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to improve  
women's  
lives . . . . .

the essential  
women's guide to  
achieving equality,  
health, and success

Afterword by Madeleine K. Albright



INTRODUCTION BY **MARTHA BURK**, NCWO CHAIR  
NATIONAL COUNCIL OF WOMEN'S ORGANIZATIONS

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**National Council of Women's Organizations**

*Introduction by **Martha Burk,**  
Chair of the National Council of  
Women's Organizations*

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# Introduction

You've taken the first step: you have picked up this book. We hope it will be the first of many steps on your path to enacting change for women – in your personal life, in your community, and in the world at large.

The book is brought to you by the National Council of Women's Organizations (NCWO), the nation's largest and oldest coalition of women's groups with over 200 organizations collectively representing ten million women. We work on all aspects of progress for women – from equal pay, domestic violence, and child care to reproductive rights, political leadership, and global equality. Our groups are diverse: some have thousands of members; some produce research; some defend women's rights through legal means; some offer direct services to women. We work on different issues, yet we all have one desire: to see progress for women. We know you share that goal, and we hope this book can provide a blueprint to invigorate your interest, commitment, and creativity.

As chair of the NCWO, in May of 2004, I was asked by the All-China Women's Federation to come to China and deliver a speech to their members. My topic was "The State of Women in the United States." Easy enough, I thought, until I sat down to write and realized that there were many ways I could approach the subject. I could discuss how women in this country are doing in comparison to women in China or to women worldwide. Or I could talk about how American women compare to American men – socially, economically, and politically. Still another approach would be to compare American women today to American women at the turn of the 20th century, before we even had the vote. Or I could focus on the current state of U.S. women compared to an ideal – where we would be if we could indeed "have it all."

Depending on the angle I chose, I could make a compelling and valid case that we're doing very well, pretty well, or not so good. We're either headed in the right direction or we're losing ground. From my perspective as a leader in the women's movement, I've come to believe that it's important to view the issues from all vantage points: we must look at the losses we've suffered alongside the enormous gains we made in the 1960s and 1970s. Yes, we've achieved parity with men in obtaining college degrees, but politicians have recently tried to weaken the law guaranteeing equal educational opportunities for girls. While we have achieved equal access to credit, as well as pregnancy leave and the right to seek any job, we're still lagging behind men in how much we're paid, and that gap is widening. Our right to control our reproductive lives, a hard-fought battle won in the Supreme Court in 1973, is now one judicial appointment away from being overturned. Our standard of living is high, but adult women still comprise the majority of minimum-wage workers. And finally, we have universal health care for retirees, but elderly women are the largest group living

in poverty.

I stressed in this speech that we must all play an active role in protecting the progress we've made and that we must work hard to improve the lives of women even more. When my address ended, one of the American delegates came up to me and made a simple but profound request: "Just tell me ten things that I personally can do to make change," she said. And with that, I saw that there was a great need for a book such as this. A book that could speak to women who weren't policy experts or traveling to conventions in China but who were *living* the issues that we speak so passionately about. And instead of 10 ideas, we're suggesting 50 to give you something to chew on.

We have gathered 50 leading experts to describe the issues and to offer concrete, doable things to help, no matter how much or little time you have to dedicate to these causes at any given moment. We've taken a varied approach on the issues that most impact the quality of your and other women's lives. Some essays, such as "Treat Your Body Well" and "Make Child Care a National Priority," examine the personal concerns that affect our daily lives. Other essays, such as "Wage Peace around the World" and Madeleine Albright's afterword "Women at the Global Decision-Making Table" look at women's lives through a global lens. Still others, such as "Demand Pay Equity" and "Nourish Women's Ambitions," point to specific areas where American women are not being afforded the same opportunities as American men. In the essay "Equalize Constitutional Rights," we learn how the work started by our foremothers still needs our attention. And last but certainly not least, in essays like "Celebrate Women's Achievements," we learn how to support the ideals that will inspire us to keep moving forward, even when the odds seem stacked against positive change.

