

PBS' "TO THE CONTRARY"

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MS. ERBE: Families with children are hardest hit by a weak economy says one new report. Does this mean the family friendly Bush administration should expand unemployment benefits?

DELEGATE NORTON: Please, just before Congress adjourned, Democrats pleaded that millions of Americans would run out of unemployment insurance three days after Christmas. Bush and the Republicans said, bah humbug.

MS. CZARNECKI: That's not true. It's Congress' decision to pass

legislation. The president has already called on the extension of unemployment benefits last week in his radio address.

MS. NATIVIDAD: Expanded unemployment is just a short-term solution. What we need is a full scale war on the economy as intense as the war on Iraq.

MS. MCGLOWAN: With the Enron scandal and MCI Worldcom and factory closings, by all means we should do whatever we can to help people in this time of need.

(Musical break.)

MS. ERBE: Hello, I'm Bonnie Erbe. Welcome to To the Contrary, a discussion of news and social trends from a variety of women's perspectives.

In the news, a study by the Children's Defense Fund says the weak economy is hitting families with young children the hardest.

Then, women's groups protest a statement by White House spokesman Ari Fleischer implying sex discrimination is less egregious than race discrimination.

Behind the headlines, one in eight women suffers depression in her lifetime. To The Contrary explores new treatments, new research, and new hope.

Up first, unemployed parents. The Children's Defense Fund, an advocacy group, reports families with young children are suffering the most in this tight job market. The fund analyzed government employment data and finds long-term unemployment is rising most rapidly in families with young kids. The Fund finds more than half a million parents with children under 18 have been unemployed for more than 26 weeks this fall, nearly triple the number two years earlier. And the increase is more dramatic for parents of children under the age of six. They numbered 235,000 this October, versus 71,000 two years earlier. In March, Congress passed a 13-week extension in federal jobless benefits for workers who used up the maximum state-funded coverage. But that runs out this year. In September, the Fund reported childhood poverty had increased in 2001 for the first time in eight years. The Children's Defense Fund said young children are sensitive to economic loss, and are more likely to do poorly in school when their parents are out of work.

So, Karen Czarnecki, the president has called for, I believe, it's an extension of benefits for some 750,000 workers. Is it too little too late, or not?

MS. CZARNECKI: As I was saying earlier, the Congress really did have the opportunity to pass, and the president said that he wanted the Congress to act before they went out for the holidays, and that didn't happen. The president has said very recently, he hopes that that is the first piece of legislation they pass on January 7th when they come back. If you really do put it into an historical perspective, we're at 6 percent unemployment nationwide. Historically, that's a low, but it's too many people unemployed. That's why we have to tie the economy to jobs, and getting people back to work.

DELEGATE NORTON: Karen, that's not true, to quote you. The fact is

that there was a deadlock in the Congress because the Democrats wanted to extend unemployment benefits beyond what the president wanted. The president not only did not intervene to help, he intervened to stop it. Instead of sending the message to his folks, okay, fellows, break this up, three days after Christmas, there are going to be millions of people without unemployment insurance. He let people go home. We went on the floor, we said, you can't do this. The president could have, in fact, moved this forward. In fact, when there's this kind of deadlock --

MS. CZARNECKI: The leadership in Congress should have done something about this and kept people there.

DELEGATE NORTON: I'm the first to say so. I'm the first to say so. But, who controls the House, who controls the presidency? George Bush. He could have moved to break this deadlock, he didn't do it. Indeed, the deadlock should have been broken by, in fact, giving unemployment insurance to more people. Wait a minute, I'm going to say why, because it would have stimulated the economy and helped this economy to move forward.

MS. ERBE: Before we get back into the politics of it, Angela McGlowan, why is it that most hard hit are parents of young children? I don't get that.

MS. MCGLOWAN: And I think it's sad that it is, because it is shown that when a parent is unemployed, the child does poorly in school, and the self-esteem, the whole nine yards. I don't understand the politics of it behind it, but I know right after September 11th, when we discussed the economic stimulus package, the Black Caucus, Alcee Hastings in particular, the Congressman from Florida, had a great package to extend unemployment benefits and healthcare. And it wasn't looked at. And my question is, why didn't the Republican leadership look at that?

