

PBS' "TO THE CONTRARY"

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GUESTS:

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IRENE NATIVIDAD, DEMOCRATIC COMMENTATOR

TARA SETMAYER, COALITION ON URBAN RENEWAL AND EDUCATION

MEGAN BEYER, POLITICAL COMMENTATOR

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"PBS' TO THE CONTRARY."

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BONNIE ERBE: It's that, "there she is!" time again, and we consider: Is the Miss America pageant a celebration of women or a passe time-waster that should be scrapped?

KELLYANNE CONWAY (REPUBLICAN POLLSTER): Talent, tradition, scholarship, beauty, Miss America has it all. Let the girls have their fun.

IRENE NATIVIDAD (DEMOCRATIC COMMENTATOR): It's still a troglodyte event, but it's beginning to look like America.

TARA SETMAYER (COALITION ON URBAN RENEWAL AND EDUCATION): It's a tradition in this country, and we should continue to celebrate women without poisoning it with political correctness.

MEGAN BEYER (POLITICAL COMMENTATOR): Call it a competition for a scholarship, call it a celebration of women, but I just can't get beyond the swimsuit competition.

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.

This week in the news, women's groups rally around new welfare reform legislation before Congress as the current law expires at the end of this month. Then, two beauty pageants in the news, the Miss World competition is being boycotted by a handful of countries due to its venue, Nigeria, where a woman is sentenced to death by stoning for having sex out of wedlock. This while the 81st Miss America pageant takes place this week.

Behind the headlines, women's healthcare doesn't mean merely seeing a gynecologist once a year. Find out what medical experts say about how women should take control of their medical needs.

We begin with welfare on deadline.

ANNOUNCER: Welfare as we now know it expires the end of this month, but a slow-moving U.S. Senate has yet to renew the program. The Republican-led House of Representatives has already approved a version of welfare reform that mirrors President Bush's plan. It pumps hundreds of millions of dollars into marriage promotion and requires longer work hours for welfare recipients, mainly women.

The Senate bill is expected to spend more on education and training of welfare recipients, as well as boost funding for childcare. Instead of increasing work requirements which keep welfare mothers away from home and children, the Democratic-controlled Senate would maintain current weekly work requirements.

While there's widespread disagreement on how welfare reform should work, Democrats and Republicans in Congress agree they need to act immediately. At a rally this week in Washington, senators, actors and women's groups, under the umbrella organization, the National Campaign for Jobs and Income Support, called for immediate Senate action. If Congress fails to act by September 30th, \$16.5 billion given to the states each year for welfare will stop flowing, though most expect Congress will, at the very least, extend the current law.

MS. ERBE: Tara, Republicans obviously would call themselves a pro-family party, and yet their version of welfare reform extends the amount of time that single mothers need to work. I believe under the current law it's about 30-35 hours a week. It will be extended to 40, but that doesn't include training, transportation to and from. So really, the welfare reform as President Bush would have it would keep single moms much more away from their children than they already are. Is that pro-family?

MS. SETMAYER: Well, what's pro-family is the current welfare laws that have encouraged work, encouraged single mothers to work, which gives them a sense of pride, which allows them to provide economically for their children; a greater sense of stability in the family, which is very important. There are childcare block grants that correspond with mothers going to work so that these children are put into daycare programs that are successful. And the statistics speak for themselves. We've had over a 60 percent reduction in welfare caseloads across the country. Black children are at a lower rate of poverty than in over the last 40 years – it's been reduced.

So these programs have been successful. As far as there are exceptions in this work requirement for single mothers that have infants under the age of one, they are exempt from this. States also have a certain ability to have up to 20 percent of their caseload exempt from the 40-hour workweek for various reasons, whether it's substance abuse programs and things like that, if necessary.

MS. ERBE: But then why have – if you're going to push it to 40 hours and – in reporting on this story, what I found out is that the 40 hours is just the beginning, because you're talking about people taking buses that take an hour, an hour and a half to get to work and another hour, hour and a half to get from, plus training, plus meeting with their welfare counselors. You're talking about single moms who are already away from their kids 60 hours a week. Push it more?

MS. SETMAYER: Well, it's a stepping stone; it's a transition to what other single mothers who are not on welfare go through all the time as well.

MS. NATIVIDAD: You know, what is amazing here is that there is a lot more money allocated for the marriage, you know, enhancement part of the bill. And there are people who say, well, you know, why don't you take a chunk of that money and add it to childcare provisions that will then – if you're going to extend the working hours, then extend the amount of money for childcare instead of allocating such a huge amount for promoting marriage –

MS. SETMAYER: They have.

