

PBS' "TO THE CONTRARY"

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MS. ERBE: Women and snipers. Should women adapt a macho, devil may care attitude toward the prospect of being shot down at a shopping center or while pumping gas?

MS. PFOTENHAUER: I'm risk averse, so I say bob and weave, baby, bob and weave.

MS. MCGLOWAN: The only thing that gives me peace in the situation is my faith. God does not give a spirit of fear.

MS. ECHAVESTE: Women have to go on with their lives just like everyone else and hope that this sniper doesn't put them in their snipes.

MS. BEYER: Men or women, this puts a whole new spin on the Beltway mentality. Not political calculus now, we calculate how we go to the drug store, how we get our gas and how we drop our children off at school.

Hello, I'm Bonnie Erbe, welcome To The Contrary, a discussion of news and social trends from a variety of women's perspectives. This week in the news, Washington, D.C. area women react to the recent sniper killings and attacks. Then President Hillary Clinton in 2004? An overwhelming majority of the country says no thanks according to the latest poll.

Behind the headlines, women's groups are outraged over a possible Bush appointee to the Food and Drug Administration's Reproductive Health Drugs Advisory Committee, who advises - who practices rather faith based medicine.

We begin with how women are reacting to weeks of sniper attacks around the nation's capital.

A *Newsweek* poll says Americans nationwide are more fearful of being shot by snipers than they are of being attacked by terrorists. The recent sniper-shooting spree around the nation's capital has ratcheted up fears and drawn in some cases differing reactions from women, men and people of color. Forty seven percent of Americans overall say they are very or somewhat concerned about someone in their family being a victim of sniper violence, compared with 43 percent who fear terrorist attacks. The *Newsweek* poll also reveals women are more fearful of sniper attacks than men; 56 percent of women said they were somewhat or very concerned compared with 38 percent of men. Fifty eight percent of female and male minorities said they were somewhat or very concerned.

The shootings have caused women and men in the nation's capital to change driving patterns, how they run errands and what they do outdoors in an attempt to outwit a killer with no apparent pattern or motive. Local schools are no longer allowing children to play outside, recesses are being held in outdoors and field trips have been canceled.

This is not a subject to joke about, but I must say, once again, I find myself with the men. (Laughter.) The 38 percent of men. I'm not living in Washington, I'm not that worried about and I channel surf and I don't ask for directions when I get lost, but in this situation, why is it

that women are so much afraid than men are?

MS. BEYER: Well, I think for me it has a lot to do with my children and I think of all the sniper incidents the one where the aunt was dropping off her child at school which we like to consider a safe environment for our children, to have a child step out of a car and be shot by a sniper is just chilling, it's absolutely chilling. Our children are experiencing it. I had my seven-year-old say this morning we were looking at the horoscopes and I said, oh, someone is keeping a secret from me. I wonder who that could be and my seven-year-old said, oh, it's the mad sniper, mom and it made you realize that these children -- these little children are thinking about this, they're not allowed on the playground, they're not having recess as usual. This is a hard thing; it's a hard thing for families.

MS. MCGLOWAN: Bonnie, I don't have kids and I think it is sad what is happening, but I think to help --

MS. ERBE: And I too, well, unlike you I'm a lot older, but I'm child-free by choice.

MS. MCGLOWAN: But I think for parents, you know, they should talk with their children, see how they're feeling, see what they're thinking and I think it's really sad, you know, when the first --

MS. ERBE: What's the solution?

MS. MCGLOWAN: I'm just praying --

MS. ERBE: Catch the guy.

MS. MCGLOWAN: Catch the guy, yes, but just pray and I find myself, first of all, I don't pump my own gas, thank God. I go to full service so I don't have to get up, but I find myself even going like to the drug store and to the bank praying, you know, God forgive me for my sins, I plead the blood of Jesus, please protect me and it's so sad that we're living in this day and time, but people across the world have been living in this day and time for centuries.

MS. ECHAVESTE: Look, we are seeing women -- are thinking about their families. They're thinking that it could be them and they're making choice. I grocery shop on line and usually it's sort of one day to the next, order one day, get it the next day. Well, it's now three and four days delay because people are making decisions, they're saying, I'm not going to take a chance. I would agree with Angela, what is scary for us is we have the blessed -- we live in a blessed place -- most of us or a lot of us where we don't have to worry about random violence. Most of us are not living in drug-infested poor neighborhoods where there are guns flying --

MS. BEYER: All the time.