We've grouped the essays into sections to illustrate the particular interconnections among certain issues. We start with the section "Do It for Your Health," because without good health for ourselves, our loved ones, and our planet, we can't accomplish much in other areas. Section 2, "Practice Real Family Values," lays out how to achieve safety and security for our homes and our communities. In section 3, "Grow Your Money, Grow Your Mind," the essayists recommend ways to strengthen women's educational opportunities and economic security. While the idea that women "belong" in a political body is no longer novel, neither has "belonging" been entirely realized – so section 4, "Lead the Way," shows us how to support women in the realms of media, politics, the military, and other fields that redefine national priorities. Because our girls are the hope for future progress, section 5, "Forge a Path for the Next Generation," discusses a variety of ways in which older women can act as mentors and younger women can make new paths to progress. In section 6, "Build the Community You Want to Live In," the authors speak frankly about the walls that divide us, and how we can break down prejudices and work together. And finally, section 7, "Reach for the World," examines how U.S. women can help protect the human rights of women worldwide.

When reading about the 50 issues covered in these pages and making your own plan of action, ask yourself: As American women, are we doing very well, pretty well, or not so good? Are we headed in the right direction, or are we losing ground? I suspect you'll find that the answer is not simple and the solutions are not necessarily easy. But almost every woman can do something. *50 Ways to Improve Women's Lives* is not

meant to be read at one sitting. Reading over the book and starting small can give you a taste of how good it feels to be a part of the solution to the problems impacting the women in your community, your country, and your world.

Now we'd like to suggest that you take another step. Find five to ten women you are connected with and start your own grassroots women's civic action group. Women have been getting together since time immemorial, from gathering at quilting guilds to forming book clubs to organizing girls' nights out. We want to encourage you to turn your passion, daring, and love of community into action, and we're providing you all the tools to do so at our website, [www.womensorganizations.org](http://www.womensorganizations.org). After coming together, review the 50 ways to improve women's lives that we offer in this book, and choose one of the essays that resonates most with *your* group. What do you feel most compelled to act on? Is it guaranteeing better child care, seeing a woman president someday (soon), or supporting women in sports? What kind of world do you want your children to grow up in, and what do you feel must change? What personal experiences have you had that determine where your courage lies and how you can engage?

NCWO has a motto: "One woman can change the world – but it's easier when you work in groups." Discover what works best for your group, meet monthly, and, together, we can change the world. Think about how much we have already done.

*Martha Burk*

s e c t i o n

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Do It for  
Your Health

# Preserve a Healthy Environment

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Jan Schakowsky, U.S. Representative

If you've ever inhaled the fumes of a passing bus or a nearby factory or been unable to drink water straight from your own sink, you understand how much environmental issues affect your daily life. Yet the impact of pollution on the body lasts beyond a momentary gasp for fresh air or a bad-tasting sip of water. In 1970, Congress passed the Clean Air Act to protect the public from the known risks of air pollution, such as increased rates of asthma and premature death from lung cancer and heart disease. Yet 30 years later, more than half of the American population – approximately 160 million people – are still breathing unhealthy air.<sup>1</sup>

The toll of air pollution on a woman's body is particularly high. Environmental factors have a major impact on women's general and reproductive health; they contribute to cancer, respiratory problems, and autoimmune diseases, to name a few consequences. And for those of us who become pregnant, all the toxins in our bodies are directly transferred to our developing fetuses.