MS. NATIVIDAD: -- which Democrats are willing – which Democrats are willing to support, by the way, in exchange for something that has larger allocations for childcare. The welfare mother is not somebody who can just leap into a job. What's been discovered – what's been known all along is that it takes a lot of training in order –

(Cross talk.)

MS. ERBE: Kellyanne.

MS. NATIVIDAD: -- in order to get them into better-paying jobs.

MS. CONWAY: In the 1990's – that is included. We're making it sound like this president only wants people to get married and doesn't worry about the kids that may already exist. We all know that is a disingenuous accusation.

MS. ERBE: Why isn't he just teaching, you know, single mothers not to have children, period, whether they get married or –

MS. CONWAY: That's not the role of the government.

MS. ERBE: It's kind of different to get the – but it is the role of the government to tell people to get married?

(Cross talk.)

MS. CONWAY: It's all about your right to reproductive freedom, and now we're going to teach single moms not to have children? I think, Bonnie, that this is a very good transition into what ends up being the real world once these children are in school too, that this will allow these women to go into other work arenas and work 40 hours a week.

And there's a tremendous benefit to promoting marriage, because we know that the breakdown of the society is anchored on the breakdown of the family.

MS. ERBE: Megan Beyer, last comment, and keep it short, please.

MS. BEYER: I'm just very curious about the fact that the Senate bill, which is the Democratic bill, is providing more flexibility to states. Forty-three of 50 states have

come out and said, look, we want to have more flexibility; that's states' rights; that's what the Republican Party is always talking about. So I find it very difficult to understand why the House bill would tie the hands of states if they try to meet the needs of their local people.

MS. CONWAY: The answer is quick and simple: Clinton's 1996 bill did the same.

MS. ERBE: All right, what's a beauty pageant without a little backstage drama? One competition isn't looking too pretty.

ANNOUNCER: The Miss World competition, set to take place in Nigeria's capital, Abuja, in November, will be boycotted by at least eight countries' participants if the venue isn't changed. Contestants are expressing outrage over the Nigerian government's sentence of death by stoning for Amina Lawal, a woman who had sex out of wedlock. Lawal's sentence was delivered by Northern Nigeria's local Islamic courts. Nigeria's federal government has said it will work to ensure that Lawal remains unharmed.

The government has also addressed fears that Miss World contestants and organizers could be the subject of violent protests by Islamic fundamentalists opposed to the pageant on moral grounds. The pageant is scheduled during Islam's holy month of Ramadan.

Amid the controversy overseas, this year's Miss America competition here at home is a diverse one. Miss Alaska is an Inupiak Eskimo; Miss South Dakota, a Lakota Sioux; Miss Delaware of Indian descent. Six contestants are African-American, and for the first time the pageant has an African-American host, comedian Wayne Brady. Despite its political correctness, the question remains whether beauty pageants are any longer relevant.

MS. ERBE: And the answer from this TV talk show host is, not! (Laughter.) I just think they're a complete waste of time and, you know, dumbed-down America. But if people love them -- that and, you know, world wrestling -- go for it. What do you think?

MS. NATIVIDAD: Well, I agree with you clearly, but, you know, here's again one instance of a very public event, like the Miss World contest, that brings the attention to an issue that nobody would -- your average American would not have paid attention to were it not for the controversy that is around this. I mean, the fate of this woman, or the handling of women overall under Islamic code, is something regular people -- not just Americans but other countries -- would not have paid attention to were it not for this.

So to the extent that this event called attention to the women of -- not just the women of Nigeria but women who have to function under the Islamic code, then it's -- you know, I'm all for it.

MS. BEYER: It is a great irony too that it's not, you know, Gloria Steinem that has gone to help this poor girl who is being stoned by the Islamic fundamentalists. It's Miss World, sauntering down the runway and helping Amina, who is going to be stoned because of the values of this fundamentalist society. And I look at these fundamentalists who say they are going to protest the Miss World contest on moral grounds when they of course support the fundamentalist court who has sentenced her to death by stoning. I mean, it really is –

MS. NATIVIDAD: But they're using – but their argument to you is that you're using a moral code that is ours and Western and that is not Islamic and theirs. So, I mean, to the extent we can shed light, then it shows you why we are in conflict.

