional & Managerial Occupation	26.9	34
Women in Poverty	13.3	31
Women W/O Health Ins	9.3	10

<sup>1</sup> The Status of Women in Michigan: Politics, Economics, Health and Demographics. Washington DC: Institute for Women's Policy Research, 1996

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# Poverty

*...families that no longer receive welfare..are now called the working poor.*

## Recommendations

1. Policymakers should increase the priority of higher education for low-income women.
2. Policymakers should advocate increasing the subsidy for childcare paid by the Family Independence Agency (FIA) for Work First participants.
3. Welfare recipients should be permitted to count full-time post-secondary education as their work requirement for 36 months.
4. Policymakers should guarantee health insurance coverage for all Michigan families.

## Increasing the Priority of Higher Education for Low-Income Women

Despite a decrease in welfare rolls since welfare reform legislation was enacted, families that no longer receive welfare are still in poverty. They are now called the working poor. FIA workers are trained to stress the importance of finding a job and working full-time to welfare applicants and are often unfamiliar with the meager opportunities that do exist for education and training. However, welfare policy regarding education assumed that low-income mothers have little potential. Education was viewed as work avoidance and a charge on taxpayers. This flies in the face of research that shows that post-secondary education leads to better jobs, lifts women out of poverty, and benefits their children (Kahn, 2003.) A study of welfare recipients in 28 states found that the mothers' college experiences had profound effects on their children and helped to raise their children's desire and aspiration for college. Other studies in several states have consistently found similar results: students on welfare report that their college experience has a significant and beneficial impact on the educational attitudes and aspirations of their own children and that the mother's level of education is a significant predictor of children's overall development and performance in school. (Kates, 1991.)

Despite the significance of this research and attempts to educate politicians and legislators by various interest groups, there has been very little change in the focus of Michigan's welfare policy. Under current policies higher education is not accessible to welfare recipients. It appears that welfare recipients are somehow deemed unworthy and that their poverty is something to be

criticized and punished. This perception remains despite successful programs that include opportunities for higher education in other states, such as Kentucky, Maine, and Illinois.

## Providing Adequate and Affordable Childcare

Welfare reform legislation has resulted in low-income women working low-paying jobs, spending less time with their children, and having to place their children in childcare that is inadequate, expensive, and often unsafe and unregulated. States are given money through the Child Care Development Block Grant to subsidize childcare for low-income families that are eligible. In Michigan, it is called the Child Day Care Program. All families with children under the age of thirteen, whose income does not exceed the income eligibility limit regardless of their welfare status, are eligible for a child care subsidy if the parents are working or attending a job training or educational program. (Seefeldt, 2001.) The payment rate set by the FIA for childcare providers is very low as compared to the actual cost of childcare. Even though a market survey of costs was recently completed in 1999, as of June 1, 1999 the reimbursement rates in Michigan were based on the 75th percentile of the 1995-96 market rate. (Seefeldt.) As a result, it is difficult for working mothers to find affordable care for their children.

In addition, low-income workers are often working second or third shift jobs and must find a person or business to provide childcare during non-business hours. Nearly half (46%) of these children are cared for by family members who, although they may have the best of intentions, have little or no training and are often caring for too many children.

Current childcare subsidies do not allow low-income, working families much flexibility. Affordable childcare increases a parent's ability to find work and remain employed. If it costs too much, the parent may eventually fall behind in her payments, lose the care services, and be forced to miss work and/or be fired. Though there is no proven link between cost of care and quality, providers that are more expensive are likely to provide better services in the form of a lower staff-child ratio, educational toys, access to computers, and an overall better facility. Parents who have more money to spend for childcare have more choices available. If they cannot afford costly childcare, they may be forced to place their child in an unsatisfactory environment.

## Meeting Work Requirements With Post-Secondary Education

In 1996, Congress passed the Personal Responsibility and Work Opportunity Reconciliation Act. (PRWORA.) As a result of this legislation, Michigan adopted policies that imposed rigid work requirements for welfare recipients. Emphasis was placed on finding employment and full-time work, regardless of whether or not the recipient had children, was able to find adequate and affordable child-care, or whether the jobs paid a living wage.

Opportunities for educational advancement became quite limited, as few education options would meet the work requirements as set forth by the FIA. As a result, welfare recipients have been forced to take minimum wage jobs with no opportunity for advancement, no training, and no possibility of finding a career that might allow an increase in income and the chance to get out of poverty. In the seven years since this legislation was passed, there have been no significant changes in the regulations that would permit or encourage women to obtain higher education.

Studies have shown that the number-one indicator of socioeconomic status is an education level as assessed by years of school completed. While some states have allowed welfare recipients to pursue degrees as part of their work requirement, the opportunities are limited in Michigan. Regulations do allow students to stay in school if they are enrolled in full-time internships in nursing, K-12 education, or occupational therapy. Full-time internships meet the work requirements for up to six months. Also, under some circumstances, Michigan allows ten education hours per week with one hour of study time for each class hour to count towards work hour requirements. (Kahn, 2003.) However, according to the Michigan Jobs Commission, between October 1996 and May 1997, only 2% of Michigan welfare recipients assigned to Work First received education or job training. (Michigan Jobs Commission, 1997.) The Tufts University Center on Hunger and Poverty report "Are States Improving the Lives of Poor Families?" noted in 1998 that Michigan ranked as the worst of all states in its use of exemptions from work activity requirements.

## Guaranteeing Health Insurance Coverage for All Michigan Families

As welfare recipients are being moved off of the welfare roll and into full-time jobs, they are losing access to health care. Parents leaving welfare for work do not have health insurance. Since 1996, 51,000 Michigan parents have lost Medicaid coverage. (Doig, 2003.) As a result of welfare reform regulations, there has been a decline of 25% in Medicaid recipients. Once a former welfare recipient starts working full-time, she quickly is rendered ineligible for Medicaid for having too much income, even if she is being paid minimum wage. Only 30% of Work First recipients have employer-paid health insurance. (Anderson, 2000.) For some, the employer does not offer health care benefits or she is eligible only if employed forty hours per week. Hourly employees are often given less than 40 hours per week to keep them ineligible for health benefits. Thirty-one percent of Work First recipients who have left the welfare system have no access to health insurance. Nationally, 41.2 million Americans lacked health insurance in 2001. (Census Bureau, September, 2002.)

By not offering affordable health insurance for all working parents, the entire family suffers. Healthy parents mean healthy children, as children are more likely to receive health care if parents also have access to care. Michigan implemented the Healthy Kids Medicaid program for children in families with income up to 150% of poverty and MICHild for those with income up to 200% of poverty for a family of three. As a result of these programs, most children in Michigan do have health insurance. However, they only benefit from this if their parents take them for the appropriate medical services. Children are almost three times more likely to visit a doctor during the year if at least one parent has also visited the doctor.

The State also has an interest in keeping its work force healthy. If workers are unable to access medical care, they are more likely to miss work as health conditions that were treatable are exacerbated or become chronic. The uninsured are also forced to rely on emergency room care to obtain treatment, causing an already overburdened health care industry to lose millions of dollars each year.

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# Health & Well Being



# Health Care and Reproductive Rights

*...universal access to health care is a fundamental human right.*

## Recommendations

1. Legislators and policymakers should recognize universal access to health care as a fundamental human right. Health care access for low-income, uninsured people must be ensured, so that all community members can achieve the highest attainable state of health.
2. Health care providers should strive to communicate with and understand the needs of immigrant women in order to ensure adequate and culturally appropriate health care.
3. Access to reproductive health services for women should be protected and expanded. Erosion of reproductive health care choices must cease, and women must be able to obtain abortion and family planning services.
4. Emergency contraception should be offered in all hospitals and health care centers in order to decrease the need for abortions. Policymakers must oppose “conscience clauses” which exempt entire institutions in addition to individuals who may object to providing certain types of reproductive health care services because of religious reasons.
5. Medical schools should be encouraged to ensure that their students are educated on all aspects of reproductive health care, which is a basic part of women’s health care.
6. Minors’ rights should be protected. Legislators and policymakers must oppose parental consent laws and legislation like the Teen Endangerment Act (S. 851/H.R. 1755), which makes it a crime to transport a minor across state lines for the purpose of having an abortion (ACLU, 2003.)
7. Legislators and policymakers should support contraceptive equity so that insurance policies that cover prescription drugs include contraceptives.

## Access to Health Care as a Fundamental Human Right

Michigan ranks 39th in the nation for women’s health and well-being—receiving a “D+.” This sorry state of affairs will not change until access to quality health care is recognized as a basic human right.

Numerous international documents and covenants affirm access to health care as a fundamental human right. The United Nations Universal Declaration of Human Rights (adopted December 10, 1948) recognizes this basic human right in Article 25.1, which

states, “Everyone has the right to a standard of living adequate for the health of himself and of his family, including food, clothing, housing and medical care and necessary social services.” No express recognition of health care as a basic right exists in the United States. For millions of Americans, this right is elusive. The statistics are telling: over 40 million Americans—14.6% of the total United States population—are uninsured. (Census, 2002.) Over one million Michigan residents were without health insurance in 2000. (Census, 2000.)

Access for women to reproductive health care services is also cited by the United Nations as a basic right. The United Nations Convention on the Elimination of All Forms of Discrimination Against Women, adopted in December 1979, affirms the reproductive rights of women. Article 12, Section 1 asserts, “States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.” In the United States, women face far too many obstacles in obtaining these services.

Legislators and policymakers must recognize these fundamental rights and implement policies and programs that support them. Advocacy and support for new federal legislation (introduced by Michigan Congressman John Conyers, Jr.) that would create a single payer health care system guaranteeing access for all to the highest quality and cost effective health care services is critical in affirming these rights. (U.S. National Health Insurance Act, 2003.)

In Michigan, legislators and policymakers should support community indigent health care plans that provide care for the uninsured through creative financing solutions. Numerous local communities throughout Michigan are making use of special Medicaid Disproportionate Share Hospital (DSH) payments to finance systems of care for the uninsured. This funding mechanism must be maintained to allow for the greatest possible coverage for the indigent.

The safety net health care providers—non-profit clinics that have traditionally provided care to the uninsured—must be maintained and strengthened. Recent budget cuts have targeted school health programs providing adolescent health care, as well as other safety net providers. Policymakers should help preserve and strengthen these programs to ensure health-care access for the most vulnerable community members.

Furthermore, program proposals within the Medicaid (MA) program would support the expansion of community-based



alternatives to the institutionalization of nursing homes (the Home and Community Based Waiver program.) Legislators should support the expansion of these programs.

Because of the large federal match provided through the MA program, it is possible that these funds can be used strategically, even in difficult budget times, to expand health care to the most vulnerable. Modifications in the Michigan MA program should be carefully monitored. Those that expand coverage should be actively supported; those that reduce or eliminate categorical coverage should be opposed unless alternative coverage options are provided.

## Immigrant Women and Their Health

Immigrant women suffer from inequities in the health care system. The quality of care, culturally appropriate services, and preventative approaches are often inadequate. (Strum, 2002.) Health care providers unfamiliar with their languages and cultures may minimize or misunderstand their symptoms. Immigrant women are often dismissed as hysterical females, and their reports underestimated. (Meleis.)

Both lawful permanent residents and undocumented immigrants face severe restrictions on public benefits due to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 and the Illegal Immigration Reform and Immigrant Responsibility Act of 1996. The Bush Administration recently eased restrictions on food stamp eligibility so that refugees, asylees, children, and disabled immigrants, as well as all immigrants with five years of residence (instead of ten years) are now eligible for food stamps. (Edgar, 2002.) U.S. Senator Bob Graham (FL-D) also recently proposed an amendment that would help pregnant women and children access medical services under Medicaid and the State Children's Health Insurance Program. (Edgar.) Immigrant women and their children need similar legislation and reform so they can access basic health care and other public benefits.