MS. NATIVIDAD: Let me just, beyond the politics, in order to expand unemployment benefits you need sources of revenue, and one of the problems here is that you have this giant tax cut that took away a lot of sources of revenue for the government for programs exactly like this, like unemployment benefits. And now, we have a president who wants to continue the tax cuts beyond this year, and that is going to take away --

MS. CZARNECKI: I don't think so. No.

MS. NATIVIDAD: -- income from the country at a time when a lot of expenditures are being planned for homeland security and a possible war in Iraq.

MS. MCGLOWAN: I think the tax cuts have actually helped the economy, am I wrong here?

MS. CZARNECKI: I think they have too. The taxes have helped, and the president is --

MS. NATIVIDAD: Whatever --

(Cross talk.)

MS. ERBE: Wait, I want to steer this back. Why do you believe that the young families are being hurt the worst, if anything young people supposedly have an easier time in the job market than older Americans do.

Why are we seeing this phenomenon of parents with young children.

MS. CZARNECKI: I think we've had a very affluent two decades. We've got the two SUV families, and people who are spending more than they ever have, more than our parents' generation. I think people have become accustomed to a standard of living where you have to have the new VCR, the new DVD, whereas when I --

DELEGATE NORTON: That's part of it. The other part of it, you notice that the younger the child, the more vulnerable the parent. That has a lot to do with these are the first entrants into the workforce. These are the first people to lose their unemployment.

MS. MCGLOWAN: Entry level positions.

DELEGATE NORTON: They are the less skilled. And I must tell you that I think that a president who was really attuned to families with children would be most attuned to these most vulnerable families.

MS. ERBE: All right. From economic issues to women and the White House.

The White House is stirring controversy this week on two issues specifically affecting women. On the population front, the U.S. delegation to a United Nations Conference on Family Planning was overwhelmed by Asian nations as members unsuccessfully pushed an anti-abortion agenda. They tried to delete language in an international agreement on family planning that referred to reproductive health services and rights. They tried instead to insert anti-abortion language. Bush appointed delegates claimed current family planning programs, popular with Democrat and Republican administrations for three decades, promote abortion. The American delegation also lobbied hard to use natural family planning methods, including abstinence, instead of birth control pills or, or other types of pregnancy prevention.

On a completely different front, White House spokesman Ari Fleischer angered progressive women's groups when asked about sex discrimination at the now infamous Augusta National Golf Club, which bars female members. Asked if the president would disqualify a Cabinet nominee who belonged to a club that barred minorities instead of women, Fleischer said:

MR. FLEISCHER (From video): Do you have something specific in mind here? I think that would be a very different category for the president.

MS. ERBE: Women's rights groups have asked the White House to clarify that comment.

So, Congresswoman Norton, as a fighter for women and minority rights, do you see sex discrimination on a different level from race discrimination? And, if so, what about the implications for public policy that the White House sees them differently?

DELEGATE NORTON: Ari Fleischer should try again, or should take it all back. This attempt to drive a wedge between women and blacks is not going to work. In fact, there is a very different history, but one thing we should never engage in, in this country, is some kind of calibrating of who has been the worst victim, whose discrimination is worse. It's terrible when it comes to the top of the government to hear a spokesman for the president saying

that. When, in fact, the women's movement began, blacks were wondering, wait a minute, are these rich white women saying that they, in fact, have experienced what we've experienced? It's very interesting. Black people straightened that out, and nobody could be closer allies than black people, civil rights movement, and the women's right movement. And that wedge is just what Ari Fleischer should not be trying to do.

MS. McGLOWAN: Ari Fleischer should have been more sensitive. But what I can say is, Condoleezza Rice, Christy Todd Whitman, Nancy Dorn. Condoleezza Rice is the first female security advisor. We have several women at the forefront in the administration and working behind the scenes. And I don't think that this is a reflection on Bush's policy regarding women.

MS. ERBE: The point, and I want to get to the population issue, too, but the point here was that he had nominated a Treasury Secretary nominee who was a member of the Augusta Club, who later resigned his membership because of the controversy. However, what Ari Fleischer was saying was that the president wouldn't object to a cabinet nominee who belonged to a club that barred/discriminated against women, but he would or might if the person belonged to a racially discriminatory club. Does anybody have a problem with that?