MS. SETMAYER: And that shows where contests like this do bring some value to something that was so superficial before. Like I said in the opening, it is a tradition in this country, but the Miss America Pageant has involved – just look at the types of questions that they ask now. It demonstrates and it exemplifies that you can be pretty and intelligent without just being an object.

MS. ERBE: But wait a minute. I don't care about –

MS. : I think so.

MS. ERBE: But let me ask you. I don't care about the, you know, intelligence – so-called intelligent part of it. It's more worship of what we are so rife with in this country; it's superficial beauty. I mean, to me, superficial beauty does not or should not matter. It's important to groom yourself well and present yourself well, but if you're ugly and a brilliant scientist and you cure cancer, to me you're a much more important person in this world than somebody who looks good in a bathing suit.

(Cross talk.)

MS. CONWAY: That sounds good, but that's not America. We have spent a ton of money on our own –

MS. ERBE: But why not work for what should be America?

MS. CONWAY: -- on cosmetics, on plastic surgery –

MS. BEYER: Well, what are they competing for? It's not even about women.

MS. CONWAY: -- on diet pills. I mean, this country, billions and billions and billions of dollars a year for – in pursuit of superficial beauty.

MS. ERBE: Right, but wouldn't it be nice if we didn't bother with that stuff?

MS. CONWAY: Nah, it's freedom.

MS. SETMAYER: It's our choice, that's right.

MS. CONWAY: And you know what? I actually think – let's set the record straight – that's women pressuring other women more than men pressuring women.

(Cross talk.)

MS. CONWAY: But the things about Nigeria, let's make it very clear that this woman is not going to be stoned. They made clear they're going to protect her.

MS. ERBE: All right, and speaking of women pressuring other women – sorry about – thank you, Tara, for joining us for this part of the show, and we've got to move on.

Behind the headlines: Women make between 60 and 75 percent of healthcare decisions for themselves and their families, according to a number of studies. But those same studies also find women frequently neglect their own health. In addition, women have concerns about the quality of care and report difficulties navigating an increasingly complex healthcare system.

But there's help in trying to overcome these obstacles. As "To the Contrary" shows you, women are learning to better manage their own healthcare.

ANNOUNCER: Twenty-two percent of women, compared with 17 percent of men polled for a Kaiser Family Foundation Women's Health Survey, report concerns about the quality of their own healthcare. For women in fair or poor shape, that number jumps to 40 percent. Even women in the healthcare professions sometimes have problems navigating the system.

PATRICIA LANEKIN: I really don't want to be a patient. You know, I was recently -- my last job I was a home-care nurse and I was saying, a lot of these patients are my age. (Chuckles.) And they were already, you know, really in bad physical shape. And, you know, that could easily happen, and you have to take care of yourself.

DR. MICHELLE WARREN (COLUMBIA PRESBYTARIAN): I tell patients, you know, you're going to live to be 90, and some of them say, "Do I have to?" And why do they say that? Because they're very concerned about the quality of life issues.

ANNOUNCER: Despite new drugs and new treatments that are supposed to make healthcare easier and cheaper, many women are still baffled or alienated by an increasingly difficult system. Younger women are becoming a bit more aggressive, but older women lag behind.

While the Kaiser survey found most healthcare decisions for men and children are made by wives and mothers, many women still make erroneous decisions about their own healthcare. The most common mistake? Too many women believe a once-a-year visit to an ob/gyn specialist is all you need for basic healthcare.

ANN GLEW: I still went to the gynecologist every year and for a mammogram, and felt like I was being taken care of. And I've learned that that isn't so; that my medical care now is the best that it can be because I am practicing preventative medicine, taking all the tests that I need to take, and I have someone who's sort of like a football coach of the whole thing who's calling the plays and sending me where I need to go.

ANNOUNCER: What some doctors recommend for women is an annual physical with a primary care physician, starting as early as age 18.

DR. ORLI ETINGIN (DIRECTOR, IRIS CANTOR WOMAN'S CENTER AT WEILL CORNELL): Every woman should have a quarterback of her medical care; a primary care doctor, usually an internist, who coordinates her care with all of the other specialties. And that person is really in charge of the big picture -- the long-term view prevention in every realm.

ANNOUNCER: This applies to women at all economic levels, whether they see private physicians or go to community healthcare centers. The Kaiser study found nearly 18 percent of women were so dissatisfied with their care, they changed doctors in the past five years, double the rate for men.

Dr. Etingin says it sometimes takes time to find the right doctor. Once a woman does, it's not uncommon to wait in line for the initial appointment.