## Reproductive Health Care in Michigan

Despite the recent celebration of the 30th anniversary decision of the landmark *Roe v. Wade* Supreme Court decision, legislative actions are slowly chipping away at women's reproductive health care choices. Michigan ranked 44th in the nation for reproductive rights—receiving a failing grade.

Pending legislation that would further limit our reproductive freedom includes the following:

The “Legal Birth Definition Act” would criminalize the safest and most common procedure used early in the second trimester (Michigan House Bill 4603, 2003.) This is the third bill aimed at

so-called “partial-birth abortion” offered in the last five years in the Michigan legislature. The first two bills, which passed, were struck down as unconstitutional, and a federal court issued a permanent injunction prohibiting enforcement. *WomanCare of Southfield, P.C. v. Granholm*, 143 F. Supp. 2d 849 (E.D. Mich. 2001.) Like the previous bills, the most recent bill does not contain any exceptions to allow an abortion when the pregnant woman's health is in danger; the an abortion would be allowed only if necessary to save a woman's life. The lack of a health exception ignores the Supreme Court's decision in *Stenberg v. Carhart*, in which a Nebraska ban on the abortion procedure was struck down in part because the state law did not provide a health exception. 530 U.S. 914, 939 (2000.)

In addition to endangering women's health, the proposed ban would interfere with doctor-patient relationships. In an official statement of opposition, the American College of Obstetricians and Gynecologists said they “find it disturbing that legislators would take any action that would supersede the medical judgment of a trained physician, in consultation with a patient, as to what is the safest and most appropriate medical procedure for that particular patient.”

Congress has also pursued a number of laws recently that chip away both at woman's right to choose, as well as access to education about the range of medical choices available to them. For example, the Abortion Non-Discrimination Act would prohibit government bodies that receive federal funds from “discriminating against providers for refusing to provide, refer or pay for an abortion.” In spite of the “discrimination” language used in the federal bill, the Act supports anti-choice groups who refuse to provide services to women.

The Unborn Victims of Violence Act makes it a crime to cause the death of a fetus while committing a separate crime. This creates personhood for the fetus (a position that could lead to the view that abortion is murder and result in additional restrictions on reproductive freedom) and allows the perpetrator to be charged with murder even if the woman is not killed.

Abstinence-Only Education would provide an equal amount of funding for abstinence education as for family planning. Abstinence-Only education would prohibit discussion of birth control and would not include information on medically accurate, proven effective methods of family planning. (ACLU, 2003.)

Funding for “Faith Based Initiatives” would provide tax dollars to be used for religious organizations. Currently federal funding is not permitted for programs which include prayer or proselytizing. Funding for these faith-based initiatives would divert funding from Title X Family Planning programs.<sup>5</sup>

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<sup>5</sup> Title X coverage includes the provision of contraception, management of infertility, prenatal information and counseling, educational programs, and treatment of sexually transmitted infections. Title X family planning services do not include pregnancy care or abortion services. Services are provided on a sliding scale based on income, with persons at or below the federal poverty level receiving services at no cost. Nearly 85% of the populations served by Title X clinics are from low-income households. Title X services are the principal source of health care for many, particularly those who are uninsured and do not qualify for other publicly supported health programs such as Medicaid. For this and more information, visit the Center for Reproductive Law and Policy's website at [http://www.crlp.org/pub\\_fac\\_titlex2.html](http://www.crlp.org/pub_fac_titlex2.html).

## Shortage of Abortion Providers

One of the greatest obstacles to safe abortion today is the shortage of trained providers. In 2000, 83% of Michigan counties had no abortion providers, and 31% of Michigan women lived in these counties. (MARAL, 2003.) This lack of available providers makes it difficult for women—especially those with limited money to travel—to obtain abortions. In 2000, 28% of women had to travel at least 50 miles to reach a provider, and 10% were forced to travel over 100 miles. (MARAL.) Furthermore, the number of abortion providers has decreased by 37% since 1982.

There are many reasons for this shortage. In 1973, many doctors had witnessed the catastrophe of illegal abortions and recognized the great need for safe and legal abortions. Therefore, when abortion was legalized, many doctors sought out training. Today, however, 57% of all Ob-Gyns who perform abortions are over 50 years old and may soon retire. (Kaiser Family Foundation.)

Another reason for the shortage of providers is that most medical schools do not offer adequate abortion or contraception training as part of their curriculum—even though abortion is one of the most common surgical procedures for women in the United States. (Henshaw, 1998.) A recent study at Harvard University showed that approximately 80% of medical schools in the Northeast discussed abortion in their lectures, but over 50% of these schools rushed through the topic in *less than half an hour*. (MSFC, 2003.) Clinical abortion training is currently elective; students must seek it out for themselves, outside of medical school. This places a huge burden on already very busy medical students.

In addition, anti-choice tactics of intimidation, harassment, and violence have scared doctors and students away from abortion services and training.

## Emergency Contraception

When taken within 72 hours of unprotected intercourse, emergency contraception can reduce a woman's risk of becoming pregnant by at least 75%. As a result, when women have access to emergency contraception, the need for abortions is greatly reduced. In 2000, approximately 51,000 abortions were prevented by the use of emergency contraception. (Alan Guttmacher Institute, 2001.) Research also indicates that up to 43% of the decrease in abortions between 1994 and 2000 could be attributed to the availability of emergency contraception. (AGI.)

Access to emergency contraception is especially important in cases of rape or incest. An American Medical Association policy requires that women who have been sexually assaulted receive information about and access to emergency contraception as part of their treatment. Every year, approximately 32,000 women become pregnant as a result of rape or incest; emergency contraception could help decrease this number. (Catholics for a Free Choice, 2003.)

## Limited Reproductive Health Services at Catholic Hospitals

In Michigan, the Catholic Church operates 29 hospitals and 14 health care centers, which comprise 17.5% of the hospital facilities in the state. (CHAUSA.) More than a quarter of the emergency caseload is handled by Catholic hospitals. (Catholics for a Free Choice, 2003.) Over five million Michigan citizens depend on these Catholic institutions to provide them with comprehensive health care every year.

Since Catholic institutions follow the church's religious teachings, however, Catholic hospitals and health care centers greatly restrict patients' reproductive health care choices. The institutions prohibit contraception, abortion services, surrogate motherhood, direct sterilization, and, in some cases, fertility treatments.

Catholic hospitals and health care centers also refuse to provide emergency contraception to patients requesting it. In a 2002 study conducted by Catholics for a Free Choice, sixteen hospitals in Michigan indicated that they would not even provide emergency contraception to victims of rape and incest. (CFFC, 2003.)

Although these Catholic institutions fail to offer full reproductive health care services because of religious mandates, they are not privately-funded sectarian institutions. Instead, they receive federal and state funding. In fact, financial analyses show that Catholic hospitals in Michigan receive more public funding than non-Catholic hospitals, despite the fact that they offer no more in charity care than other health providers. (CFFC.)

## Conscience Clauses Unfairly Limit Reproductive Health Care Choices

Michigan allows any hospital or health care institution (as well as any doctor, nurse or employee of an institution) that objects to abortion on moral or religious grounds to refuse to participate in the procedure. The Michigan legislature has made several attempts to extend this refusal option to workers or institutions objecting to certain "health care services," which could include the provision of birth control or emergency contraception.

"Conscience clauses" allow employers and insurers to impose their religious beliefs on employees, members, and patients who do not necessarily share them. The ACLU opposes the conscience clause provisions which exempt entire institutions in addition to individuals who object to providing the care. Health care providers have the legal and ethical responsibility to respect their patients' rights by providing them with information about and access to the full range of health care choices.

## Supporting Minors' Rights to Reproductive Freedom

In Michigan, minors face many barriers to reproductive health care choices. Several pending bills in the Michigan legislature further threaten their rights to reproductive freedom.

All minors in Michigan are required to obtain parental consent or a judicial waiver of parental consent before securing an abortion. Pending legislation, HB 4478, would amend the "Parental Rights Restoration Act" and severely limit a minor's access to the judicial waiver option. The legislation would add new factors that each judge must consider before granting a judicial bypass. These criteria would include:

- the minor's school attendance, academic performance, future educational and career goals;
- the circumstances of the minor's sexual activity, including actions taken to maintain her personal health and prevent pregnancy and any previous pregnancies she may have had;
- other life experiences that demonstrate a pattern of responsible, mature behavior;
- the minor's knowledge of her personal medical history, awareness of the physical risks of abortion and pregnancy, and her assessment of the psychological and emotional consequences of abortion, parenting, and adoption.
- the degree of the minor's dependence on her parents and the degree of parental supervision.

These criteria would make the judicial bypass process not only extremely invasive to the minor, but onerous, ignoring the potentially negative affects of or on the minor/parent relationship.

The best way to reduce minors' need for abortions is to deal with the root problem—teen pregnancy. Instead of passing cumbersome

anti-abortion legislation, legislators and policymakers should establish and adequately fund pregnancy prevention programs and support comprehensive age-appropriate sex education. (Planned Parenthood, 2003.)

In order to decrease the number of teen pregnancies, minors should also have easy access to contraception. The MICHild program, the federally funded health-care program for uninsured, low-income children, is prohibited by state regulations to use state funding for contraceptive devices without parental consent.

Minors' right to privacy for medical services must also be protected. Pending legislation—HB 4706 and HB 4775, which make up the "Medical Records Access Act"—would not provide adequate protection for minors' medical records and threaten their privacy rights.

## Contraceptive Equity

Michigan currently has no law requiring that contraception be covered by health insurance plans. Two bills, SB 470 and SB 471, have been introduced in the Michigan Senate. These bills require the inclusion of prescription coverage for contraceptive drugs and devices in all insurance policies that provide such coverage.

Women spend 68% more in out-of-pocket costs for health care than men, and reproductive health care services account for much of this discrepancy. (Population Connection, 2001.) According to the Alan Guttmacher Institute, the average American woman spends three-quarters of her reproductive years trying to avoid pregnancy. A woman who wants only two children will have to practice contraception for twenty years, making contraception part of a woman's basic health care. (Population Connection.)

Legislators and policymakers should support these bills to ensure contraceptive equity.

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# Domestic and Sexual Violence

***...domestic violence does not end with an arrest or conviction.***

## Recommendations:

1. Policymakers should strengthen civil (as opposed to criminal) remedies for survivors of domestic violence and sexual assault.
2. Policymakers should help increase resources for supportive services that will allow women to leave their abusive partners, maintain custody of their children without sacrificing safety, and establish economic stability to permit permanent escape.
3. The trend of law enforcement to arrest and prosecute women based on false allegations of violence by their abusers must be challenged.
4. Policymakers should recognize and oppose proposed legislation and regulations—such as shared parental responsibility bills and policies tightening restraints on immigrants—that could harm survivors of domestic violence.
5. Policymakers should recognize the unique issues faced by low-income survivors of domestic and sexual violence.
6. The community of advocates and policymakers must be expanded to include more diversity in fact finding and problem-solving discussions. New approaches and collaborations must be informed from the experiences and perspectives of diverse races, ethnicities, sexual orientations, disabilities, immigrant statuses, and economic classes.
7. Policymakers should recognize the unique, though overlapping, issues of sexual violence and domestic violence.

## Strengthening the Safety Net to Enable Survivors to Leave their Abusers or Helping Victims of Sexual Assault

As important as it is to focus on punishment of those who engage in domestic violence or sexual assault, it is equally important that policy-makers focus on the long-term safety and well-being of survivors. We need to equalize funding to support both criminal enforcement and supportive services that will allow survivors to leave their abusive partners, maintain custody of their children without sacrificing safety, and establish economic stability to permit permanent escape.