Numerous pollutants in our water and air supplies bombard our bodies every day. Mercury, for example, is a particularly toxic pollutant that causes brain damage and interferes with the development of fetuses, babies, and small children. One child in six born in the United States could be at risk for developmental disorders because of mercury exposure in their mothers' wombs – that adds up to 630,000 children each year.<sup>2</sup>

Power plants, the primary uncontrolled source of mercury pollution, contribute about 48 tons of mercury to our air every year. Once mercury is released into the air, it settles into our lakes, streams, and rivers. To date, federal, state, and local officials have found mercury pollution in 12 million acres of lakes, estuaries, and wetlands – 30 percent of the national total – and 473,000 miles of streams, rivers, and coastlines. After mercury enters our water, it travels up the food chain, contaminating tuna, lobster, halibut, sea bass, trout, and crab, among other marine life. It's estimated that as many as 60,000 babies born each year in the United States suffer from neurological damage caused by their mothers' consumption of mercury-contaminated fish.<sup>3</sup>

In 2000, the U.S. Environmental Protection Agency (EPA) recognized the huge threat that mercury poses to women and to the general public health. The EPA ruled that power plants must use the best available technology to remove that hazardous substance from our environment. Under the EPA's 2000 ruling, power plants would have reduced their mercury emissions 90 percent by 2008.

Under new leadership, however, the EPA reversed its position in 2004, proposing new power-plant regulations that would require only a 50 to 70 percent reduction by 2018. The EPA's new proposal essentially ignored the agency's own expert analysis and disregarded the recommendations of the panel of stakeholders that the agency

appointed to work on this issue. Instead, the new proposal catered to the powerful energy industry lobby, placing a higher value on the industry's profits than on the health of women, children, and our communities.

Environmentalists and public health advocates worked with outraged public officials, including myself, to get citizens to speak out against the proposed regulations. The public outcry succeeded in delaying the final regulations and in convincing the EPA to commit to doing additional analysis on the issue before making any final decisions, extending the deadline for the final rule to March 15, 2005.

We have a right to clean air and water, to good health for ourselves and our families. Our challenge is to fight for strong regulations, force the EPA to enforce these regulations, and require the energy industry to adhere to meaningful and rapid reductions in mercury pollution. We owe it to ourselves and to future generations – for the health and well-being of us all.

### ⇒ CALL TO ACTION ⇐

- ◆ Learn more about environmental health and its relation to women's lives ([www.niehs.nih.gov/external/facts.htm](http://www.niehs.nih.gov/external/facts.htm)).
- ◆ Contact one of the many organizations committed to environmental health and justice (see Resources).
- ◆ Go to the EPA's website and register your opinions and comments at <http://docket.epa.gov/edkpub/index.jsp>.
- ◆ Learn where candidates stand on environmental issues. The League of Conservation Voters ([www.lcv.org](http://www.lcv.org)) provides a scorecard on how your elected officials voted on environmental issues.
- ◆ Make your views known when environmental legislation or regulations are being considered.
- ◆ Commit to meaningful action in your daily life by recycling, using energy-efficient transportation and power, consuming wisely, and preserving a healthy environment.

# Get Health Care for Everyone

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Dixie Horning, Executive Director,  
UCSF National Center of Excellence in Women's Health

Several years ago, I gathered with a group of friends. My dear friend Yolanda, a 35-year-old Latina, was upset that night, having just lost her mother on the heels of giving birth to her second child. Bereft, she went off to lie down and have some private moments of reflection.

A few minutes later, I went to check on her and was shocked to find her in a cold sweat. She complained of feeling dizzy and having pain in her neck and jaw. Even though she wasn't experiencing chest pain, it seemed like a heart attack: I called 911 and rushed back to our friends, some of whom were doctors and nurses. Everyone denied the possibility that Yolanda could be having a heart attack. "She's too young," they said, as well as, "Hispanic women don't have heart conditions" and, "It must be stress or a panic attack." But I couldn't let go of my fears. When the EMTs arrived, they too said it wasn't possible for her to be having a heart attack. After she arrived at the hospital and went through several inconclusive tests, the doctors performed an EKG. Later that night, Yolanda had a quadruple bypass. She almost died, due to an incorrect assumption that a woman of her age and ethnic background couldn't have heart disease. As this story illustrates, the medical community still knows little about the health of women, particularly women of color, largely because the vast majority of health studies and medication trials have been done on white men alone. Put another way, if more health studies and medication trials included diverse groups of women, then doctors, nurses, and consumers would know a lot more about women's health.