MS. CZARNECKI: According to the Constitution, if you have a private club, it doesn't matter who your members are. They don't want it to be in the confirmation hearings saying, why would you be in an all-male club, why would you not? I think the Augusta National Club is a problem because --

DELEGATE NORTON: That goes to blacks as well.

MS. CZARNECKI: Exactly.

DELEGATE NORTON: If it's private, that would go for blacks as well as women.

MS. McGLOWAN: And Jewish people as well. At one time, it was Jewish people --

MS. CZARNECKI: And Catholics 100 years ago.

MS. NATIVIDAD: Excuse me, colleagues, what Ari Fleischer articulated is a sentiment unfortunately that is very much abroad, that somehow women's rights are not on the same level as minority rights. It may be something that is not articulated all the time, but it's something, as I who have led women's organizations have come to understand, there is no fear factor when it comes to discrimination against women as there is as to black people rising if some form of discrimination --

MS. ERBE: Now, I have to turn it to the Bush delegation to the U.N. Conference on Population and Development. Natural family planning methods? I mean, is that what most American women would like to see the government implement?

MS. McGLOWAN: No, not most American women. I would, because I'm pro life. But the administration represents --

MS. ERBE: We're not even talking abortion here, we're talking about barring funding for birth control pills, for IUDs, for diaphragms, for anything other than the natural method.

MS. MCGLOWAN: From my standpoint, I think we should solve the problems here at home before we go abroad. We have problems here with sexual problems, and disease, and children being born that are not wanted. So that's from my standpoint.

MS. NATIVIDAD: But I have to tell you that the problems abroad impact over here. The problems abroad have to do with overpopulation, with disease, with movement of people across border, poverty, in the end it impacts on us because: 1) we're expected to somehow do something about it; 2) there are people who want to come here because of increased opportunities; and so to deny funding of programs that provide healthcare and prevent population overgrowth is really crazy.

MS. CZARNECKI: The administration is complaining about certain words, and I think the ultimate discussion really is down to abortion, whether this administration does end up funding stuff they don't think we should be funding overseas.

MS. ERBE: What was affected was, America elected a pro life, anti-abortion, whatever you call it, president. America knew that. That's not what's surprising. What's surprising is that his delegation would go over to Asia and say that women overseas should use natural planning methods. Now they're attacking birth control. That's surprising.

MS. CZARNECKI: That's one of many things that they're saying. What they're trying to say is, we're not going to do things the way we've done it in prior administrations. This is our position, this is what we think we should and should not be funding.

DELEGATE NORTON: They are doing things exactly as they have done it in prior administrations, they're trying a new tactic. They got the consternation of American women when, in fact, it was understood what they were doing, denying the rights of women to have family planning under the guise of denying abortion. That is all this is about.

MS. ERBE: Since this was pushed forward in an international conference, what implications does it have for American policy at home?

MS. NATIVIDAD: Let me tell you, as somebody who does a lot of international work, we are now seen as totally isolationist at a time when we're wanting allies for this war on Iraq. We have gone back on agreements that had been agreed upon that took a lot to bring a lot of countries to the same point. So, to go back on language that was approved by 181 countries in Cairo several years ago, to not sign on to that the same way we wouldn't sign on to the environmental pact prior to this, shows a lot of people international that America just wants to go alone on a certain agenda that's all of a sudden being brought forward after other countries had already agreed to it.

MS. ERBE: All right. And on that note we're going to change topics.

Behind the headlines, 'tis the season for holiday cheer, but it's also unfortunately the season for increased stress, anxiety, and depression. It's the season for SAD, Seasonal Affective Disorder, a mixture of depression and fatigue that's triggered by fewer hours of daylight. Women experience depression at roughly twice the rate of men. But, as *To The Contrary* reports, doctors and scientists are learning more about depression every day,

and that leads to new treatments and new hope.

Approximately 12 million women in the U.S. experience clinical depression each year, one in eight women can expect to develop clinical depression during her lifetime.