These women may feel trapped in abusive relationships because of fear, financial dependence, or lack of societal support. These situations are intensified for refugee and immigrant women who often depend on men for legalization of their status in the U.S. and health benefits. (Strum, 2002.)

As soon as a survivor moves from criminal to civil court and becomes a party to a divorce or custody case, her injuries and history of assault by her husband or partner become just another allegation in a civil case. To educate the family courts, investigate and bring forward the necessary evidence, and construct a divorce or custody order that truly provides protection to a survivor, she will need a committed, trained attorney and community resources to call upon in her defense. Additional resources may include ongoing, possibly long-term counseling for herself and her children, effective parenting classes, supervised visitation centers with trained supervisors, safe child care options, reliable transportation and housing, and secure employment.

Unfortunately, the necessary resources for survivors to rebuild their lives after escaping a violent relationship are not fully available or accessible. Many communities have no available visitation centers. Most low-cost counseling and parenting classes are short-term only and do not offer counselors trained in family violence. (Cohn, 2002.) Affordable child care is scarce nationwide. (CLASP.) Additional resources, such as public housing, public assistance, food stamps, transportation assistance, etc., are facing cut backs and restrictions on both the state and national levels. (VAWnet, 2003.)

Policymakers should recognize that domestic violence does not end with an arrest or conviction. The survivor must be given the support necessary to reconstruct her life, free from violence.

## Access to Justice for Low-Income Survivors of Domestic and Sexual Violence

Access to justice in both criminal and civil settings is often the deciding factor in resolving issues that will permit a survivor to permanently escape a violent relationship or experience. Such issues include long-term safety, physical and emotional recovery, relationship with children, and employment security. Nevertheless, qualified, affordable lawyers for survivors are increasingly difficult to find. (NCJRS, 2003.) Similarly, supportive services outside the strictly legal setting (e.g. long-term counseling, multi-cultural counseling, supervised visitation centers, translation/interpreter services, etc.) for low-income women are not reliably available.

Government-funded legal services for the poor has been under attack for many years. As a result of these attacks, legal services funding has been cut and restructured repeatedly, resulting in fewer attorneys available to represent individuals in their legal cases. More and more emphasis is being placed on hotlines, legal

help desks, and other legal resources that do not provide individual representation but, rather, advice and consultation. However, when survivors of domestic violence find themselves involved in civil cases against their assailants, whether they are divorce, custody, child support or property division cases, they often find that the tactics of power, control, and assault that marked their relationships are now being focused on their children, property, livelihood, and support. Such cases are complex, expensive and lengthy and, in order to fully defend herself in them, a survivor needs a qualified and focused attorney; advice and consultation, form pleadings, or tips from a hotline are not enough.

While those legal services offices in Michigan that accept family law cases do prioritize domestic violence cases, they cannot accept all of the cases that come to them. (Michigan State Bar Foundation, 2001.)<sup>6</sup> Moreover, with recent program mergers and budget cuts in legal services, more communities are without adequate legal services assistance to take even the most minimal number of these cases.

Given the growing need for legal services for survivors and the simultaneous decline in available no-cost attorneys, the private bar and funders must strategize to identify quality legal assistance for low-income survivors. Similarly, even if a low-income survivor has adequate legal assistance, as soon as that lawyer seeks to access resources for the client and her children in the community, she meets new shortages and gaps in services. Such gaps are severe for all survivors, but especially stark for those with little or no resources of their own. The community of advocates, policymakers, and funders must join forces to recognize this need and begin to fill the gaps.

### Unique Issues of Sexual Violence

With increased attention at the local, state, and national level, domestic violence issues have overshadowed the many pressing concerns of sexual assault survivors. Although sexual assault may overlap in some ways with domestic violence, it raises many different issues and concerns. Advocates and policymakers must continue to work together on related issues between these two movements but must also acknowledge the differences.

### Correcting the Increasing Tendency to Prosecute Survivors

Abusers are successfully using the criminal justice system as a new tactic in their repertoire of power and control to manipulate the system and get their victims arrested, prosecuted, and convicted. Such domestic violence prosecutions have left many survivors labeled as abusers and saddled with unjust consequences in divorce, custody, housing, and related legal areas.

With increased attention on domestic violence has come increased funding for law enforcement. (U.S. Dept of Justice, 2003.) Federal grants to police and prosecutors are designed to encourage a tough approach to domestic violence that will show the community that domestic violence will not be tolerated. Unfortunately, the necessary training has not been implemented with the influx of funding and policy attention. Thus, police and prosecutors engage in a “numbers game” to maintain and defend their funding goals.

At the same time, as domestic violence laws and enforcement policies have become recognized and understood by the community, batterers have begun to use the system itself to manipulate and terrorize their victims. Thus, a batterer may threaten his wife that, if she calls the police, he will show them the bruise she gave him when she defended herself and they will arrest her instead. (This example comes from a recent case handled by Anne Schroth, Clinical Assistant Professor, University of Michigan Clinical Law Program.) Instead of recognizing this tactic and dismissing such cases, prosecutors in many communities are increasingly following through on such prosecutions under the mandate of “no-drop” policies. (Tolman, 1995.) Thus, the survivors are assaulted and victimized twice: once by their batterer and once by the system.

Injuries to reputation and dignity are not the only harm done by these erroneous prosecutions. Either from convictions or pleas,<sup>7</sup> survivors are further burdened by a criminal record that often harms their attempts to gain custody of their children in a divorce or custody case. In addition, such a record can make a survivor ineligible for public housing, thus making escape from her abuser even more difficult. It may also harm her ability to find stable employment or job training.

Police and prosecutors must learn that not all domestic violence arrests are the same. They must have the training to recognize when the actual abuser is manipulating the system against the actual victim and the discretion to reject such cases. (Mills, 1999.)

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<sup>6</sup> While a 2001 Michigan State Bar Foundation report indicated that the largest percentage of services were given to family law cases, the report also showed that the most common type of service was “counsel and advice.” Such brief services are simply not enough for the complicated issues involved in a contested domestic violence case.

<sup>7</sup> Many survivors may accept a plea deal to avoid the time, emotional difficulty, expense and humiliation of a public trial.

## Challenging Harmful Policies and Legislation

Certain legislation, if enacted, will make it even more difficult for survivors to leave their abusive relationships. For example, Michigan HB 4664 (from the 2002 session) created a presumption of joint physical custody. Similar bills have been introduced in past sessions. In 1997, the “Shared Parental Responsibility” bill essentially sought to split custody and divide the responsibilities. This bill, as with many others, contained almost no protections for domestic violence survivors. This type of legislation has been pursued nationwide by so-called “father’s rights” groups and have been sharply criticized by domestic violence advocates.

Legislation and policies regarding the Family Independence Agency must also be scrutinized for unintended harms to survivors. In particular, the tightening restraints on immigrants in many areas of public benefits must be challenged more effectively. These new policies simply discourage battered immigrants—who are often eligible for some assistance—from coming forward to seek such help, thus condemning them and their children to lives of fear and abuse. Unfortunately, even if battered immigrants do come forward to seek supportive services, they frequently find that they are categorically ineligible for services because of their status. The elimination of such services for the increasing number of immigrants in our communities must be reversed.

## Increased Diversity Among Advocates and Policymakers

The community of advocates and policymakers must be expanded to include more diversity in fact finding and problem-solving discussions. New approaches and collaborations must be informed by the experiences and perspectives of diverse races, ethnicities, sexual orientations, disabilities, immigrant statuses, and economic classes.

The domestic violence movement has been criticized for being largely a movement of middle-class, white women. Much progress has been made to address the critics and broaden the reach of domestic violence advocacy. Nevertheless, more outreach and exchange is necessary.

While domestic violence crosses lines of race, ethnicity, economic class, etc., there are unique issues that arise in each specific group. While continuing to work together on the larger issue of domestic and sexual violence, each group’s unique issues must be recognized and strategies need to be developed to address each. Such issues include those that arise in same-sex domestic violence relationships; in culturally isolated groups or communities; for survivors who do not speak English; for immigrants without legal documentation; and for disabled survivors.

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# Sexual Orientation

***In..Michigan, it is legal to fire someone based on his or her sexual orientation.***

## Recommendations

1. Policymakers should keep pace with growing public acceptance of LGBT persons and issues. They must keep abreast of LGBT issues and priorities and effectuate positive changes in public policy.
2. Policymakers should recognize LGBT persons in communities of color. They should help to provide support services and resources to members of those communities. Diversity in our community is an asset and can strengthen our efforts toward achieving equality.
3. Judges should permit same-sex couples to jointly adopt children and recognize both parents by law. Second parent adoption provides both parents with custody and visitation rights and guarantees children the legal and financial support of two parents.
4. Policymakers should encourage equal rights in the workplace, including encouraging domestic partner benefits and implementing anti-discrimination policies.
5. Policymakers should work toward permitting and recognizing same-sex marriages. They must allow same-sex partners to receive the important legal benefits of marriage, including the right to inherit property and the right to make medical decisions.

## Increasing Acceptance of LGBT Persons

On June 26, 2003, the U.S. Supreme Court struck down a Texas law against same-sex sodomy. The Court ruled that the Texas law violated the fundamental right to privacy overturning the Court's 1986 ruling in *Bowers v. Hardwick*. In an 18-page opinion, the Court recognized that the U.S. Constitution protects the right of gay people to form intimate relationships, maintain privacy in the bedroom, and "retain their dignity as free persons."

This decision will serve as the foundation in a new era that recognizes the privacy rights of LGBT persons and their right to live as free and equal participants in society.<sup>8</sup> While the law is one means by which to secure social change, social change regarding LGBT issues can only come about if policymakers are willing to translate public acceptance into actual rights.

Today, more Americans support LGBT rights than ever before. Recent Gallup polls and studies published by the Human Rights Campaign ([www.hrc.org](http://www.hrc.org)) indicate that a growing number of Americans support LGBT persons and LGBT issues.

Polls show that almost 9 out of 10 Americans agree that gays should have equal rights in terms of job opportunities. Sixty percent of Americans believe gay and lesbian partners should have

the same rights as heterosexual married couples. Sixty percent of Americans believe that homosexuality should not be illegal, up from 52% last year and 43% when Gallup first asked about it in 1977. Sixty-one percent of Americans believe that transgender persons should have legal protections against discrimination.

## Discriminatory Law and Public Policy

Unfortunately, law and public policy have not kept pace with the increasing public acceptance of LGBT persons. In most jurisdictions, including Michigan, it is legal to fire someone based on his or her sexual orientation, and laws do not recognize same-sex relationships.

The ACLU of Michigan LGBT Project has received numerous calls from persons terminated from their jobs due to their sexual orientation. Despite having received excellent evaluations for their work performance, they were dismissed for reasons unrelated to their talents and abilities to do their jobs.

Genny Maze is one of the many LGBT people who have experienced employment discrimination. After working at the Salvation Army in Howell, Michigan for twelve years, she revealed her sexual orientation to her employers. The Salvation Army immediately insisted that she seek professional help and asked her to leave her position. Because the Salvation Army had provided her with housing and transportation, she was left homeless and jobless on the same day.

To make matters worse, the minister at a Salvation Army church service used Genny's name in a sermon about sinful and deviant behaviors. He told the audience that she would go to hell for being a lesbian.

When a representative of the Salvation Army told the media that the organization did not discriminate against homosexuals, Genny recounted her story to the LGBT newspaper *Between the Lines* and local LGBT organizations. In response, the Salvation Army sent her e-mails and threatened to sue if she continued to speak out about her experience.