Perhaps even more distressing is the fact that if Yolanda hadn't so recently given birth, she would not have had medical coverage that night. Without insurance, she might have received less aggressive care or no care at all.

Uninsured or underinsured women are at higher risk for disease, chronic illness, unintended pregnancy, and other negative conditions, and women with insurance typically have better health outcomes than uninsured women.<sup>4</sup> However, over 15 percent of women under age 65<sup>5</sup> still lack access to basic health care services, including preventive and prenatal care. The number of uninsured women in the United States has grown faster than the number of men, specifically three times faster,<sup>6</sup> and women of color are more likely to be uninsured than white women.<sup>7</sup>

Women of all ethnic, racial, and socioeconomic groups continue to experience inequities and neglect in health care. So do their families. It is a tragedy when a family must be selective about who gets care. Our country's policies are literally making families choose who will live, who will die, and who will suffer with chronic pain. We deserve better health care.

To improve the health and quality of life for women and their families, our country

must adopt a cohesive and dynamic approach to these problems by enacting universal health care coverage. Found in all other industrialized countries, universal health care would ensure affordable coverage for all. Also known as a single-payer system, it is endorsed by many national organizations.<sup>8</sup> Some people fear that it will require an increase in income taxes, that it veers to close to socialism, or that the decline of quality medical care will follow. In reality, the United States already spends more for health care than any other country; yet the money is not being distributed proportionately, and many possible financing schemes (besides raising taxes) do exist.<sup>9</sup> Support for universal health care is growing. In March 2004, 125 cities observed Health Care Action Day to promote comprehensive health care reform. Other events happen throughout the year, so that everyone may learn about the possibilities of universal health care and get involved.

### ⇒ CALL TO ACTION ⇐

- ◆ Consider how lack of access to high-quality, timely, continuous preventative care affects your health. Are you uninsured, or do you know people who are uninsured?
- ◆ Learn more about universal health care at [www.grahamazon.com/sp/index.php](http://www.grahamazon.com/sp/index.php).
- ◆ Sign up with Americans for Health Care at [www.americansforhealthcare.com/index.cfm](http://www.americansforhealthcare.com/index.cfm).
- ◆ Get involved with organizations like UHCAN: Universal Health Care Action Network ([www.uhcan.org](http://www.uhcan.org)).
- ◆ Vote for candidates who support universal health care.
- ◆ Write letters to your representatives in Congress and tell them to support single-payer health care.
- ◆ Find out what actions are going on in your state and get involved.

# Protect Reproductive Rights

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Vicki Saporta, President and CEO, National Abortion Federation

Despite the fact that one out of three women of reproductive age in America will have had an abortion by the age of 45,<sup>10</sup> we live in a time where state and federal legislative attacks on abortion and reproductive rights have reached unprecedented levels. Anti-choice extremists also continue to threaten abortion providers and their clinics with acts of violence. Since 1977, the National Abortion Federation has documented more than 4,200 incidents of clinic violence against abortion providers.<sup>11</sup> To counter this, women are speaking out about their abortion experiences, and abortion providers are furnishing accurate medical information and speaking out against clinic violence in the effort to protect reproductive rights.

In January 1998, Emily Lyons's life changed forever after an anti-choice extremist bombed the abortion clinic where she worked as a nurse. The bombing left one police officer dead and Emily severely injured. Although the crippling experience took away her ability to drive and work, it did not take away her ability to speak out against clinic violence. In July 1998, Representative Henry Hyde was leading efforts to amend the law and protect anti-choice extremists from being prosecuted for criminal conspiracy. Emily testified to help defeat this anti-choice legislative attempt. "In the last six and a half months, I've spent almost 30 hours on the operating table in nine different operations, only to still have dozens of pieces of shrapnel left permanently in my body," Lyons testified. "I am not interested in sympathy. However, I am determined to make sure that people see the end result of this type of terrorism." Emily's testimony was so effective that the law remained intact.