DR. LIEBENLUFT: It may be that women's brains are tapped in for better or for worse to some things in the environment which put us at greater risk for depression, threat stimuli for example, and are we that way because we're hard-wired that way or because of life experiences that we've had? The brain used to be kind of a black box to us, we couldn't really see the living brain at work, and we can now. And it's really quite thrilling, and really is advancing research in a lot of ways.

MS. ERBE: Genetics, hormones, developmental and biological differences, many factors in a woman's life can contribute to depression. While depression's causes and triggers are not fully understood, scientists have now proven that social factors, including stress from work or family responsibilities, or higher rates of sexual abuse help explain why women are more prone.

DR. LIEBENLUFT: And in all of our studies of depression, most of the leading hypotheses now assume that both factor in, both genetics and our life experience. We know any kind of stress can increase your risk for depression.

MS. ERBE: Some recent scientific findings on men, women and depression, depression in women appears to co-exist, or travel with other illnesses. Research shows a strong correlation between depression and heart disease, stroke, immune disorders, diabetes, cancer, Parkinson's and Alzheimer's Diseases. Men and women respond differently to depression, women become more anxious while men more often turn to substance abuse. Research is showing us who is at greatest risk for depression.

DR. LIEBENLUFT: If you have a depressed mother, you yourself are at an increased risk to ultimately develop depressive disorder, either in childhood or later on in adulthood. And we're learning more about the brains of those children and, again, how they may process some emotional stimuli differently than children who don't have that kind of family history.

MS. ERBE: What this means is, some children of depressed parents actually exhibit different brain patterns than children of parents who are not depressed. A lot more people could be helped by this research, but not all depressed people are getting or even seeking treatment. The National Institute of Mental Health reports, in any given year 9.5 percent of the population, or about 19 million American adults suffer from depression. Part of the problem is, the public is woefully uninformed about what depression is. Symptoms include not only persistent sad mood, but also lowered activity levels, feelings of guilt or hopelessness, too much or too little sleep, weight gain or loss, and/or persistent thoughts of death or suicide.

Another obstacle is, depressed people are often hesitant to seek treatment.

DR. LIEBENLUFT: When you are depressed, you can feel hopeless, you can feel helpless, and you tend to indulge in a lot of self-blame. So, if you're not functioning well, you don't tend to see it as an illness, as something that's happened to you, you see it as something that's your fault. And you

may, there is still a stigma, you know, and you may still be told by other people, pull yourself together. You know, stop it. Which is about equivalent to telling somebody with a broken leg, pull yourself together and go walking down the street without a cast and crutches. You know, it's just about as rational.

MS. ERBE: One last obstacle is some people who do seek treatment are misdiagnosed. The National Institute of Mental Health reports depression in women is misdiagnosed 30 to 50 percent of the time. Once properly diagnosed, treatment can include medication and talk therapy, or a combination. Proper treatment is done on a case by case basis, and varies from person to person. But especially when it comes to mental health, the doctor patient relationship is key.

DR. LIEBENLUFT: The doctor-patient relationship is very important. And if you had a doctor-patient relationship that didn't work well for you, don't give up. Go see someone else. It is important to see someone that you can feel comfortable talking to, because when we're talking about depression, when we're talking about any of our feelings, we're talking about really personal issues, and it has to be in a setting where you feel safe, where you feel like you can function as a team.

MS. ERBE: Phyllis Greenberger of The Society for Women's Health Research, good to see you on the panel again. So, what do we do about getting more women to seek treatment, and getting rid of the stigma of depression?

MS. GREENBERGER: Well, this is an issue, obviously, that's been going on for as long as I've been involved in this, and I've been head of the Society for 12 years where this of course is a major issue for women. But, before that I worked at the American Psychiatric Association for 12 years. So I, one way or another, have been working on this issue for about 25 years.

MS. ERBE: All right. And has it improved in that time?