DR. ETINGIN: The key thing about the wait is, can you get in when you're sick, and can you get in when you need them, and do you have access to them on the phone?

ANNOUNCER: Next, women need to become more aggressive about their own healthcare. Ask questions such as, why this treatment, or, is there is a less expensive or less invasive alternative?

ANN GLEW: I was afraid of doctors and afraid to ask questions, but I've learned by having this primary care physician, and having a relationship with that person, that I can ask any question, and that I do ask any question. In fact, sometimes I feel like I'm a real pest, but when I have a question, you better believe that I'm either here or on the telephone.

DR. WANDA JONES (DEPUTY ASST. SECRETARY FOR HEALTH, DEPT. OF HEALTH AND HUMAN SERVICES): You have a physician who has extensive training, extensive education. Most of us lack that entirely. Some of us may not have finished high school. Some of us may not speak English as our first language. For some of us, there may be a cultural background that completely elevates the educated, degreed

person, the physician, and one that does not then question the provider, for any of a variety of reasons that may affect both the inclination of a person to seek care, but also may affect how that person actually interacts then with the healthcare provider once they do get in the system.

ANNOUNCER: Then of course poor women may be held back by a lack of health insurance or cash. The Kaiser survey also finds 25 percent of women, compared with 16 percent of men, go without care because they cannot afford it. But there may be free or inexpensive care available to them. For example, all states have programs that offer breast and cervical cancer screenings to uninsured women. Other obstacles: physical disabilities, lack of transportation, foreign language, illiteracy, and cultural barriers may separate women from convenient, affordable healthcare.

So most community health centers across the country now provide healthcare specialists, or lay workers, who lack medical degrees but offer cultural comfort.

DR. JONES: The lay worker has had the training to understand how the system works, and can act as a system navigator, as a peer, as a partner with the woman on the woman's level. It's becoming common in many public systems of care to have these lay outreach workers who can help women, address their fears; help them understand, what's the visit going to look like, what can she expect when she gets there? You know, if she's afraid, the lay worker will stay with her, hold her hand.

ANNOUNCER: Then there are women's health centers, designed to make healthcare more woman-friendly. This comprehensive women's health center offers mammograms, pap tests, nutritional information, and a range of other women's health services in New York City.

IRIS CANTOR (FOUNDER, IRIS CANTOR WOMEN'S HEALTH CENTER): We're not just providing the services. We're providing them in an environment where women can feel comfortable. We wanted to minimize the trepidation so often associated with going to a doctor.

DR. WARREN: Doctors are very busy nowadays, and there's almost a mill-like atmosphere in many practices. And that's why many women come here. They say, you know, I feel somehow that my problems are being trivialized; that I can't get the attention because I'm in an office full of pregnant women, who really need attention, obviously, and then there's some women with cancer and other things, and I feel trivial.

ANNOUNCER: Preventive healthcare is anything but trivial. Here's the schedule medical experts say women should adhere to, starting at age 40: See an internist at least once a year for a physical exam as well as a gynecologist, and get a mammogram. Women with skin moles should have annual skin checks. Other cancer screenings depend on family history. Starting at age 50, women need annual colonoscopies, mammograms, and discussions with their doctors about menopause and risk factors for heart disease, as well as bone density tests. At age 60, women tend to increase office

visits in addition to those just listed as they develop new symptoms of arthritis or physical complaints.

Experts say it's important to remember that a relationship with a doctor is a partnership. Dr. Warren often refers her patients to reliable medical Internet websites such as Forwoman.gov, which she says is a health sign.

DR. WARREN: They're beginning to ask a lot of questions, and I think that's why many of these women health centers are trying to integrate some of that information and provide it for them, so that they can be more assertive about their healthcare.

MS. ERBE: Welcome to the panel, Dr. Vivian Pinn, Director of the Office of Research on Women's Health at NIH --

DR. VIVIAN PINN: Thank you.

MS. ERBE: -- and one of the country's foremost authorities on -- if not the foremost authority on women's health.

Why is it that women are so scared? I mean, women will force their husbands and their boyfriends to go the doctor and get a checkup, but they won't go themselves.

DR. PINN: Well, sometimes they may be afraid, but most of the time I think women are so busy taking care of their families, taking care of everything else they're doing that it's just something that gets put off -- I'll get there later, I'll get there later -- until there is an acute problem that forces women to go. So it's sort of a plea, while we're taking care of everybody else, we need to take care of ourselves.