Despite persistent reports of blatant discrimination, the Michigan Legislature has been unwilling to pass laws to protect LGBT persons from discrimination based on sexual orientation. Legislators and policymakers must recognize the increasing public support of LGBT persons and make legal and policy changes that reflect this growing acceptance.

<sup>8</sup> The term "LGBT" refers to lesbian, gay, bisexual, and transgendered persons.

## Acknowledging the LGBT Community's Goals

Policymakers should educate themselves regarding LGBT issues and priorities. Since the road to social change is never a “straight” path, the LGBT community must constantly reevaluate and redefine its issues in order to be effective. Policymakers should stay attentive to these concerns.

## Supporting the Diversity of the LGBT Community

Policymakers should recognize and embrace the diversity of the LGBT community. They must support the efforts of LGBT communities of color to provide support services and resources to community members.

Homophobia is prevalent in communities of color, where there is a reluctance to speak about homosexuality. This has resulted in a lack of support services for LGBT persons of color in Michigan—particularly youth—which can lead to other problems including substance abuse and at-risk behaviors for contracting HIV.

The Metropolitan Detroit area has experienced some positive changes, with support groups being formed for Hispanic, Asian, Arabic, and African American LGBT persons. A Detroit P-FLAG chapter serves predominantly African American families. The Ruth Ellis Center provides a drop-in center and support services to LGBT youth of color and will eventually provide shelter for LGBT homeless youth.

Policymakers should encourage and support efforts such as these and make sure that they occur throughout Michigan. LGBT communities of color need to be strong and visible in order to have a strong equality movement.

## Supporting Joint Adoptions by Same-Sex Couples

In many LGBT families with children, only one parent, usually the biological parent or the parent who legally adopted the child, is recognized by law. Should the legal parent die suddenly or should the same-sex couple terminate their relationship, the co-parent has no legal right to continued custody and/or visitation with the child. When co-parents turn to the legal system to obtain visitation and shared custody, Michigan law treats them as if they had never existed. Children are then harmed by a discontinuation of contact with their other parent.

Second parent adoption<sup>9</sup> is also important because it provides children with the legal recognition of two parents. The failure to permit second parent adoptions means that the child has no access to all of the rights and protections that come from a legally recognized relationship, including financial support, the right to inherit, the right to receive social security benefits, and the right to receive health insurance. Recognizing that second parent adoptions are in the best interests of the child, every major child welfare organization in the country supports them, including the American Academy of Pediatrics, the American Psychological Association, the Child Welfare League of America, the North American Council on Adoptable Children, and the American Psychoanalytic Association.

Although other states recognize the co-parent as an “equitable parent” for purposes of custody and visitation, Michigan’s current Supreme Court majority held in *Van v. Zahorik*, 460 Mich. 320, 597 N.W.2d 15 (1999), that the concept of equitable parent could not be extended outside a legal marriage. Instead of focusing on the best interests of the child, this interpretation of legal doctrine focuses solely on the marital status of the parties, and can result in the deprivation of children’s continued contact with their co-parents.

Michigan’s adoption law, M.C.L. § 710.24, does not specifically speak to the issue of joint adoptions by same-sex couples. The language of Michigan’s law is very similar to a half dozen other states’ adoption laws; the courts in those states have interpreted their adoption statutes as permitting unmarried couples, including same-sex couples to jointly adopt, providing the adoption would be in the best interests of the child.<sup>10</sup>

## Advocating for Equality in the Workplace

One area where LGBT families are being recognized is in the employment sector, where many employers are providing domestic partner benefits. These benefits can include health insurance coverage for domestic partners and dependent children, as well as sick and bereavement leave.

In 2000, the Big Three automobile manufacturing companies, Daimler-Chrysler, Ford, and GM, announced that they would provide domestic partner benefits. Through their advocacy, the LGBT community and labor unions had played a large part in the companies’ landmark decision.

This decision bolstered the traditional American value of equal pay for equal work, regardless of sexual orientation. The fact that these

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<sup>9</sup> The term “second parent adoption” refers to an adoption that creates a second, legal parent-child relationship for children being raised by an unmarried couple, only one of whom was a legal biological or adoptive parent prior to the proceeding.

<sup>10</sup> See, e.g., *In the Matter of Jacob/In the Matter of Dana*, 660 N.E.2d 397 (N.Y. 1995); *Adoption of Two Children* by H.N.R., 666 A.2d 535 (N.J. App. 1995); *In re M.M.D. & B.H.M.*, 662 A.2d 837 (D.C. App. 1995); *In re Petition of K.M. & D.M.*, 653 N.E.2d 888 (Ill. App. Ct. 1995); *Adoption of Tammy*, 619 N.E.2d 315 (Mass. 1993); *Adoptions of B.L.V.B. & E.L.V.B.*, 628 A.2d 1271 (Vt. 1993.)

are three of the largest companies in America, with hundreds of thousands of employees, demonstrates that domestic partner benefits are becoming a standard business practice. (Human Rights Campaign, 2000.)

Domestic partner benefits make good business sense. By offering a fair benefits policy, a company becomes more competitive when recruiting and retaining employees, improves morale and loyalty, and promotes a positive image to employees, consumers, and clients. (Lambda Legal, Basic Facts, 1997.)

Domestic partner benefits also make sense from a policy perspective. By providing health insurance to domestic partners, these benefits—which are inexpensive for companies to offer—help cut down the health care costs incurred by uninsured citizens otherwise absorbed by the public. (Lambda Legal, Details, 1997.)

To keep up this positive trend, policy makers and the LGBT community must continue educating employers and advocating for full benefits for domestic partners.

The LGBT community has also successfully worked with labor unions to adopt anti-discrimination policies that include sexual orientation and gender identity. Ford, Comerica, Borders, and Kmart and other Michigan-based Fortune 500 Companies now have non-discrimination policies that include sexual orientation.

Since Michigan has no state laws that protect its citizens against employment discrimination based on sexual orientation, it is crucial that policy makers and the LGBT community continue to advocate for protections against discrimination.

## Recognizing LGBT Relationships and Families

A major barrier to LGBT equality is the lack of legal recognition accorded to LGBT relationships and families. Currently no state permits same-sex marriage, and a majority of states, including Michigan, have laws that refuse to recognize same-sex marriages performed in other jurisdictions.

This is problematic because legal marriage affords more than 1,000 legal benefits, including the rights to inherit property, make medical decisions, have hospital visitation, have child custody and visitation, adopt jointly, and have health care and governmental benefits, including social security.

Although the 2000 Census reports LGBT families in every county in Michigan, our laws and legal system have not kept up the evolving face of the family. The failure of Michigan's laws and policies to recognize LGBT relationships and families undermines the stability of these families. Legislators, courts, and policymakers should work toward recognizing and permitting same-sex marriages.

## Domestic Violence

Historically there has been silence about same-sex domestic violence. Many people do not believe that same-sex domestic violence exists, and victims are often ashamed to tell their communities or families. Violence in same-sex relationships occurs at approximately the same rate as heterosexual relationships. There are myths that women are not violent and could not abuse each other and that lesbians have ideal, loving relationships based on equality. The fact is that lesbian relationships are just as good or as bad as all other relationships and can have the same problems.

Many law enforcement professionals and court systems are under-educated about same-sex domestic violence, and the homophobic beliefs of some regarding same gender couples can result in a failure to address lesbian domestic violence. This is compounded by a lack of resources and services for women who have been abused by other women.<sup>11</sup>

## Health Care

In the United States, breast cancer is the most common cancer in women, and the second most common cancer killer in women, lung cancer being the first. The American Cancer Society estimates that over 175,000 women will be diagnosed with breast cancer and approximately 43,000 will die from this disease each year. The risk for breast cancer is higher in women who have never had a baby or whose first childbirth occurred after the age of thirty. Other risk factors include alcohol use and higher body weight. Some studies indicate that a higher proportion of lesbians have these risk factors.

In addition, lesbians are less likely to seek routine health care because of the discomfort of revealing their sexual orientation to health care providers and have less access to health insurance. ([www.lesbianhealthinfo.org](http://www.lesbianhealthinfo.org).) With fewer doctor visits, lesbian women are less likely to have mammograms and professional breast exams. Studies also show that lesbian women are less likely to perform breast self-exams regularly. For these reasons, they may be less likely to have cancers detected at earlier, more treatable stages.

There is evidence that the quality of the provider-patient relationship has a direct effect on the quality of care a person receives, and on health outcomes. Often it is difficult for lesbian women to find a health care provider whom they can be candid with, due to the homophobic attitudes of some practitioners. More medical schools, professional health care associations and health care organizations need to provide sensitivity training to students regarding LGBT patients and their health concerns. The Gay and Lesbian Medical Association has a physician referral service that may be helpful. [www.glma.org/programs/prp/index.html](http://www.glma.org/programs/prp/index.html).

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<sup>11</sup> A coalition of LGBT social workers has formed the Visibility Project, to address the issues of same-sex domestic violence and to provide resources and support to victims. They can be reached at (734)416-1111, extension 202, and 1-800-799-SAFE. Another important resource is the Michigan Coalition Against Domestic Violence and Sexual Assault at [www.mcadsv.org](http://www.mcadsv.org).

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# Adolescent Young Women



# Adolescent Young Women

*In Michigan, the number of teenage girls at risk is growing.*

## Recommendations

1. Every adolescent should have ready access to proper health care regardless of economic status. Health care should include mental health, health education and promotion, and reproduction education and services. Access and delivery of these services should correspond to the cultural conditions under which youth live.
2. Every adolescent should have the opportunity, support and encouragement to develop to her maximum capability through secondary and post-secondary education that is related to her interests and motivation, not merely her material resources. Technical education in non-traditional fields needs to be more readily available, and females should not be discouraged from applying. Links between education and career employment options need to be provided.
3. Adult-youth collaboration in the development and delivery of programs is highly desirable so that both can learn from each other. Through mentoring and collaboration, young women can develop the attributes needed for leadership and good citizenship.
4. Poverty elimination has been largely achieved in most of our peer Western countries, but the U.S. lags far behind, especially for persons of color, immigrants and refugees. It is particularly serious among young single mothers and their children. There is no justification of the level of child and youth poverty that exists in the U.S. today when we have adequate resources for its elimination. We should work toward eliminating poverty throughout the United States.
5. Adolescent young women need to feel physically and emotionally safe at home, at school, and in the community. They need to have meaningful relationships with peers and with caring adults. Social programs must be gender-sensitive and must promote equality regardless of age, color, gender, class and place of residence.
6. Adolescent females must be viewed as a positive resource to be supported and developed rather than be identified as a problem to be controlled or ignored. They need opportunities to contribute to their community and to gain a sense of control over important aspects of their lives.
7. Policymakers should encourage school districts to incorporate Title IX requirements into the School Improvement Process. This issue should also be addressed by the traditional school organizations: the Michigan Department of Education, the Michigan Association of School Administrators, the Michigan School Board Association, the Accreditation Agencies and School Improvement consultants. Teacher organizations, such as the Michigan Education Association and the Michigan Federation of Teachers and School Related Personnel, could also be helpful.

## Adolescents at Risk

In the United States, there are twelve million young women between the ages of twelve and seventeen, a 20% increase since 1990. In Michigan, the number of adolescent females is also

growing—which means that the number of teenage girls at risk is growing.

Because education, health care, housing, and neighborhood conditions tend to vary by social class and color, inequality among adolescents growing up in the U.S. today is greater than ever. Approximately 20% of adolescent females are at risk today because of poverty, poor health, abuse, neglect, sexual victimization, lack of access to adequate secondary or post-secondary education, substance abuse, and responsibility for child care. Even higher percentages experience racial and gender discrimination. (Kids Count, 2003.) In contrast, other young women are well on the way to successful adult careers because of the resources and opportunities provided by their families and the communities in which they live.

