MS. ERBE: This week on “To the Contrary,” women’s rights groups say two surveys prove the federal government is backtracking on fighting sex discrimination. Then faith-based giving on the rise funded by taxpayers’ dollars. Behind the headlines, new therapy for spinal cord injuries brings hope of mobility and independence.

(Musical break.)


(Begin video clip.)

One new study shows online surveys aren’t adequately gauging whether schools are complying with Title IX. Title IX of course is the 34-year-old program credited with bringing girls into team sports in a big way and requiring all colleges that receive federal funding to spend equal amounts on men’s and women’s sports. At issue is the Bush administration’s so-called clarification policy. It allows schools to send female students email surveys to measure student interest in sports. Before this change, colleges and universities had to report to the federal government, but now if college women don’t respond to the survey colleges can count this as proof of no interest, which critics like the National Women’s Law Center say weakens enforcement of laws designed to prevent sex discrimination.

JOCELYN SAMUELS: At this point in time although they comprise more than half of the undergraduates on campuses around the country, women only get somewhere in the neighborhood of 43 percent of the opportunities to play sports. What this clarification says is that’s just fine with us.

MS. ERBE: Under the former Clinton administration, regulators used a three-part test to determine whether school were in compliance with Title IX. Sports opportunities for men and women students had to be provided in “numbers substantially proportionate to their respective enrollments.” Even though colleges continued to spend more on men’s sports, great progress was made in women’s sports. The National Women’s Law Center says surveys alone aren’t enough.

MS. SAMUELS: Overall what this report confirms is that the Department of Education is unfortunately continuing its assault on basic Title IX protections that will, I’m afraid, result in a substantial weakening of the protections that the law has always been intended to offer.

MS. ERBE: And in another rule change advocates see as an attack on women’s rights, the Labor Department is about to eliminate its equal opportunity survey, which tracks federal contractors’ treatment of women and minority workers. The administration says the program costs too much. Women’s groups respond: it’s a critical tool to ensure fair treatment and equal pay for everyone working for federal contractors. The federal
government awards billions and billions of dollars each year to private companies or so-called federal contractors.

MS. SAMUELS: So I think across the board, whether it’s in education or in employment, whether it is at the Department of Labor or the Department of Education, you see a weakening of civil rights protections that I think will create damaging results for years to come if it’s not turned back.

(End video clip.)

MS. ERBE: So Cari Dominguez, first of all, welcome back to the program. Haven’t seen you –

MS. DOMINGUEZ: Thank you.

MS. ERBE: – in a while. Are women’s workplace rights being weakened by the Bush administration?

MS. DOMINGUEZ: Absolutely not. As a member of the Bush administration, as chair of the commission, I can assure you that last year alone we recovered hundreds of millions of dollars for benefits for victims of discrimination.

MS. SCHROEDER: I totally disagree. I think that women pay exactly the same tax rate men do to the federal government and they deserve the same standard of protection. When you cancel that survey, you’re really sending women a terrible message.

DR. HEALY: I think we have to be fair here. We don’t know. It’s possible that these mountains of data that are being provided, that according to two independent outside reviews are not helping with enforcement – eliminating that, directing the resources elsewhere in enforcement and compliance might strengthen women’s opportunities in the workplace.

MS. NATIVIDAD: Well, we didn’t measure how many weapons of mass destruction there were, and look where it led us. If we’re going to fight a war on discrimination, we have to be able to count how far we’ve come, how far we still need to go.

MS. ERBE: When you say might help strengthen women’s workplace rights, how could this change help strengthen?

DR. HEALY: Well, I mean, if they have been providing these mountains of data for the past 30 years and outside reviewers are saying you’re not really using this is an effective way, this is not the tool you need to identify perhaps more subtle workplace discrimination, which are the problems of today, not the problems of 30 years ago, it’s conceivable that you need a different vehicle – a different tool. Let’s look at it.
MS. SCHROEDER: I think the contractors read it just in a totally different way, and they read it that we don’t have to survey this anymore, that means they don’t care about this anymore. And I really am afraid that’s what they’re going to do. Having been in Congress and having watched that for long, we’ve really made very little progress with the contractors that we fully pay. And I think pulling the survey sends them a message that we don’t care about it.