MS. ERBE: So, aside from telling women to just be more aggressive about their own care, what other barriers do they face? What other help do they need from the medical community?

DR. PINN: Well, I think one is access to care, and making sure that women have a physician or know how to obtain the kind of healthcare they want. They want sensitive healthcare. They want a provider who is going to be caring. We as women want to be able to discuss personal issues, be it about breast cancer, be it about depression, or be it about just what is the correct weight for me, and how do I gain that without feeling self-conscious, without feeling we're taking a physician's time?

And as a physician, I see it from both sides. Many physicians today are so busy with the bureaucratic processes that affect their practices that they say, I don't have time to counsel women about smoking cessation or weight. Somehow we've got to achieve a better balance.

MS. ERBE: But how do you -- I mean, how realistic is -- we all know physicians are just overpressed, overstressed, overworked under a managed care situation. What's

going to change and take us back to the old days where, you know, your GP made house visits?

MS. NAVITIDAD: Forget it, Bonnie – (laughter) -- it isn't going to happen. One thing that's good is that women are better informed nowadays. And that cuts across, you know, all lines.

MS. BEYER: But what makes them so timid? I don't get it.

MS. NAVITIDAD: No, it's not timid –

(Cross talk.)

MS. NAVITIDAD: Wait, wait, wait, I'm going to answer this as somebody who's bad. I don't –

MS. : And not timid.

MS. NAVITIDAD: -- and not timid. I think I'm so educated, right? I don't even have an internist. I have been going to a gynecologist all these years because I thought that's all that I needed, and it was she who told me, "I think you need an internist to do all the other things that I can't do." So, imagine others who are not as well informed and who don't have doctors who say, you need another doctor.

So, I think there's a lot of public education, even though we're better informed now, that still needs to happen. I think it is busy lives – especially because we now have even more working women outside the home than ever before, and it's not going to change.

MS. CONWAY: Women aren't timid as much as procrastinators. And women shape how –

MS. ERBE: I thought men were the procrastinators and the women were the ones who jumped in there and got it done.

MS. CONWAY: Well, that's true too. Actually, they're just in denial -- (laughter) -- and they procrastinate about their health –

MS. : That's another show.

MS. CONWAY: Right. (Laughter.) Women tend to put themselves third if not fourth now on their to-do list with health –

MS. ERBE: Right.

MS. CONWAY: -- because their spouses or their significant others or children, and now their parents, who --

MS. ERBE: Right.

MS. CONWAY: -- the statistics show are more likely to be living. So they're -- all of a sudden they're fourth on their list. They're thinking about Medicare and osteoporosis for the elderly mother; they're thinking about preventive care for the kids. Where do they fall in?

If women looked at their health as prevention and protection instead of as something to worry about when you need to remedy a crisis, and if we spent as much money and time on the inside as we do on the outside, we would be very healthy.

MS. : Well, maybe that's --

DR. PINN: I want to applaud what she said. She's got it right on. We need to prevent. We want to cure diseases, but we need to prevent them. We need to look at wellness care in this country. We need to think about ourselves. If we're going to be taking care of elderly parents, if we're going to be taking care of children, we need to be healthy so we can do that.

MS. BEYER: And the good news coming out of the study is that public education does work with women. Look at what's happening with mammograms, look what's happened with pap smears. It's changed over the last 10 years because of awareness.

MS. ERBE: One quick question. What about the fact, with the majority of doctors now becoming women -- I mean, when you were in medical school, obviously women were a minority, but the most recent --

DR. PINN: Or if they existed, yes.

MS. ERBE: If they existed, but now I think a slight majority of medical students now are women.

DR. PINN: Oh, you're right, and I think having more women in medicine -- not to take away from our male colleagues, many of who have been very sensitive over the years, but with women in medicine, seeing patients, understanding what we have been through as patients ourselves and what our needs are --

MS. ERBE: Okay, I've got to go to credit, sorry about that.

DR. PINN: Okay.

MS. ERBE: Hold that thought.

That's it for this edition of "To the Contrary." Next week, food addiction, drug addiction, even addiction to the Internet, all widely discussed issues, but what about sex addiction? We shed light on this overlooked problem. Whether your views are in agreement or to the contrary, please join us next time. We want to hear from you. Write to us a "To the Contrary," at PBS.org.

Anyway, you were saying about more –

DR. PINN: Oh, and it's interesting, if you read books -- and it suggests that women physicians tend to listen more, are more sensitive, are more empathetic with their patients. And I also think –

(End of program.)