Detroit remains one of the poorest and most segregated cities in the United States. Part of the reason for the current situation is that social policies over the past two decades have placed more emphasis on social *control* than on social *benefits* for youth who are at risk. (Becket and Western, 2002.) The most common response to youth problems is that of control, especially in the justice system. For example, a young woman who runs away from an abusive situation and is apprehended by police will often be detained for an extended period of time without receiving help for the problem that caused her to run away. If the police focused on solving her real problem—the abuse—the young woman might feel safer at home and may not have to run away in the future.

## Blurred Distinctions Between Youth and Adults

A major problem facing youth today is that social welfare, education, and justice systems are challenging the notion of childhood as a differentiated status. The distinctions between youth and adulthood are being blurred as at-risk adolescents, particularly, are given adult responsibilities.

For example, adolescent mothers are expected to be as responsible as adults even though they lack the resources, knowledge and experience to do so. Although teenage pregnancy declined during the 1990s, adolescent pregnancy and childrearing remain a major social problem. Young mothers are held to adult standards of responsibility for childcare and finances. The welfare reform policies of 1996 held that teen parents are not eligible for public assistance unless they live with an approved adult and attend school. Despite the restrictions, however, these policies have had little impact on teen's birth rates, residencies, or school attendance. (Acs and Koball, 2003.)

The blurring of childhood and adulthood is most apparent in the justice system because all fifty states can now try juveniles as adults and place them in adult prisons. (See “Criminal Justice Issues.”) Michigan’s statutes are among the most punitive because of the range of behaviors included and because there is no age limitation for processing a juvenile as an adult. Adolescent females are held in adult prisons in Michigan where they often are exposed to sexual assault and harassment.

### Abuse, Neglect, and Crises

Physical and sexual abuse and interpersonal violence is far more prevalent among young women today than was previously thought to be the case. (Taylor Institute, 1999; Hillis, Anda, Felitti and Marchbanks, 2001.) In Michigan, 40% of females in out-of-home placement have an official history of abuse and/or neglect, and 27% have attempted suicide. (Skillman Center for Children, 2002.) These experiences are correlated with irresponsible sexual behavior, depression, and suicide attempts. Unfortunately, mental health services are seldom available to this population.

Many adolescent females are also exposed to serious stress and crises, such as observing people die, being threatened with a gun, having family members with drug problems and becoming homeless. Their situation is often exacerbated because they are treated as a cause of the problematic situation in which they find themselves. Since 2001, there have been steady reductions in health and social service programs. Therefore, those at greatest risk for these crises seldom are able to access the services they need.

The placement of girls and young women in detention or other secure residential facilities because they have run from a placement as an abused, neglected, or minor delinquent needs to be eliminated and alternative community services should be provided. Unnecessary residential placement very often results in long term involvement with the justice system. The placement of young female offenders in adult prisons should be eliminated, and instead, they should be placed in juvenile justice facilities.

### Teen Health

At-risk teens also suffer from lack of access to prompt and proper health care, especially health education and health promotion. One in seven adolescents lacks health insurance. (Luffy-Moore, 2002.)

At the same time, low-income, adolescent women have great need for medical attention. As many as 70% of young women suffer from depression and other mental illnesses. (Sarri and Phillips, 2003.) Adolescent females often suffer from substance abuse, violence, accidents, or unprotected sexual behavior that often results in sexually transmitted diseases, and lack of physical activity which may result in serious obesity.

### Education

Lack of access to quality education is another problem experienced by at-risk and poor young women. Many drop out, they report, because of boredom in school and the lack of relationship between their educational experience and the demands of contemporary adult occupational careers. The “zero tolerance” policies enforced in some areas result in frequent suspensions or expulsions with no follow-up education for these youth. Low-income and students of color in Michigan are disproportionately suspended or expelled. In addition, low-income students have less access to teachers and technology. As a result of these setbacks, a substantial percentage of young women at-risk are not prepared for the conditions and challenges of adulthood.

### Gender Equity in Athletics

In 1972, Congress passed Title IX to promote gender equity in education, including school athletic programs.<sup>12</sup> Title IX has done more than any other law or policy to equalize athletics in America. Since the law was passed, women’s participation in sports has increased by more than 400% at the college level and more than 800% at the high school level. (NWLC, 2003.) Young women and girls reap enormous benefits from athletic participation, including improved health, access to role models, increased self-esteem, better grades, avoidance of risky behaviors, and preparation for success in the workforce. (NWLC, 2003.) More than four out of five executive businesswomen played team sports growing up and say the lessons learned on the playing field—including discipline, teamwork, and leadership skills—have greatly contributed to their business success. (Mass Mutual, 2002.)

Gender equity in athletics is also essential for healthy gender role socialization. When girls receive separate and unequal treatment, they receive the psychological message that they are “second-class” citizens and their role is of less value than that of boys. These messages remain with girls throughout adulthood and can extend



*Communities for Equity Board members and their attorneys who won the case against the Michigan High School Athletic Association for violating the rights of female athletes by scheduling only girls sports off-season.*

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12 Title IX: *No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any educational program or activity receiving Federal financial assistance.*

to careers and interpersonal relationships. This diminished self-image can cause girls to lower expectations for themselves. Girls subconsciously learn to accept and expect discrimination, so that they may not even recognize discrimination when it occurs. They may develop unhealthy coping skills to rationalize away the unfair treatment. In addition, this discriminatory treatment also affects boys, since they receive the message that girls are inferior. (See *Everson v. Michigan Department of Corrections*. 222 F. Supp. 2d 864, (E.D. Mich. 2002.))

Despite popular support and obvious success, Title IX was put in danger this year when the Bush Administration established the Commission on Opportunity in Athletics to review Title IX policies. The COA discussed revising key provisions—for example, limiting women’s athletic scholarships. Civil rights and education advocacy groups protested strongly, and polls showed that close to three-fourths of Americans thought Title IX should remain as it is or be strengthened. (USA Today, 2002.) On July 11th, 2003, the Department of Education sent a “Dear Colleague” letter to all schools, affirming that Title IX policies will remain unchanged. The announcement was a huge victory, since reforming the law would have been a major step back for women’s rights.

Although the Department of Education upheld Title IX in theory, many Michigan school districts fail to adhere to Title IX requirements. (Homer, 2002.) Since there is no Michigan enforcement mechanism, school districts continue to tolerate and perpetuate gender-stereotyped behavior. In 2002, as many as 16% of school districts had not designated a Title IX coordinator, 30% did not provide the required published grievance procedure, and 22% did not provide a sexual harassment policy. (Homer, 2002.)

In addition, in Division I colleges, male athletes receive twice as much of total athletic budgets as female athletes. (Communities for Equity, 2003.) While boys often enjoy stadium-like facilities and equipment, many female athletes must endure second-rate facilities and equipment.

### Working Toward a Solution

Clearly, the United States cannot tolerate this marginalization of a substantial proportion of its adolescent female population. As an “aging” society, we will require the optimal contribution of every young person growing up in the U.S. today. New approaches are needed because, at present, programs in the U.S. are often developed only after a crisis has become serious, although prevention is far less costly in every way.<sup>13</sup>

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13 The so-called “war on drugs” reflects our tendency to permit problems to become serious and then to respond primarily with control mechanisms rather than treatment.

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# Criminal Justice



## *In Michigan, the number of female inmates...has continued to rise.*

### Recommendations

1. Policymakers should work to reduce levels of incarceration by alternative sentencing for non-assault offenses and provide education, drug treatment and mental health services during incarceration to increase chances for successful re-integration.
2. Policymakers and legislators should eliminate the sentencing of girls as adults and remove girls from adult prisons and jails.
3. Policymakers and legislators should reduce trauma and discrimination against women prisoners by removing male guards from female housing units in women's prisons and jails. By doing this, privacy rights will be increased and sexual assaults and harassment will be reduced.
4. Sexual abuse, drug treatment, and domestic violence treatment should be provided to all eligible prisoners during incarceration.
5. Programming, visitation, and legal services should be provided for incarcerated women and their children.
6. Policymakers and legislators should recommend that non-violent, first-time drug offenders be enrolled in drug treatment programs instead of incarcerated.
7. The Michigan Parole Board should be required to undergo training to enable them to better assess situations where battered women have killed abusers in self-defense.

### Growing Number of Women and Girls in the Criminal Justice System

The population of women in prison rose 573% from 1980 to 1999. The annual growth rate of 8.5% far exceeds the growth in the total U.S. female population or the growth in crime. (Beck, 1999.) The number of women in jail tripled during the same period—from fewer than 20,000 incarcerated women in 1980 to 64,000 in 1998. (Greenfield & Snell, 1999.)

In Michigan, the number of female inmates has also soared. In 2000, there were 1,846 women in Michigan prisons, and the number has continued to rise. (U.S. Census Bureau.) While women comprise less than 10% of the two million people incarcerated in the United States, their growth rates exceed those for male prisoners. The rates of incarceration of women in the U.S. are more than five times that of Canada, six times that of the United Kingdom, and fourteen times that of Japan. (Greenfield & Snell.)

According to Amnesty International, one out of three women in prison is incarcerated for a drug offense, not a violent crime. Mandatory minimum drug sentences force judges to send these women to prison, even if they would be better off in drug treatment

centers. Many are charged as accessories to crimes committed by men, including drug conspiracy. (Hazley, 2001.) And although women are less likely to be involved in homicide than men, they tend to receive longer sentences for that crime, even if committed in self-defense. (Hazley.)

In particular, two disturbing trends accelerated female incarceration in the 1990s: increases in the overall placement of adolescent females in both juvenile and adult facilities and national changes in drug control policies. (Pimlott & Sarri, 2002.)

First, in all fifty states, juveniles may now be tried as adults. (Torbet & Szymanski, 1998.) Forty states allow the penalty of life without parole to be given to juveniles. Michigan is one of the states that does not have a limitation for sentencing children as adults. Although Michigan has a special male facility for youthful offenders, there is not a similar facility for females. Therefore, girls as young as fourteen are sent to Michigan's adult women's prison and are supervised by male officers. The girls are not separated from the general adult population and are not provided secondary education. Similarly, more and more young women are being held in local jails awaiting trial as sentenced offenders, or for violations of orders related to status offenses, e.g. truancy, running away.

Secondly, drug control strategies have significantly impacted both state and federal incarceration rates for women—especially minority women. (Mauer & Huling, 1995; Mauer, Polter, & Wolf, 1999.) In general, the number of women incarcerated in state prisons for a drug offense rose 888% from 1986 to 1996, while non-drug offenses rose 129%. (Mauer, 1999.) In Michigan, nearly 70% of women in prison have been diagnosed with a drug dependency—the most severe substance use disorder. (Pimlott, Boyd, 2002.) Treatment interventions have clearly demonstrated effectiveness in lowering relapse and recidivism. (Boyd, 2003.) A recent study of women convicted of a drug offense, however, demonstrated that 94% were initially sentenced to community probation and over half were not involved in treatment. (Pimlott-Kubiak, 2002.)

### Sexual Assault and Harassment of Incarcerated Women and Girls

In 1985, male guards began to supervise women in housing units in Michigan prisons. Women in prison are forced to tolerate a daily threat of their personal safety by the ever-present male corrections officers that watch over as women tend to their most personal and private needs, including showering, bathing, changing their clothes, and using the bathroom. Use of male staff

to supervise women violates the United Nations Rules for minimum treatment of prisoners and customary international norms. (Geer, 2000.)