MS. ECHAVESTE: All the time. So when -- the fact that suddenly it is happening in suburban Washington or anyplace, that is terrifying.

MS. ERBE: Well, let me just ask you though. Are the women who are so much more afraid -- the women of America just going to let things go on the way they have been or are there going to be calls for a change? I mean I think for example of profiling bullets and profiling guns, which the administration this week came out and said they're opposed to. If there were a code on that bullet, they would at least know where it was sold and who bought it and have some information. Why be opposed to that?

MS. PFOTENHAUER: I'm not going to argue their position, it's not mine, but you know to play the cynic here, bad guys usually don't go and buy their bullets at the local rifle store. I mean my guess is and I think most women have believed that this is linked to the terrorists for quite some time and it's almost the elephant in the middle of the room where the media is out there explaining all the time why it's not linked to terrorists and I think that it should be thought of from a policy standpoint in the context of how we are dealing with all of the issues before us in the foreign policy arena, including Iraq.

MS. ERBE: But I agree with you. I -- you know, who knows? I don't know anything. The police don't even know, but it does seem to me to have a terrorist base, but whether I'm right or wrong and whether you're right or wrong -- having some ability to trace bullets would --

MS. PFOTENHAUER: At least give us a trail.

MS. ERBE: Would give someone a trail, but you don't hear much of an outcry --

MS. MCGLOWAN: And I agree with Nancy that bad guys would get bad guns. I mean they don't actually -- but any bullets that are manufactured, I agree with you. I mean you have to get bullets from somewhere, if we have some type of code it will give us some -- because I am afraid that the police don't know. They have no clue.

MS. ECHAVESTE: The fact --

MS. PFOTENHAUER: I don't think they have a clue. I mean, think of it, the randomness in the attack, the fact that there's more than -- there could be more than one person involved. That's why women are scared because we are accurately saying there's very little we can do to control our risk.

MS. BEYER: And think of the Washington area. We have experienced the anthrax.

MS. MCGLOWAN: The poor kids --

MS. BEYER: We have experienced September 11th, the Pentagon airplane. The plane that got here, the plane that didn't get here.

MS. ECHAVESTE: Right.

MS. BEYER: That was supposed to get here and now we have a random sniper. I mean I don't think that these polls reflect anything unusual when they show that women are concerned.

MS. ERBE: And will women sit silently and let things stay as they are?

MS. BEYER: But you know there is a breach of faith here. I am -- I applaud you for having so much faith that after anthrax, after September 11th, after the sniper they don't seem to be able to catch, my faith and the ability of our security forces is a bit eroded --

MS. PFOTENHAUER: But you don't know -- what they've prevented from occurring and I fear and suspect that we've come a lot closer to disaster than the public is aware.

MS. ERBE: Now, I'm going to steer us, either depending on your point of view away from disaster or from one disaster to another. Don't hold your breath for another Clinton presidency. A new poll says nearly 7 out of 10 Americans don't want to see New York Democratic Senator Hillary Clinton run for the White House in 2004 or ever.

SENATOR CLINTON: We do that on Monday.

MS. ERBE: The poll by the Marist Institute for Public Opinion shows 69 percent of voters nationwide say the former first lady should never make a bid for the White House, while only 26 percent say she should run some day. Opinion is sharply divided along party lines, but even among her fellow Democrats, Senator Clinton has only modest support. Forty two percent of Democrats support her run for the presidency. The senator's strongest support comes from New York, the Northeast, California and among women, minorities and Democrats. Senator Clinton says she'll serve out her full six year Senate term, but according to the *Daily News*, she hasn't ruled out a run for the White House. Her national favorability ratings are currently low, 53 percent of those polled say they have an unfavorable impression of her, while 37 percent have positive impressions.

Why is she still such a lightning rod Maria Echaveste who we should point out worked for the first and at this point, only Clinton president.

MS. ECHAVESTE: Well, I think what's fascinating is that there's such a swirl of speculation around her and the fact that the media -- the fact that the Marist poll did this poll; it wasn't commissioned by Senator Clinton. It means -- I think a couple of things are going on that she is seen as a dynamic leader that when you're looking at lists of potential candidates she sort of rises to the top, but it's not because she's putting herself out there. So either that says there aren't that many interesting people on the Democratic side, I hope not, but maybe. But also that she's a strong personality and these numbers, again, I want to stress, it's not that she's looking to get a feel, it's the media frenzy surrounding her reflect the ambivalence that people have about her.