MS. NATIVIDAD: Also business functions on the basis of numbers. And when you do not supply those numbers, or they don’t need to keep those numbers, keep track of them, it gives them leeway in terms of practices that become even more subtle because you no longer have numbers to prove that indeed discrimination has taken place in terms of wages.

MS. DOMINGUEZ: Let me just say, this is a recent survey. This is not something that’s been collected for 30 years. This is a relatively new survey. And the question here is are there other tools? Are we talking about how are we going to get to the final destination of justice and equality and the approaches that are being used –

MS. ERBE: But are there substitute tools –

MS. DOMINGUEZ: – if there is –

MS. ERBE: Are there substitute –

MS. DOMINGUEZ: Oh, absolutely.

MS. ERBE: Are there other methods that are being added that we’re not learning about?

MS. DOMINGUEZ: But see, we –

MS. ERBE: Cari?

MS. DOMINGUEZ: Well, there are other methods, and certainly the affirmative action programs and some of the other requirements – the EEO-1 is another report that I just revised. It hadn’t been revised since 1966. Both the Department of Labor and the Commission use that report. And what we did is we – there was one category – officials and managers – that we broke into two, so that we could really gauge the level of participation of women into the upper ranks of government. And so we are refining our tools. We’re looking to see the efficiencies. Is this really getting us where we need to go?

MS. ERBE: Okay. But I want to – Pat, I want to broaden out here, because Title IX obviously affects –
MS. SCHROEDER: Absolutely.

MS. ERBE: – a lot more people than does just the workforce survey. In the beginning of the Bush administration they tried – before Margaret Spellings was education secretary, they tried openly saying, “We want to level the playing field. This is discriminatory against men. We want to basically get rid of Title IX.” Huge public outcry. Now they’re just changing how the reporting is done. Same effect?

MS. SCHROEDER: I think so. I fear so. We don’t know for sure. But when you say you’re only going to poll women and you’re not polling men –

MS. ERBE: And is an email survey is enough?

MS. SCHROEDER: As an email survey, and many may not even have that, I just think that’s tragic, and I think Title IX has done more to get us gold medal winners, done more to do all sorts of wonderful things, and also help young girls really have self-esteem. We can see that the more sports are in a school, the less unintended pregnancies there are, and all sorts of fallout. So I really wouldn’t want to do anything to weaken that. And I think that’s what –

MS. NATIVIDAD: Actually, that was proposed. When they were doing a review of Title IX, this was proposed, and this was – how do you say this – the bargain that had to be made, we will keep Title IX, however, we will have this other way of somehow getting students’ opinions as to whether they still need sports as a way of gauging proportionality.

MS. SCHROEDER: Right.

MS. NATIVIDAD: Which really is not correct because my son doesn’t answer his email from me – (laughter, cross talk) – what more do you do?

MS. SCHROEDER: Well, that’s –

(Cross talk, laughter.)

MS. DOMINGUEZ: As I read that information, I think it has a lot to do with other factors that may be considered. They’re not saying exclude other factors from consideration. I think you have to look at proportionality. You have to look at the history of improvement, and advancement was at 20 percent last year compared to 25 percent this year. So you have to consider all factors. I think –

MS. ERBE: But then let me ask you this. Why not make the change – every school reports percentage female and male students and percentage spent on female sports versus male sports, period? And why not change it to that which would really –

MS. DOMINGUEZ: But, look –
MS. ERBE: – be much fairer to everybody?

MS. DOMINGUEZ: – how much money – I mean, is money really the litmus test here. We’re spending billions of dollars in education, and we don’t have the best educational system in the world. We should, but we don’t. I think putting all the emphasis on the dollars and not emphasis on the quality, access, and all those other pieces really is going to lead us down a slippery slope.

MS. NATIVIDAD: Because, Cari, the reason why the review came into place in the first place was because NCAA and other –

MS. ERBE: National Collegiate Athletic –

MS. NATIVIDAD: – which are male-driven, were saying that the money being spent on women’s sports was taking away certain male-oriented sport like wrestling, so money does matter.

MS. SCHROEDER: And I think the other thing is there was so much tension. I was there when we passed this. And I remember all of our football coaches from all of our state universities were saying, you will never get into the stadium again. Anybody who votes for Title IX, this is it. And the fight has continually gone on over access to gyms, access to everything. So there’s always been this pressure to try and undo it. And I really think this trying to get people to answer emails and it’s only young women – I really worry that that’s very discriminatory.