As many as 75% of women in prison were sexually abused before coming to prison, usually as a child or young adult by a male authority figure. (Brown, 1999.) As a result, when male prison officers supervise them in showers and bathrooms, female inmates face a substantial risk of psychological trauma that could endanger their eventual rehabilitation. Even the most sensitive and well-meaning guards can threaten female inmates' rehabilitation and sense of psychological security when present in areas as intimate as the housing units. (ACLU Brief, 2002.)

Unfortunately, some male prison guards further traumatize female inmates by sexually assaulting and harassing them. Human rights organizations have consistently documented custodial sexual abuse in women's prisons and jails. (Amnesty International, 1999; Human Rights Watch, 1996.) In Michigan, there have been at least 23 convictions of male guards for sexual misconduct—from unwanted groping to rape. The U.S. Department of Justice found that guards routinely retaliated against female inmates who complained about such abuse and that the abuse was under-reported and inadequately investigated. Moreover, Michigan's prisons have one of the worst records in the nation for curbing male officers' sexual abuse of female inmates. The degrading and sexually abusive treatment of women and girls in U.S. prisons and jails has been criticized by the United Nations Commission on Human Rights in a Special Report on Violence Against Women and has long term effects on women, girls and their family and their ability to successfully reintegrate into their families and communities upon release.

Some male prison employees argue that a ban on male officers in female prisons would violate their rights to equal employment opportunity. Admittedly, there is a balancing act between protecting women inmates' physical security, rehabilitation, and privacy and insuring that the prisons' employees are guaranteed equal employment opportunity. Therefore, Michigan prisons should not adopt a blanket ban on the employment of personnel of one sex in a prison facility for members of the opposite sex. Instead, Michigan prisons should only ban males from two areas within female prisons—housing and transportation—where sexual abuse is especially likely to occur. The extraordinary history of sexual abuse within Michigan's prisons justifies a restriction on male employment in these areas. Furthermore, the Michigan Department of Corrections could prevent male officers from suffering adverse employment consequences simply by guaranteeing that male guards' seniority, position, pay, and other opportunities would not be affected by the ban. (ACLU Brief, 2002.)

## Children of Incarcerated Women

The majority of women under correctional supervision are single, and 70% have minor children under the age of 18. When women enter prison, 8-10% are pregnant, and 15% are either pregnant or have a child under the age of one year. More than two million children in the United States have an incarcerated parent.

Nationally, few prisons allow mothers more than a few days to be with their infants after birth. Michigan has a maximum-of-24-hours rule, and many children are removed immediately after birth. Few prisons in the United States accommodate children. (New York Bedford Hills and Nebraska have on-site nurseries, and Minnesota has alternative placement programs for women and children.) This is exceptional to the international norm in which many have an average of at least a year in special housing units.

Incarcerated women in the U.S. encounter serious obstacles to placing their children in appropriate homes and maintaining nurturing custody, and barriers to visitation are severe. There are no services to facilitate care of a child upon incarceration of a mother. (Ascione & Dixson, 2002.) When women are released from prison or jail, they are seldom provided with reintegration services, although social services are urgently needed for women and children.

## Encouraging Drug Treatment Instead of Incarceration

The imprisonment of drug offenders has grown at an alarming rate over the past twenty-five years. Between 1980 and 1997, the number of people imprisoned for drug offenses increased by over 1000%. (Justice Policy Institute.) A major reason for this surge in drug-related incarceration is the mandatory sentences for drug offenders. For example, a mandatory minimum sentence for first-time offenders who possess "crack" cocaine is five years. (U.S. Sentencing Commission, 1991.)

Most drug prisoners are nonviolent offenders. More than three-quarters have no history of violent offenses. More than 70% of drug offenders in state prison have no involvement in high-level drug activity. Thirty-five percent of drug offenders in prison have been convicted only of a drug offense. (Center for Policy Alternatives, 2003)

Although these prisoners would be ideal candidates for drug treatment programs, the criminal justice system essentially ignores treatment as an appropriate response, instead shuttling drug abusers into prisons. Substance abuse prevention, education, and treatment are urgently needed.

Channeling first-time drug offenders into treatment programs is a more effective policy. For nonviolent drug offenses, the criminal

justice system should be recognized as an intake point for treatment. (CPA, 2003.) Nonviolent drug offenders who receive treatment are much less likely to continue abusing drugs or to commit crimes. Individuals sent to treatment centers by drug courts have significantly lower recidivism rates than those who are incarcerated. (CPA, 2003.)

Not only does treatment benefit the drug users, choosing treatment over incarceration has a positive ripple effect. Substance abuse treatment reduces drug use by more than 50%, decreases unemployment and homelessness, and reduces high-risk sexual behavior. In addition, substance abuse treatment reduces criminal activity by up to 80%. Since more than half the women in prison report committing their offense under the influence of drugs or alcohol (Schwartz, 2001), drug treatment could prevent many women from committing crimes and being incarcerated.

Furthermore, because of the positive social effects, choosing treatment over incarceration saves billions of taxpayer dollars. Every dollar invested in substance abuse treatment saves taxpayers \$7.46 in social costs. (U.S. Bureau of Justice Statistics, 1997.)

African American and Latino communities suffer the greatest cost since they are incarcerated for drug offenses at a disproportionate rate. Four of every five drug prisoners are African American (56 percent) or Latino (23 percent), well above their respective numbers (13 percent and 9 percent) among drug users overall. (CPA, 2003.) African-Americans are incarcerated for drug offenses at a rate 14 times that of whites, while five times as many whites use drugs as blacks. (Beatty, 1998.)

Because of the many benefits of drug treatment programs, policymakers should advocate for the enrollment of first-time, non-violent drug offenders in drug treatment programs, as opposed to incarceration.

### **Battered Women Prisoners Who Killed in Self-Defense**

The Michigan Parole Board has been extremely unwilling to consider parole, not only for battered women seeking clemency, but to many prisoners seeking parole. The Parole Board's reluctance to grant parole, coupled with more severe sentencing practices, is causing the Michigan prison population—particularly the women's prison population—to soar unnecessarily.

Women who have killed abusers in self-defense but never received a fair trial or due process based on the facts of their cases, because they were not allowed to present evidence of abuse or to present it effectively, should have their cases reviewed by a reviewing body that includes domestic violence professionals.

There are many women in Michigan prisons serving life or long sentences who acted in self-defense because they were abandoned by law enforcement and the criminal justice system when they needed protection for themselves and their children. Many were sentenced in the 1970s and 1980s when there were few, if any, domestic violence shelters, and little understanding by the courts and the public of their plight, and they pose no threat to society.

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# APPENDIX

## *Biographies of Conference Panelists*

**Sande Bain Macleod** is Executive Vice President of the United Food and Commercial Workers Local 951. She joined their staff after working as a Meijer cashier for thirteen years. MacLeod is also a delegate for the Detroit Metro AFL-CIO.

**Angela Colaiuta** is the National Field Organizer for the American Civil Liberties Union in its Washington Legislative Office. She works to generate grassroots activism to oppose federal legislation that would threaten civil liberties and to support legislation that would promote the values of the Bill of Rights. As the National Field Organizer, Ms. Colaiuta travels around the country attending conferences and presenting workshops to educate activists about effective legislative strategy and advocacy.

**Desiree Cooper** is a 1984 University of Virginia Law School graduate. Desiree Cooper left her practice at a prestigious Detroit law firm in 1988 to seek a career in journalism and social justice. In 1994, she became editor-in-chief of the *Metro Times*. Under her leadership, the publication increased its circulation by 20,000 (to 110,000) and doubled its readership. In January 1999, Cooper was recruited to become a columnist at the *Detroit Free Press*, where she was nominated for a Pulitzer Prize in 2000 and 2001. In 2002, she re-named her column “Cooper’s Town,” and dedicated herself to writing about the extraordinary lives of ordinary people.

**Aimee Cox** is program director of Young Women’s Leadership Services at Alternatives for Girls in southwest Detroit. She is a doctoral candidate in Cultural Anthropology. Her work and research focus on improving the life chances of urban young women, especially those of color and those in under-resourced areas. A former Alvin Ailey dancer she uses the arts in her programming with young women.

**Nancy Diehl**, Wayne State University, J.D. 1978, is Chief of the Projects & Training Division in the Wayne County Prosecutor’s Office. She was appointed an Assistant Wayne County Prosecutor in 1981, was promoted to Deputy Chief in 1997, and promoted to Chief in 2001. In 1987 she was appointed Director of the Child Abuse Unit and in 1994 Director of the new Child and Family Abuse Bureau. Nancy lectures extensively throughout the state and nation on domestic violence and child abuse investigation, prosecution, and related issues.

**Joyce Dixon-Haskett** is the founder of Sons and Daughters of the Incarcerated (SADOI), a program that works specifically with children who currently have or have had an incarcerated parent. She holds a Master’s Degree in Social Work from the University of Michigan, and is currently working on her Doctorate Degree in Education from the University of Phoenix. Most importantly, she was an incarcerated mother for 17 years, and knows first hand how the incarceration of a mother adversely affects the children.

**Jackie Doig Esq.** is a staff attorney with the Center for Civil Justice, a non-profit law firm in Saginaw, Michigan, where she specializes in public benefits and health issues. In her 20+ years as an attorney specializing in poverty law, Doig has successfully handled many class action lawsuits against state and local governments to enforce the rights of low income individuals under federal and state law. In her work with the Center, Doig also is involved in lobbying and administrative advocacy to improve programs that affect low income individuals and families— working together with many local and statewide organizations and coalitions, including the Coalition for Independence Through Education and the Coalition for Fairness in Health Care Policy.

**Paula Ettelbrick** is the Executive Director of the International Lesbian and Gay Rights Task Commission. She is a lawyer and law professor who has devoted two decades to lesbian and gay civil rights and family advocacy. She is the former Family Policy Director for the Policy Institute of the National Gay and Lesbian Task Force, the largest lesbian and gay “think tank” in the country, and the former Legal Director for Lambda Legal Defense and Education Fund, where she played a significant role in developing the legal concepts of domestic partnership, second parent adoption and functional parenthood. She has spoken and written extensively on a range of legal and policy issues of concern to lesbians and gay men. She currently teaches Sexuality and the Law as an Adjunct Professor of Law at New York University Law School, the University of Michigan Law School, and Columbia Law School, and lectures at Barnard College.

**Patrice Farhadi** is a young single mother in the leadership program of AFG. She works part time while studying to be a certified nursing assistant. She has a long-term plan to complete medical school. She is very committed to her education and to the demands of single motherhood.

**Kathy Hagenian** is the Director of Public Policy and Program Services for the Michigan Coalition Against Domestic and Sexual Violence, a position she has held since 1996. She was previously with the Domestic Violence Project/Safe House for twelve years. She served as Chair of their Legislative Committee from 1998 through 1996 where she significantly contributed to the passage of legislation vital to the protection of survivors of domestic violence.

**Senator Gilda Z. Jacobs** (D-Huntington Woods) was elected to the Senate in 2002 after serving two terms in the Michigan House of Representatives, where she made history as the first woman Floor Leader in either House of the Legislature. Prior to serving in the Legislature, she served as an Oakland County Commissioner from 1995 to 1998. She also is distinguished as the first woman elected to the Huntington Woods City Commission, serving from 1981 to 1994. She was the Mayor Pro Tem of Huntington Woods in 1993-94.