Now, from my opinion --

MS. ERBE: Is it because of who she is individually or maybe the case with any strong woman? Any strong liberal woman?

MS. BEYER: She's qualified certainly -- certainly as qualified as any woman who would consider running for president and she's threatening and I wonder if these numbers say, well --

MS. PFOTENHAUER: No, no, no, but the poll numbers were pretty clear. I mean I think what's happening to Senator Clinton, whether you agree or disagree with her policies is that she has become identified with what the American population thinks are some fairly -- a fairly liberal and hard liberal positions that have been taken and that's why her positive numbers are in the bastions --

(Cross-talk.)

MS. ECHAVESTE: I don't think these polls -- the thing is --

MS. MCGLOWAN: You cannot divorce Senator Clinton from President Clinton --

MS. ECHAVESTE: That's eight years. To equate these poll numbers as a reflection of a disagreement with her on positions, we don't have that kind of information.

MS. ERBE: Remember the health care battle.

MS. ECHAVESTE: That's not what this is all about.

MS. MCGLOWAN: And I agree she is qualified, but she's plagued by the Clinton administration and do we want to have another Clinton in the White House? Do we want that?

MS. ERBE: Well, I will say -- wait, wait, wait, wait. Let me ask you this question as a loyal Republican.

MS. MCGLOWAN: Yes.

MS. ERBE: I was just flabbergasted when the first President Bush left office; I had a friend at the time who worked for a conservative think tank. She had a dinner where young Republicans, young conservatives ran around with a silver platter and a mask of first President Bush with ketchup around the bottom like conservatives had the head of George Bush -- caused his downfall because he wasn't conservative enough, than the party rallies around his son as the savior of the Republican Party and I remember thinking there's a little bit of disconnect here. They hated his father when he left office and they love him. Isn't it possible that they could hate her husband when he left office -- the country that is and love him?

MS. MCGLOWAN: The country could change by 2008, but right now people are still sore. People are still feeling the Clinton administration, but to get on Bush, people were upset -- Republicans were upset that he lost to Clinton. They don't really think that he ran a successful race. A lot of people lost their jobs, but they held out hope when the son came along and won.

MS. BEYER: But you know, there's another element in the middle of the living room

and that is the whole idea of a woman becoming president. We've never had that happen before. There's something called the White House Project going on right now, I'm sure you're all familiar with it. It's a bipartisan organization looking at all kinds of women, Republicans, Democrats, they want a woman in the White House because they think that when they get fundamental change in the way we see women in leadership in this country. I happen to agree with that. They did a study in 1999 on how the press covers women and politics and it's headlines, hairdos and husbands and on those three scores, Hillary might be a little vulnerable.

MS. MCGLOWAN: That's true.

(Cross-talk.)

MS. ERBE: Three H club instead of a Four H club. Headlines, hairdos and husbands. Husbands. Okay.

MS. BEYER: And it's unfair because they don't look at men that way.

MS. PFOTENHAUER: Well -- I think that she needs some time and that she needs to concentrate on being a good senator. Her reputation in the Senate is quite good by the way.

MS. BEYER: It is.

MS. PFOTENHAUER: By the way it is not as a radical. It is as a reasonable person. Most Republican senators would rather work with Senator Clinton than with Senator Barbara Boxer, just as an example, however, she needs some time to build her own profile and he needs to stay out of the media and if he should do anything to help us, likely it would be raising some money --

MS. ERBE: All right.

(Cross-talk.)

WOMAN: Got to kind of stop here. Time to move on. Thank you for that and thank you Maria for joining this part of the show.

Behind the headlines. According to media reports, President Bush plans to appoint an OB/GYN who strongly opposes abortion to lead the Food and Drug Administration's Reproductive Health Drugs Advisory Committee. This panel helps set federal policy on a wide range of women's health issues from whether to legalize the so-called morning after pill, RU-486 to hormone replacement therapy. Women's health advocates have circulated a petition against Dr. David W. Hager who teaches at the University of Kentucky and has written popular books asserting the healing power of faith in Jesus.

To The Contrary asked National Organization for Women President Kim Gandy how Dr. Hager's appointment would effect the advancement of women's health.