MS. ERBE: Last word, Dr. Healy

DR. HEALY: I think you have to also be practical, put yourself in the position of someone who is running these programs. I for a long time was at Ohio State University where we have a great football team, which happens to be all guys. That’s always going to be a guy thing. But the fact is, when you talk about money in these practically, all the money comes into football. That’s where they raise money. The money they spend tends to be what they raise. It tends to be the symbol of the university. So be careful on the money. I think you have to look at opportunity. Having sports for women is part of women’s health. It’s their wellness, their well-being. That’s the issue. Make sure the opportunity is there.

MS. ERBE: All right. And I have to make sure there’s opportunity – (laughter) – for the next topic. From women at work and play to faith-based giving.

The Bush administration is funneling an unprecedented amount of federal grants to pro-life groups, turning some tiny groups on the brink of extinction into economic seven-figure powerhouses, all funded by taxpayers. The Washington Post reported this week at least $157 million in federal grants have gone to political and ideological allies of the president. Much of this goes through the president’s Compassion Capital Fund. In
five years Congress has approved $400 million for the administration’s abstinence-only education grant program. Defenders of the president say his priorities are no secret, but the amount of money is raising eyebrows. It’s also boosting the teaching of abstinence-only education, as opposed to traditional sex education, now offered in 35 percent of public schools, up from 25 percent before the president took office.

So Pat Schroeder, a third of all American public school students are being taught abstinence-only in sex education classes. What impact?

MS. SCHROEDER: Well, if I can be a little flip, what does the federal government know about being chaste? What does it know about this? I mean, and this is really – I’ve seen some of the posters, “Do the right thing, wait for a ring.” I mean really – (laughter) – I can’t imagine that’s going to do much. I am always very concerned when you politicize science, to be very serious about this, and that’s what we’re doing. We’ve got the AMA, we’ve got the American Academy of Pediatrics, we’ve got prior surgeon generals, we’ve got Colin Powell, we’ve got all sorts of people saying, look, if you want to do abstinence, that’s fine, but it should be abstinence plus, because there are going to be some kids – and we have surveys showing at least half – that are going to engage in sex anyway, and we really shouldn’t leave their health hanging out there. And I think that’s a very serious oversight, and I think this should be very concerning.

MS. NATIVIDAD: It’s new to have administrations give grants to people who were with them, so that’s not unusual. The fact –

MS. ERBE: You mean, in other words, Democrats gave funding – Democratic administrations gave funding to liberal groups.

MS. NATIVIDAD: Any administration always does that, so this is –

MS. ERBE: So why is this – why was it on the front page of the Washington Post?

MS. NATIVIDAD: Because of the size of it and because of its impact on children’s health, and because it is pushing an ideology that even the American people, 65 percent of whom say abstinence-only is not enough, that they want abstinence with sex education. It is giving that’s even out of step with taxpayers who are funding this basically.

MS. ERBE: Dr. Healy –

DR. HEALY: Well –

MS. ERBE: – we have seen teen pregnancy rates going down. We’re still the second highest in the Western world, after, I believe, Russia, but they have been trending down these last few years. Will we see a few years from now when these kids in sex ed
classes are being taught, just don’t, don’t do it, period, are we going to see those rates rise again?

DR. HEALY: Well, I think it’s possible that some emphasis on abstinence, some emphasis on – I see this as a health issue as much as – let’s get away from ideology. It’s health. I mean it is not good for teenage girls who are 14 and 15 to be having promiscuous sex or sex at all. It is ideal to have them wait. If they’re not going to, you have to help them to protect themselves in terms of contraception. You need both. I would like to see the emphasis be placed on abstinence. I’d like to see goals. Can you please be abstinent until you’re 18 at least, until that frontal lobe develops and you have common sense – (laughter) – and you know how to make good judgments. But the point is, let’s treat it as a medical issue, a health issue, a mental as well as a physical issue, and then we get away from this silliness.

I don’t think that Congress should be weighing in on this, quite frankly, or anybody else. This is a mother, a parent, a father, it’s their doctor, it’s their own personal ideology.

MS. ERBE: But with the rise in the power of the Christian right, we are seeing – you mentioned, okay, abstain, please, and if you can’t here’s what you need to do.

DR. HEALY: We’ll help you.

MS. ERBE: Missouri – the state of Missouri just passed a law this week that they will not pay for contraception for indigent women.