Senator Jacobs has been bestowed many honors throughout the years. These include the “Wonder Woman Award” from the Women’s Survival Center, the Larry Pernick Award from the Michigan Democratic County Commissioners Association, the “Do Something Wonderful for Children” Legislative Award from Michigan’s Children, and the 2002 “Woman of the Year Award” from the Na’amat Greater Detroit Council for her dedicated efforts on behalf of women and children. Senator Jacobs was a Fellow at the Bowhay Institute for Legislative Development. Recently, the National Democratic Institute selected her to travel to Bosnia where she trained political candidates.

**Wendy Fields Jacobs** is a top assistant in the United Auto Workers Organizing Department. She has played an important role in developing new organizing strategies for the UAW’s revamped organizing program. She has served as a steward for the New England Healthcare Workers Union, staff advisor for the Connecticut Women’s Committee and Vice-President of the Connecticut AFL-CIO. She was Co-Chair of the African American/Latino Coalition of New London, Connecticut, and a board member of the Coalition of Labor Union Women, the United Way, and the Connecticut Citizen Action Group.

**Kristen Galles**, co-chair of the American Bar Association’s Committee on the Rights of Women, is a civil rights litigator in Alexandria, Virginia. Kristen represents female athletes in sex discrimination and sexual harassment cases against high schools, colleges, and athletic associations. She also represents coaches in sex discrimination, Equal Pay Act, and retaliation cases—usually against colleges and universities.

Kristen formerly served as an adjunct professor of law at George Washington University Law School and as a fellow in the United States Senate. She often serves as an advisor for members of the Women’s Basketball Coaches Association, the National Fastpitch Coaches Association, and the Women’s Sports Foundation. She has served as cooperating counsel with the National Women’s Law Center and the ACLU on several high-profile cases.

**Bob Gillett** is an attorney and the Executive Director of Legal Services of South Central Michigan. As an attorney, he has litigated a number of significant cases relating to access to health care for very low income persons. He is also the current Board President of the Washtenaw Health Plan, a non-profit providing free managed care health coverage to uninsured low income persons in Washtenaw county.

**Heidi Gottfried** is an Associate Professor of Labor Studies in the College of Urban, Labor and Metropolitan Affairs at Wayne State University. Her MA in sociology is from the University of Michigan-Ann Arbor and her Ph.D. was received in 1987 from the University of Wisconsin-Madison. Over the past several years her work has focused on comparative analysis of flexible employment practices and regulation in the US, Germany, Sweden and Japan. She has written extensively on gender and work and is the editor of *Feminism and Social Change: Bridging Theory and Practice* (University of Illinois Press.)

**Carol Jacobsen** is an artist working on issues of women’s criminalization in video and photography. She is also a coordinator of the Michigan Battered Women’s Clemency project, seeking freedom for women who killed abusers in defense of themselves or their children and never received fair trials. Her films are shown in museums, galleries and theaters worldwide, and they are also distributed free to activists. She teaches at the University of Michigan, School of Art and Design and Women’s Studies.

**Dr. Christina Jose-Kempfner** has worked with women in prison for the past 20 years. She is the founder of several children visitation programs for children with incarcerated parents. She taught the first class about women prisoners at the University of Michigan and wrote a book about Mexican prisons. She is currently a professor of Psychology and Education at Eastern Michigan University.

**Judy Karandjeff**. From 1994 to 2003, Judy Karandjeff was the Executive Director for Planned Parenthood Affiliates of Michigan and Planned Parenthood Advocates of Michigan. As the lobbyist for the state public affairs office that represents six statewide Planned Parenthood affiliates that operate 30 clinics, Judy coordinated advocacy for local affiliates, supervises staff, coordinates with other statewide organizations and state departments, staffs the board of directors, prepares newsletters and background materials, fundraises, works on electoral activities and represents Planned Parenthood to media and public. Judy is currently the Executive Director of the Women’s Commission for the State of Michigan.

**Carol Hutchins** is the Head Softball Coach at the University of Michigan. She is the “winningest” coach in Michigan athletics history.

**Peggy Kahn, PhD.** is a Professor of Political Science and member of the Women’s and Gender Studies Program faculty at the University of Michigan-Flint. She has been active for many years researching and writing about welfare policy and politics in relation to education and has been active in the Michigan-based Coalition for Family Independence Through Education (CFITE) and a number of national welfare and education networks. Her reports are available at: [www.umich.edu/~cew/pubs.html](http://www.umich.edu/~cew/pubs.html).

**Jay Kaplan** is the staff attorney for the ACLU LGBT Project. Prior to joining the ACLU staff, he worked for Michigan Protection and Advocacy Service, a disability rights organization, for 13 years. He started the HIV/AIDS Advocacy Program, a legal services program for persons living with HIV. He also worked for several poverty law programs, and specialized in housing law.

**Susan Kaufmann** has been the Associate Director of the University of Michigan Center for the Education of Women since 1990. Her areas of expertise include leadership development, child care, access to higher education for welfare recipients, sexual harassment, sexual assault, and domestic violence.

**Deborah Labelle** is a 2002 Open Society Institute Soros Senior Justice Fellow. She is a civil rights attorney whose legal practice over the past decade has focused on addressing the human rights of people in detention. Ms. LaBelle has been lead counsel in over a dozen class-action lawsuits that have successfully challenged the treatment of incarcerated women, men, juveniles and their families, using innovative legal theories to advocate new discourses on crime and punishment. Ms. LaBelle was the first American to be designated as a Human Rights Monitor by the international organization, Human Rights Watch for her work on behalf of women prisoners in the United States and abroad. She has been awarded the Champion of Justice award by the State Bar of Michigan and is an author of numerous articles on the human rights and women in the justice system.

**Cynthia LaToye Miller** is the Director of the City of Detroit Employment & Training Department, a Michigan Works! Agency. She received her Bachelor of Arts degree in Sociology from Wayne State University in 1988 and Juris Doctor, *cum laude*, from Michigan State University-Detroit College of Law in 1996. Ms. Miller is a Steering Committee member of the Michigan Works! Agencies' Directors' Council; President of the Women Lawyers Association of Michigan, Statewide Board of Directors; and President-elect of the Wolverine Bar Association.

**Namita Luthra** is a staff attorney with the ACLU Women's Rights Project. She is an active member of a New York City coalition that seeks to draft and pass legislation for local implementation of the Convention on the Elimination of All Forms of Discrimination Against Women.

**Diane Madsen** is the mother of three children (all multiple sport athletes) who has taught high school science for more than 30 years, the last 10 years in chemistry. She is the President of Communities for Equity, a statewide organization which advocates for gender equity in athletic programs. Most recently, CFE successfully won a Title IX, 14th Amendment, & Elliot-Larson complaint against the MHSAA for gender discrimination. She has received the Michigan Educational Association Women's Cultural Award and the YWCA Tribute Award.

**Tracy McDonough** is a U-M Flint Student and mother of three.

**Louise Melling** is the newly named Director of the ACLU Reproductive Freedom Project, in which capacity she supervises litigation and advocacy around the country to protect reproductive choice. She assumed this role after working with the Project for over ten years, most recently as its associate director. While at the Project, she has played a leading role in significant litigation. She secured the first injunction against a so-called "partial-birth abortion" ban in the nation; she has led several successful state constitutional challenges to restrictions on Medicaid coverage for abortions; and she has participated in numerous challenges to laws requiring parental involvement in minor's abortion decisions. Ms. Melling received her J.D. from Yale Law School in 1987. Before joining the Project, she served as a law clerk for Judge Morris E. Lasker of the U.S. District Court for the Southern District of New York and worked as an associate at the law firm of Rabinowitz, Boudin, Standard, Krinsky & Lieberman.

**Mildred Mendenhall** is a mother of two whose teenage son suffers from a severe disability.

**Kary L. Moss** has been the Executive Director of the ACLU of Michigan since 1998. As Executive Director, she oversees the entire operation, including the legal, communications and legislative programs as well as fundraising and relations with the board and nine branches throughout the state. She has been a practicing civil rights attorney since 1987, serving as clerk in the United States Court of Appeals for the Second Circuit and staff attorney with the ACLU Women's Rights Project in New York. She holds a Masters in International Affairs from Columbia University and a J.D. from CUNY Law School at Queen's College.

Most recently, she has received awards from Harvard Law School, who selected her as a Wasserstein Public Interest Fellow; the Michigan Trial Lawyer's Weekly; American Arab Anti-Discrimination Committee; and Michigan Coalition for Human Rights. She has published extensively on women's rights issue, racial justice, environmental justice, and the war on terrorism.

She is currently a member of the Advisory Board of the *Detroit News* Editorial Page; Co-Chair of Advocates and Leaders for Police and Community Trust; Commissioner of the State Bar of Michigan's Open Justice Commission; Member of the Advisory Board of the Arab-American Anti Discrimination Committee; and has served on the selection committee for the Michigan Women's Hall of Fame.

**Sherea Patterson** is a 19-year old single mother who just recently moved to live alone with her month-old son. Sharea's excellent communication and strategic planning skills have served her well as she has served on personnel committees, youth advisory initiatives and community planning with social agencies in Detroit. She is dedicated to ensuring the well-being of children and plans to open her own day care center when she completes her education.

**Dr. Sheryl Pimlott-Kubiak** is an assistant professor at Wayne State University.

**Pamela Reid**, a developmental psychologist, is Director of Women's Studies, Professor of Education and Psychology, and a Research Scientist at the UM Institute for Research on Women and Gender at the University of Michigan-Ann Arbor. An educator for almost thirty years, she holds a B.S. from Howard University, an M.A. from Temple University and a Ph.D. from the University of Pennsylvania. Her research has focused on gender and ethnic issues, particularly on the intersections of gender and race as they impact African American women and children. She is the recipient of several awards – the Distinguished Leadership Award given by the American Psychological Association's Committee on Women in Psychology; the Distinguished Publication Award from the Association of Women in Psychology; and the Distinguished Contribution to Research Award from the Society for the Psychological Study of Ethnic Issues.



**Lee Reimann** is a tax attorney in private practice in Okemos, Michigan and the current Executive Director of Women Lawyers Association of Michigan. She was very active in sports in high school and played club Lacrosse in college. She is the mother of two non-athletic boys, but coached in a co-educational instructional soccer league for elementary school children.

**Kelly Ruffing** is a Program Analyst for the Wayne County Family Independence Agency in the Strong Families/Safe Children Unit. She develops and oversees program and initiatives for special populations of youth. She has coordinated the development of many of the programs for pregnant/parenting teen and has served as the Chair of the Female Services Advisory Committee. She is coordinating the development of the Casey Foundation program for teens transitioning out of foster care.

**Rosemary Sarri** is Professor and Senior Research Scientist Emerita. She has had a long career in research and policy development related to women and girls in the justice system in the U.S. and several Asian countries. She served on two Presidential Commissions and as a monitor for the Federal court in *Glover v. Johnson*.

**Leslie Ann Thompson**, Executive Director of Affirmations, is a graduate of Western Michigan University with a degree in Physical Education and Recreation, but has spent her entire career at the helm of nonprofit organizations. The Boys and Girls Club of Troy and Camp Fire Boys and Girls Wathana Council (metro Detroit) preceded her current position at Affirmations. She also performs as a stand-up comic which is what she really wants to be when she grows up.

**Jaquelin Washington** retired from her position as President/CEO, Planned Parenthood of Southeast Michigan in 1999. She has also served as President/CEO of the Pontiac Area Urban League for five years, including human resource management and training for Bendix Corporation and a social worker in the Detroit Public Schools. She currently is a member of the Wayne State Board of Governors and the President of the ACLU of Michigan, the first African American to hold that position.