MS. GANDY: The committee that David Hager has been appointed or nominated to head is the one that really has the final say or virtually the final say on an enormous number of women's health issues. It's called the Reproductive Health Committee, but it includes everything from RU-486 to oral contraceptives, to even the study that's upcoming on whether or not hormone replacement therapy is good for women or appropriate and what position the FDA should take on that and it's such a broad range of issues and to have someone who is more of a faith healer than a doctor in charge of critical women's health issues and a man who very clearly is willing to put his faith ahead of his medicine is potentially disastrous for women.

MS. ERBE: You say faith healer. Why?

MS. GANDY: It's clear from looking at his publications and his writings and, in fact, his practices -- what he advocates is Scriptures and prayer for dealing with a lot of health concerns and I certainly have been one to play over someone who was ill and I believe that there is power in prayer, however, it is not the same as medicine and it's not the job of the Food and Drug Administration to be substituting Scripture and prayer for approval of medicine.

MS. ERBE: What do you see happening to women's health if he does take over this FDA advisory panel?

MS. GANDY: No one knows what he will do, but we can guess what he's likely to do based on his record. We know that in his private medical practice he won't prescribe contraception for unmarried women. He is an opponent of birth control, therefore, as a country which has fewer birth control options than any other developed country in the world, we know that we're unlikely to get any new birth control options through this committee and that's something that women in the United States need. It's a small example, but it's the kind of thing that he's likely to put a stop to before it ever gets out of the box.

MS. ERBE: What about RU-486?

MS. GANDY: When George Bush became president, one of the first things he said was that he was going to ask the Food and Drug Administration to reconsider its approval of RU-486, which has been proved safe and effective in dozens of other countries and, in fact, in trials in this country. There's no question that if David Hager takes over this panel, one of the first things they'll do perhaps even moving hormone replacement therapy questions to the back of their agenda in order to take on RU-486 and try to take it off the market again.

MS. ERBE: What does this appointment say about the president's attitude toward women's health? We already know he's pro-life.

MS. GANDY: George Bush is opposed to abortion rights; we already know that. I think that we didn't realize is that the entire issue of women's health and women's reproductive health is so low on his agenda that he would appoint someone to be in charge of it who not only doesn't support basic reproductive rights like birth control for women, but who even faked his credentials; who even lied about whether he was qualified for the job. To put someone of that caliber in such an important position, it says to me that George Bush doesn't care about women's

health at all and that he's willing to sacrifice our health and our future and our daughters' future to pacify the right wing.

MS. ERBE: Phyllis Greenberger, head of the Society for Women's Health Research, what's your organization's position on this appointment?

MS. GREENBERGER: Well, we are in the same position that Kim does and these are --

MS. PFOTENHAUER: But why?

MS. GREENBERGER: That you refer to. Well, for basically the same reasons that she does and I'd like to say right up front that we're not a pro-abortion group. We're bipartisan. I served in both the Bush and the Clinton transition team. We've never gone against an appointment before. This is not politics. This is not picking someone that's a Republican doctor. That's fine and that's this administration's prerogative. This is someone who has an ideology that seems to be opposed to all the issues that we know is going to come up in that committee and we just feel that these issues --

MS. ERBE: Opposed to what issues and what impact on the average woman's life?

MS. GREENBERGER: Okay. I mean we are a science-based organization. What we care about is objectivity in science. If something is safe and effective, that is the test of whether drugs should be approved or device or whatever it is. If someone already has an ideology that's opposed to birth control pills as has been said who may or may not be opposed to hormone replacement because the same active ingredients as there are in birth control pills and furthermore if he thinks that you can get rid of your headaches and your pre-menstrual syndrome by praying, than you know what is he going to think about menopausal symptoms that for some women are very disabling?

So we just feel that he's an inappropriate person to be on this panel. He apparently has credentials and he apparently is known in the infectious disease area and if that's the case than have him be on a panel where he's overlooking infectious diseases. It's a little bit too cute that he's going to be the head of the panel. I mean this is the right-wing agenda.

MS. MCGLOWAN: He's already lobbied the panel that has diversity. He is qualified.

MS. GREENBERGER: There is no panel.

MS. MCGLOWAN: They've expanded --

MS. GREENBERGER: Well, that's part of the issue. They let the charter of this particular committee lapse so that they could reconstitute the whole committee and actually I was told that he was the best of some of the people they looked at. All of that what usually happens at the FDA is that --

MS. MCGLOWAN: It's not that it's going to be a one-man panel.

MS. GREENBERGER: No, no, but he's head --

(Cross-talk.)

MS. GREENBERGER: The reason that it's not clear at this point I think is because everybody is making so much noise.