MS. SCHROEDER: I think that’s just frightening. I mean, we keep sending these very mixed messages to women. If you’re on welfare and you’re staying home and taking care of your children, that’s terrible, you should go to work. If you had a child out of wedlock, that’s terrible, you should go to work, and by the way, you shouldn’t have any contraception, and by the way – I mean –

MS. NATIVIDAD: No childcare.

MS. SCHROEDER: And no childcare. I mean, we’re sending all of these mixed messages.

MS. DOMINGUEZ: But the hard thing is to separate a health issue from a social issue. When you have 14, 15-year-olds getting pregnant and going on welfare, it becomes a political issue. So there’s kind of a fine line that you have to follow. And I think whether you’re from the far right or the far left, whatever side you’re on, I think that there are avenues, there’s a forum that people can access, be it religious faith-based organizations, to reach out to certain communities to try to say, hey, until you have that frontal lobe developed let’s not go there.

DR. NATIVIDAD: But I don’t think most – I think most Americans with that.
MS. DOMINGUEZ: Yeah.

MS. NATIVIDAD: No parent wants their child to be –

MS. DOMINGUEZ: Right.

MS. NATIVIDAD: – having sex at 15. That’s why you have a poll that says 65 percent support abstinence with education – sex education. It is when our dollars are being used to fund abstinence-only –

MS.: Only.

MS. NATIVIDAD: – that it becomes politicized and it becomes almost like a dicta. And money –

DR. HEALY: But in fairness – but in fairness –

MS. NATIVIDAD: – dictates.

MS. ERBE: Last word. Last word.

DR. HEALY: It used to – those programs used to all be about contraception.

MS. DOMINGUEZ: That’s right.

DR. HEALY: They didn’t focus on abstinence. So I think that this is rebalancing.

MS. ERBE: All right. Behind the headlines, there are more than 39,000 women in the U.S. living with spinal cord injuries. Until recently, most medical attention has been on long-term rehabilitation, teaching them to live with their disabilities. Now for these women and men, there’s a measure of hope. It’s a new therapy called weight support training, which for some has resulted in renewed control over one’s paralyzed muscles.

(Begin video clip.)

IAN BROWN: My initial neurological level of injury was T-2, which is two clicks down from being a quadriplegic. I was lucky in that respect, so I maintain manual dexterity in my hands. I lost pretty much everything from the base of the chest down.

MS. ERBE: All due to a motorcycle accident. A crushing moment for someone who was in peak physical shape and extremely athletic. High school wrestler, commander of cadets at the Air Force Academy, captain of the Air Force sky diving team, fighter pilot in training. He became one of the 11,000 Americans who suffered
debilitating spinal cord injuries each year. Most, like Ian, are hurt in automobile accidents. Other leading causes are sports collisions, diving, job-related accidents, even freak accidents around the house. Men are four times as likely to be injured as women.

DR. MITCH ROSENTHAL: One thing we learned is never say never. And we believe that hope is a very important motivator. And being in research, we know that there are possibilities for new treatments every day.

MS. ERBE: For researcher Rosenthal, the focus is not necessarily on a cure but on improving the quality of life. For patients with spinal cord injuries, progress is measured in victories over everyday obstacles: moving around the house, getting in and out of a wheelchair without assistance, learning how to drive, becoming mobile enough to return to the workforce. For women it’s often a special challenge as families learn to care for someone who once was the primary caregiver. For a very few like Ian, there’s a slight chance of what was once unthinkable, regaining some movement in formerly paralyzed limbs.

DR. GAIL FORREST: What we’re trying to do is see what are the chances that we can make within the leg muscles? What are the changes in the firing patterns of the muscle activity? Is it possible to get any sort of improved standing on the ground for these individuals? Is it possible for people with the ability to walk – can we improve their walking ability on the ground?

MS. ERBE: Ian was one of several patients to go through a groundbreaking study using body weight support. The patient is lifted into a harness with help from physical therapists. Patients walk on a treadmill controlled by a computer. During each of the sessions more and more of the person’s weight is transferred from the overhead support system to the legs.

DR. ROSENTHAL: The majority of people who came into the study were reliant on the wheelchair. The first time that they stood up was when they hopped on the treadmill, since their injury. What people can do is stand for a lengthy period of time by using a walker, and then it itself is a gain – a functional gain for these individuals.