In 1996, representatives in Congress passed a federal ban on abortion. We at the National Abortion Federation brought forward a group of women who needed abortions after finding out during their wanted pregnancies that they were carrying fetuses with lethal anomalies. These courageous women spoke passionately in congressional briefings and testimonies and to the media about the choice they made to have an abortion in order to protect their health. As one woman said, "We are all here for the women that follow us ... because all women deserve the finest medical care that exists and we want that for them." Moved by their stories, President Clinton invited these women and their families to the White House and told them that it was their stories that convinced him to veto the bill. "This country is deeply indebted to them for being able to speak out," Clinton praised. "We need more families like these."

These two stories help to demonstrate how our individual voices, especially when we work together, really do make a difference. The reproductive rights movement grows stronger with every story shared and every choice affirmed. Although the

majority of Americans are pro-choice,<sup>12</sup> we continue to be barraged with anti-choice legislation and actions. This means we must all continue to speak out to protect and advocate for reproductive rights. We need your help to ensure that abortion remains a safe, legal, and accessible reproductive option for all women.

### ⇒ CALL TO ACTION ⇐

- ◆ Stay informed. Sign up for NAF's Action for Choice Team (ACT) Alerts at [www.prochoice.org](http://www.prochoice.org).
- ◆ Speak out. Tell your personal story to those you know when the issue comes up in conversation. When specific legislation is being considered, contact your elected state and federal representatives, write an editorial for your local paper, or organize a pro-choice rally to publicly voice your support for comprehensive reproductive rights.
- ◆ Join pro-choice organizations such as the National Abortion Federation ([www.prochoice.org](http://www.prochoice.org)) to support the providers who make reproductive choice a reality and who ensure that women receive quality care.
- ◆ Support your local reproductive health care providers by volunteering or fundraising. Call your local clinic to see if they need clinic escorts or other help.

# Ensure Sexual Health

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Gloria Feldt, President, Planned Parenthood Federation of America

Rachel, a teenaged Planned Parenthood client, told us, “My parents are not supportive or even very willing to discuss sex or reproductive health with me.... The clinic has helped me with many things: birth control [I can afford] ... and many kind and informative words. Without them, I do not know what my life would be like now.”<sup>13</sup>

Sexual health isn't as simple as making a visit to the gynecologist every year or using contraception every time. It also has a mental health and emotional component. Women – especially young women – are often made to feel ashamed, disempowered, or objectified around expressions of their sexuality. Only when we as a society are honest and open about sexuality and when we recognize that the joyous expression of one's own sexuality is central to being fully human can we truly begin to make responsible choices.

There are still many women for whom access to sexual health care is a rarity. Jenna McKean, co-organizer for the Smith College Student Coalition for the March for Women's Lives, explained why she so passionately fights for reproductive rights: “I grew up on welfare in the ghetto of South Philadelphia. For the women [where] I come from ... choice is basically a myth.... If you are too young, too poor, or a color other than white, then the coat hanger desperation everyone else left behind in the '70s is alive and well for you.”<sup>14</sup>

The first step toward ensuring sexual health for all women is making reproductive health care and family planning accessible. We must make family planning services, contraception (including over-the-counter emergency contraception), and reproductive health care available to all women. This also means opposing mandatory parental notification/consent laws, which drive some young people to desperate measures.

The second step is making reproductive health care affordable. Family planning provides the tools women need to reduce the risk of unintended pregnancy and sexually transmitted infections. The Bush administration's freeze on funding for Title X – which provides uninsured women with access to family planning services, regardless of their ability to pay – is a dangerous step in the wrong direction.

Finally, we must provide women and girls – as well as men of all ages – with comprehensive, medically accurate sexuality education. Abstinence-only (or, more accurately, ignorance-only) sex education is taught in 58 percent of public schools. Since 1996, the federal government has increased funding for these ineffective, dangerous programs by more than 3,000 percent<sup>15</sup> – and has slated \$168 million for 2005. We must instead use our resources to teach our nation's girls and women about human growth and development, to help them develop their own decision-making