MS. ERBE: Wait, wait, wait, one a time. Let her finish --

MS. GREENBERGER: I mean you want people who are scientifically objective. They're not there to represent their own ideology. They are there to decide whether an oral contraceptive works or it doesn't work, whether it's safe, or it's not safe.

MS. BEYER: And look at the --

MS. ERBE: One at a time. Finish up.

MS. GREENBERGER: And the fact that they are reconstituting the whole panel and that all the FDA recommendations which is usually the way it's done when the recommendations go up they apparently have been discarded and they're looking at people that don't have the qualifications and the scientific background.

MS. PFOTENHAUER: Yeah, I don't see how you can say that. The man is a professor of obstetrics and gynecology at a university. He is published in his field. He is credentialed and I have to say that this -- I'm sure it's not your motivation, but there is a pattern of going after Bush nominees that are clearly well qualified, one of the most recent being Priscilla Owens who was ranked well qualified by the left-leaning ABA before the Senate Democrats decided not to give her --

(Cross-talk.)

MS. ERBE: Wait, wait. Wait. I have a question; I'm in charge. What about *Time* magazine reporting that he faked credentials? He claimed to --

MS. PFOTENHAUER: Can I finish please?

MS. ERBE: And that he said that he was -- he claimed to have a faculty appointment to the University of whatever it was --

MS. PFOTENHAUER: Kentucky.

MS. ERBE: Kentucky and it was actually not at -- it was at a small less prestigious subsidiary hospital and he was a volunteer there. This is from *Time* magazine. I mean forget about ideology, this is somebody who is basically making up credentials.

MS. PFOTENHAUER: I don't know about that issue. What I had seen is a copy or excerpts of paragraphs of a letter written by the head of the University of Kentucky's medical school. There was a very strong endorsement of this gentleman and his ability and I just think –

MS. GREENBERGER: He may be a perfectly fine OB/GYN and women that go to him may find him, you know, that's their prerogative and he may be very good, but he has said right outright that he doesn't want to prescribe oral contraceptives to women -- unmarried women he's against it. He assisted in a petition with the Christian Medical Association to overturn RU-486. These are ideological stances; these are not scientific stances. No one is questioning his credentials and his abilities as an OB/GYN, but this is not the committee that he should be on.

MS. ERBE: But I want to get Angela and Megan in here.

MS. MCGLOWAN: Megan go ahead.

MS. BEYER: I just looked at some of the people that they outright rejected for this and one was the dean of the school of public health at the University of Pittsburgh, another was the director of maternity at Massachusetts General --

MS. ERBE: Exactly.

MS. BEYER: And they reject them in favor of someone who has a great career when it comes to theology, but I am very concerned as I look at Afghanistan, Pakistan, Iran – countries where you have these religious regimes have women suffering. We want to keep ideologists, theologians out of public health.

MS. MCGLOWAN: Now, I love the fact that he doesn't want to support the abortion pill because I don't support federal dollars going to a pill that kills babies, but I do kind of question of the part dealing with pre-menstrual syndrome and also menopause and just using prayer.

MS. GREENBERGER: And about what oral contraceptives?

MS. MCGLOWAN: Well, that's another topic, but just using prayer to satisfy the needs of those elements, I think that God works through man to invent medications to help with those things. I don't know if just prayer will help, so that's the only problem that I have. But I'm glad you stated that he does have the credentials as an OB/GYN because some of the things that I've read is that this man is not qualified at all.

MS. GREENBERGER: No, I think -- I don't think that. I think that was initially -- some of what came out that he wasn't credentialed and we did an extensive search and we looked at it and I do think he has credentials, but not in this area.

MS. ERBE: Hold your thought. We'll come right back to you after credits. That's it for this edition of *To The Contrary*. Next week, controversial author Phyllis Chesler tells us why women are often cruel to each other in her new book, *Woman's Inhumanity to Woman*. Whether your views are in agreement or *To The Contrary*, please join us next time.

We want to hear from you. Please write to us at To The Contrary at pbs.org or visit our PBS online Web site at pbs.org.

After reading the *Time* magazine report saying that he basically faked credentials, I'm surprised that --

MS. GREENBERGER: We want to make sure that what we're saying is true and we did an extensive search and I think that he's got better credentials than some other OB/GYNs and it's questionable about his affiliation with the University of Kentucky because we've heard and seen both sides. So I don't want to debate his qualifications. He may be a perfectly good OB/GYN.

(End of program.)