MS. ERBE: For Ian the change was dramatic. He has regained some muscle control.

MR. BROWN: I have very strong lower back now, which – well below the level of injury. Just at the base of the hips is where I have almost full control of my lower back. At times I can move my legs on my own. At times I’ve actually been able to take full steps, and I can support my weight sometimes.

MS. ERBE: While Ian’s progress has been exceptional, researchers have seen a more general improvement in many of the patients.
DR. SUE ANN SISTA: What we were very surprised to see was after training on this body weight support system, we were actually able to see muscle activity improve, and improve in the right time and phase of the walking cycle. And then there are some other physiological changes that can occur just by virtue of loading the body in a vertical direction.

MS. ERBE: Including increased bone density, muscle tone, flexibility and circulation, even for those who don’t regain any movement.

DR. SISTA: Something that you could see visibly is generally more color to the limbs, which means there’s more circulation to the limbs. That’s a good thing, because any time there’s improve circulation to the limbs there’s a greater reduction of the possibility of getting a pressure ulcer, for example.

MS. ERBE: Body weight support training is still experimental. It can be very labor intensive. For some patients, three therapists may be necessary; whereas for patients with more motor function one may suffice. The equipment is expensive, but for researchers it’s an investment in the future.

MR. BROWN: It helped me to take an active role – it helped me personally and emotionally, to take an active role in my own benefits in my own healthcare.

DR. ROSENTHAL: Hope is a very critical part of the recovery for anyone who has sustained an injury or severe disability, a chronic illness. So we want to get people back to being able to work on their own, to be mobile, within their home but also within the community, to participate actively in recreational activities, and that’s really what we’re about in terms of having quality of life.

MS. BROWN: We never thought this was possible. It gave me a very positive mindset in that things are only impossible if you stop trying, regardless of what history says, regardless what medical books say. You only stop gaining when you stop trying to.

(End video clip.)

MS. ERBE: He can move his legs by himself. I remember as a child growing up learning you had a spinal cord injury, you lost use of limbs, your muscles –

DR. HEALY: Yeah.

MS. ERBE: – your nerves never regenerated. How common is – and how much due to technology is medicine able to make these leaps?

DR. HEALY: Well, we’ve have a sea change in our understanding of the plasticity – the ability of the nervous tissue to actually develop in ways that we never imagined. And you’re right, there’s been a complete change in years through research. But this is such a powerful and beautiful story.
MS. ERBE: Yeah.

DR. HEALY: This is the privilege of medicine, this is the beauty of medicine. It’s this wonderful patient who’s got so much grit, but it’s also those people around him who are racing – and this is the ultimate humanitarian endeavor. And I think that combined with that is always, always, always hope that tomorrow is going to be better. Today is he going to be able to walk? No. Is there a chance that in the next couple of years that ability to use those muscles might be able to sort of wake up and come alive? Yes. I mean you can’t make false promises, but we’re on that path, and he is in the Reeves tradition.

MS. SCHROEDER: Yes, he is.

MS. NATIVIDAD: But it does lead you – because it is labor intensive, the machines are expensive, it does lead you to speculating about the cost. Will it be available to all sorts of people? And to what extent somehow could you make that possible for all who have spinal injuries?

MS. SCHROEDER: And for those of us who visit military hospitals and see the Iraqi veterans, I mean, we certainly want this available to all of them. We talk about the casualties, but we forget how many have been very seriously injured. And they need this help. They are the athletic type like this young man.

MS. ERBE: Gender differences in biology. Is one gender more able to regain muscle and spinal cord – and nerve regeneration than the other, or is it – or differences in body weight? What matters here?

DR. HEALY: I think there are really no obvious differences at this point. I think that certainly because women have a lighter body weight it’s sort of easier to work with them. Men tend to require more assistance. But I think that mainly there are biological differences, reproductive differences, sexual behavior differences that may distinguish them, but I think for the most part the injury itself and the overwhelming demands of that make them almost (one ?) – I mean very, very similar.

MS. NATIVIDAD: Yeah.

MS. DOMINGUEZ: Absolutely.

MS. ERBE: All right. Thank you all. That’s it for this edition of “To the Contrary.” Next week, Dr. Susan Wood talks about the emergency contraception controversy that caused her to resign from the FDA. And please join us on the web for “To the Contrary Extra.” Whether your views are in agreement or to the contrary, please join us next time.

(End of program.)