In addition, she serves on the boards of the following organizations: Vice President, Eaton Academy; Vice-President, Planned Parenthood Affiliates of Michigan; Chair, Central United Methodist Church Economic Development Committee. Past board experience includes, President, NOW Legal Defense and Education Fund (the first African American woman to serve in that capacity); African American Museum of Detroit, Detroit Institute of Arts; Michigan Metro Girl Scout Council; St. Joseph Mercy Hospital-Oakland; and Past President and co-founder of the Sojourner Foundation which funds programs for women and girls.

**Imani Williams**, B.S., M.A., is a lecturer with Davenport University and a community activist working for the equality and safety of LGBT youth in Detroit and Southeastern Michigan with Ruth Ellis Center, Inc. She is co-founder of PFLAG "Family Reunion" for people of color in the city of Detroit. She also serves on the boards of Karibu House, a proposed community center for LGBTs of color in Detroit, and with SPICE (Sistah's Providing Intelligence Creativity and Empowerment), a politically conscious organization for lesbians of color. Imani is also the mother of two spirited teenage daughters.

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## Conference Co-Sponsors and Resources

*Over thirty organizations came together to help plan and orchestrate the "Women & Girls, the Law, and Social Change" conference on March 20, 2003. Without their support and efforts, the conference would not have been possible. The principal partners were the ACLU of Michigan, Michigan Women Lawyer's Association, University of Michigan Women's Studies Department, Center on Education of Women, and Institute for Research on Women and Gender. Additionally, many wonderful statewide and local organizations have partnered in this effort. A short description follows:*

**The American Civil Liberties Union** is the nation's foremost defender of the Bill of Rights — litigating, legislating, and educating the public on a broad array of issues affecting freedom in the United States. Visit our website at [www.aclumich.org](http://www.aclumich.org).

**Affirmations Lesbian and Gay Community Center** is the largest organization in Michigan serving the lesbian, gay, bisexual and transgender community. Our mission is to provide a welcoming place to everyday people, where they can have fun, learn, socialize, grow, be supported, and find acceptance. Affirmations has four program areas: Health Services, Youth Services, Recreation and Leisure Services and Outreach Services. We are located in Ferndale, Michigan and provide services and programs seven days a week. Affirmations on the web: [www.GoAffirmations.org](http://www.GoAffirmations.org)

**American Friends Service Committee** is a Quaker organization supporting people of all faiths who care about social justice, peace, and humanitarian service. Its work is based on the Quaker belief in the dignity and worth of every person and on faith in the power of communication and non-violence to bring about changes in society. In Michigan, AFSC sponsors two programs: the Lesbian, Gay, Bisexual and Transgender Issues Program of Michigan and the Michigan Criminal Justice Program. Lesbian, Gay, Bisexual and Transgender Issues Program of Michigan: <http://www.afsc-fan.org/afscfansite1.htm>; Michigan Criminal Justice Program: <http://www.afsc.org/mich/index.html>

**The Anti-Defamation League (ADL)** works to fight anti-Semitism, all forms of prejudice and discrimination. The ADL is one of the leaders in tracking and monitoring extremist organizations, domestically, internationally, and on the Internet. We educate our local communities on security planning and work closely with law enforcement officials. Our educational initiatives include anti-bias training for youth from k-12/college through our nationally recognized A WORLD OF DIFFERENCE INSTITUTE.® The ADL also advocates for civil liberties, hate crime legislation, and for Israel. The ADL on the web: [www.adl.org](http://www.adl.org)

**The Michigan Abortion and Reproductive Rights Action League (MARAL)** was founded in 1979 as a state affiliate of the National Abortion and Reproductive Rights Action League (NARAL.) We have been working to protect reproductive freedom for over 20 years. MARAL is a statewide, bi-partisan membership organization that works through the political process to guarantee every woman the right to make personal decisions regarding the full range of reproductive choices, including preventing unintended pregnancies, bearing healthy children, and choosing legal abortion. MARAL on the web: [www.michochoice.net](http://www.michochoice.net)

**Michigan ACE Network** is committed to identifying, developing, advancing, and supporting women in higher education throughout the state. The Michigan ACE Network is open to all public and private, two-year and four-year institutions in the state and requires institutional membership for participation in Network activities. Professional development, networking, mentoring, advocacy, and support for women in Michigan's higher education system are provided through the network. At an annual conference, women in the state learn new leadership strategies and network with other women in leadership positions. The Network also presents the annual Michigan *Distinguished Women in Higher Education Leadership Award*, based on nominations from member institutions. The Network's E-Newsletter, and information for and about women leaders in higher education nationally as well as in Michigan can be found at the Network's website at [www.emich.edu/mich-ace/](http://www.emich.edu/mich-ace/)

**The Michigan Department of Civil Rights** is a state agency charged with enforcing the state's laws against illegal discrimination. The Department carries out its mission in part by doing complaint investigations. It also seeks to prevent discrimination through its numerous service options. These service options include mediation, outreach and education, referrals and complaint resolution. The Department operates under the direction of the Michigan Civil Rights Commission, whose eight members are appointed to staggered four-year terms by the Governor. The Michigan Department of Civil Rights in the web: <http://www.michigan.gov/mdcr>

**The Michigan State Bar Open Justice Commission's** mission is to raise both public and professional awareness of open justice issues and the impact of race, ethnic origin, gender, religion, sexual orientation, gender identity or disability on the fair delivery of justice in our state; reduce or eliminate such bias or invidious discrimination within the courts or legal profession; and increase public confidence in the fairness of the legal process and the equal application of law for all citizens. The first year of true implementation efforts for the Commission was 1999. Since that time, the Commission has adopted and funded over 50 projects

related to this mission. There are currently forty-three Open Justice Commissioners working with nearly 200 committee and project work group members under the leadership of Co-Chairs, Justice Marilyn Kelly and Judge Harold Hood. Furthermore, the Commission has developed partnerships with a wide variety of courts, community service organizations and organized bar groups to accomplish its goal. For more information about the Open Justice Commission, its many programs and projects, or to volunteer your time and talent, you are encouraged to contact us in any of the following ways: WRITE: Open Justice Commission, State Bar of Michigan, 306 Townsend Street, Lansing, MI 48933-2083; PHONE: (800) 968-1442 ext. 6335; FAX: (517) 482-6248; E-MAIL: [jhershkovitz@mail.michbar.org](mailto:jhershkovitz@mail.michbar.org), or visit us on the WEB at [www.michbar.org](http://www.michbar.org). Information booklets are available for individuals or groups at no charge.

**Michigan Women's Foundation** believes that women and girls continue to face significant barriers and challenges to reaching their full potential. Therefore, the Michigan Women's Foundation promotes economic self-sufficiency and personal well-being for women and girls to improve their lives and change the future. We do this by providing assistance and funds to nonprofit organizations serving women and girls; by educating the general public policy makers and donors; and by encouraging women and girls to exercise their responsibilities as philanthropists.

**National Council of Jewish Women, Greater Detroit Section**, is a volunteer organization inspired by Jewish values, that works through a program of research, education, advocacy and community service to improve quality of life for women, children, and families, and strives to ensure individual rights and freedoms for all. NCJW on the web: [www.ncjwgd.org](http://www.ncjwgd.org)

**Northland Family Planning Centers** believes the world is a far better place when women have the freedom to make their own decisions regarding their bodies, reproductive options and sexuality. Respecting and maintaining those freedoms is our mission. The women and men of Northland Family Planning Centers are devoted to providing affordable, high quality reproductive health care services in a healthy inspiring atmosphere. We treat our patients and friends with dignity and respect. We encourage women to reach their own unique potential and live healthy lives. The Northland Family Planning Centers serve Detroit and Southeast Michigan. Northland Family Planning Centers on the web: <http://northlandfamilyplanning.com/>

**Oakland Community College Womencenter** is located in Farmington Hills, on the Orchard Ridge Campus. Our purpose is to help empower women through the development of educational and supportive programs for campus and community women. We help women identify their personal and societal needs and assist them through education, participation and support. Our programs include conferences for women and for girls and their parents, workshops, seminars, peer counseling and information and referral services. Information on our programs and services is available at our website [www.oaklandcc.edu/womencenter](http://www.oaklandcc.edu/womencenter)

**Planned Parenthood** is a nationwide, private nonprofit health organization with more than eighty years of experience providing family planning services. Planned Parenthood believes in the fundamental right of each individual to manage his or her fertility, regardless of her/his income, marital status, race, ethnicity, sexual orientation, age, national origin or residence. PPAM is the state public affairs office that represents the six affiliates in Michigan who operate thirty clinics in the state. PPAM represents Planned Parenthood's mission and provides information and education regarding reproductive health care to the public.  
[www.miplannedparenthood.org](http://www.miplannedparenthood.org)

**Planned Parenthood of Southeast Michigan (PPSM)** provides confidential, high quality, voluntary family planning services, reproductive health care services, sexuality education, and advocates for the reproductive rights of people of all ages in Wayne, Oakland, Macomb, and St. Clair Counties. With five medical centers throughout Metro Detroit, PPSM services include: yearly check-ups, including Pap smears and pelvic and breast exams; birth control counseling and methods; pregnancy testing and counseling; emergency contraception; sexually transmitted infection testing and treatment; HIV testing and counseling; male services; screening for high blood pressure, high cholesterol and diabetes; mid-life services, including hormone replacement therapy; and colposcopy and cryotherapy. On the web: [www.plannedparenthood.org/ppsm/](http://www.plannedparenthood.org/ppsm/)

**Wayne State University's College of Urban, Labor and Metropolitan Affairs** engages in and facilitates interdisciplinary research, teaching, and outreach related to urban and labor issues. It serves as a focal point within the University for work on these issues. The college is comprised of Department of Interdisciplinary Studies, the Department of Geography and Urban Planning, the Walter P. Reuther Library of Labor and Urban Affairs, the Center for Peace and Conflict Studies, the Center for Chicano Boricua Studies, the Center for Urban Studies, the Labor Studies Center, the State Policy Center, the Skillman Center for Children, the Douglas A. Fraser Center for Workplace Issues,

and the University Professors of Urban and Labor Studies. The College administers the co-major programs in Urban Studies and Peace and Conflict Studies. It offers the following degrees: Bachelor of Arts in Labor Studies, Bachelor of Interdisciplinary Studies, Bachelor of Technical and interdisciplinary studies, Bachelor of Interdisciplinary Studies Capstone, Master of Arts in Industrial Relations, Master of Arts in Dispute Resolution, Master of Urban Planning and a Master of Interdisciplinary Studies. The College offers a minor and a post-baccalaureate in Nonprofit Sector Studies. The College also offers two graduate certificates in Economic development and in Dispute Resolution. On the web: [www.culma.wayne.edu/](http://www.culma.wayne.edu/)

**Women's Action for New Directions (WAND)** is a national bi-partisan organization. WAND's mission is to empower women to act politically to reduce militarism and violence and redirect excessive military resources to unmet human and environmental needs. WAND supports 2 sub-groups: WILL, the Women Legislators' Lobby is a national bi-partisan organization of women state legislators. WILL has members in each of the 50 states. Members who have gone on to Congress remain members of WILL. STAND, Students Take Action for New Directions, is an organization of women aged 13 to 25. National WAND web site: [www.wand.org](http://www.wand.org)

**Women Lawyers Association of Michigan (WLAM)** is a statewide organization of over 700 women and men throughout Michigan. The mission of WLAM is to secure the rights of women in society and advance the interests of women members of the legal profession, to promote improvements in the administration of justice, to promote equality and social justice for all people, to improve relations between the legal profession and the public, and to encourage the continued education of lawyers. The WLAM statewide board is comprised of women from Detroit to the Upper Peninsula, who are committed to this mission and the service of its members. We encourage your participation in these efforts to improve the quality of life, practice and support for women lawyers. WLAM on the web: [www.womenlawyers.org](http://www.womenlawyers.org)



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