MS. GREENBERGER: I think that when I was at the APA years ago, there was a good public education campaign, the 10 signs of depression, if you have these, then you should seek to speak to your doctor. And, of course, in the interim, we've had a lot of scientific knowledge, and we've been able to see the brain now, which we couldn't years ago. We have medications now that we didn't years ago. So, you would think by now that people would understand that this is a chemical issue to a great extent, that this is a real problem, that it's not just something that comes and goes. It comes and goes for a lot of people, and probably that's part of the problem. People cannot identify with someone who is really suffering from a clinical depression because everybody at some point in their life feels depressed about something. But this is very different. And, as Ellen said, there's a spectrum, and a little bit of depression everybody suffers from occasionally, but there's a difference between that and a full-blown depression. And I think the problem, sometimes when women see their doctors is that the doctors think, well, they're under a lot of stress, they've got a lot of things going on in their lives, they'll get over it. Well, in some cases, that may be true. But in a lot of cases, it's simply isn't.

MS. ERBE: So, what do we do about it?

DELEGATE NORTON: You know, I must say, I think the need to expose this as a condition of women is pretty monumental. Remember the woman who killed

her children, and how unsympathetic.

MS. ERBE: She was beyond depressed, though, she was psychotic.

DELEGATE NORTON: Wait a minute, she was the road in to understanding, particularly since much of this depression is postpartum, of course, a lot of it is the more general kind of depression women feel. In fact, I feel so strongly about it that after preparing for this program, I think this is the kind of issue that the Congressional Women's Caucus should really take up. We do it for heart disease, we've done it for reproductive health, we've done it for breast cancer. We need somebody who says, hey, there are gazillions of you out there doing this, and we're out here to help you.

MS. NATIVIDAD: You know, it's a two-edged sword. We need public education so women get the right treatment. But the other part of this is this stigma part that still spells disaster for a lot of women, and to sort of connect women to the word "depression" is sort of giving another ammunition for people to say, don't hire her, she's not going to be great.

MS. CZARNECKI: I agree with Phyllis, I think at some point everybody is going to go through some type of depression in their life, whether it's because of a divorce or the illness of a parent.

MS. ERBE: That's different, that's situational depression. That's you reacting to the situation.

MS. CZARNECKI: But it's depression nonetheless.

MS. ERBE: But wait, I've said on the show before, I'm clinically depressed. My birth mother committed suicide. I've got it in my family, it's a hereditary disease. You can overcome it. There are plenty -- and I looked in the grocery store the other day, and I saw on the cover of some big women's magazine some actress who came out who is very successful, I can't remember who, so it's becoming more common. I think we are --

MS. CZARNECKI: The people who are willing to talk about it are a little bit more now, but there is such a stigma. I know somebody who was trying to join the military two years ago, and part of the medical form said, have you ever been treated by a psychiatrist or a psychologist, and for what conditions. Is it for divorce, is it for counseling. It is a stigma.

MS. ERBE: That should be illegal.

MS. NATIVIDAD: It's on many forms.

MS. CZARNECKI: And doctors will tell you, oh, that's not supposed to happen. You're not supposed to lose a job or be prevented from a job for that, but the thing is it's still a factor of consideration because it will drive up health care costs. So it's a subtle form of -- and I don't want to say discrimination, but it's a subtle form of, if you know that there might be something that will cost you down the road, you're going to think twice about hiring that candidate.

MS. ERBE: By the way, it's also, somebody told me when you go to try to buy a gun, they ask if you -- on the federal check, they ask if you've ever --

DELEGATE NORTON: That is federal law.

MS. GREENBERGER: It's worse than that, because in terms of insurance and I know this from working at the APA years ago, and it still persists to this day, that a lot of people recommend that you don't even file for it, that you pay out of pocket for a psychiatric visit or for medication if you need it because it goes on your record and then it become preexisting, you have more trouble getting health insurance, your premiums are higher. Of course, there's been legislation now that's been languishing on the Hill for who knows how long --

MS. NATIVIDAD: Medical privacy.

MS. GREENBERGER: No, I mean, mental health care, Senator Domenici and Senator Wellstone.

MS. ERBE: Tipper Gore was championing that issue.

MS. GREENBERGER: To make coverage for mental health comparable to other health issues.

MS. ERBE: Hold that thought for a moment. We'll go to credits and then come back.

That's it for this edition of To The Contrary. Next week, we'll introduce you to the five new Republican women joining the U.S. House of Representatives when the 108th Congress convenes next month. Whether your views are in agreement or to the contrary, please join us next time.

And we want to hear from you, write to us at [or visit our PBS Online web site at PBS.org.](mailto:)

(End of program.)