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HRC [Hillary Rodham Clinton]/Women's Legal Defense Fund 6/24/94

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RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

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b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

THE WHITE HOUSE

Office of the Press Secretary

Internal Transcript June 23, 1994

REMARKS BY THE FIRST LADY
TO WOMEN'S LEGAL DEFENSE FUND

Washington, DC

MRS. CLINTON: Thank you so much, Judy. Thank you mostly for your 20 years of commitment and service and the manner in which you have done it, because you have done it with joy and grace and fun. And many of us who have watched you over the years have marveled at your capacity to keep going and to do it more often than not with a smile. And we are very grateful for that example to all of the rest of us. (Applause.)

I want to add my thanks to Kathleen Black and Tim Boggs for their work on behalf of this lunch, which will benefit the fund and will enable the fund to not only continue it's efforts but we hope expand them.

I want personally to thank my friend, Ellen Malcolm, for not only the work she has done over the years on behalf of women and particularly her marvelous brainchild, Emily's List, but for showing us again grace under pressure as she kept going through the false alarms -- (laughter) -- knowing full well that there was probably some disgruntled opponent pulling the signal over and over again -- (laughter) -- hoping to deter her and us. (Applause.)

And I am very honored to be on the same program with Pauline Schneider, who has a remarkable career already and is embarking on yet another chapter of firsts. And those of us who have followed her and watched her accomplishments are very proud that the DC Bar has recognized you in the way that it has, and looking forward to your leadership. Congratulations, Pauline. (Applause.)

I feel like starting by saying to all of my friends and colleagues who are out there, none of whom I can see because of the lights in my eyes, but I know you are there, and Judy and Pauline and I tried to locate you in any way we could during the lunch. I feel like saying thank you, because many of you in this room have not only worked hard over the years to do exactly what Judy was explaining -- to live lives of integrity, to fulfill all of your various roles, but to include in those lives

a commitment to service and a particular concern about women and children. And many of you are truly role models. And I know that word is used often these days, but it is something that I think we ought to celebrate, because so many of you, in ways you may not even know, serve to bolster and support the rest of us, and serve as examples for many young women who are watching you, working with you, trying to understand how you navigate your own lives.

Lives don't come with any set of directions or any guidebooks. We wish sometimes that they would. It would make everything so much simpler. And every generation faces new challenges. But I think it is fair to say that women in America at this point in our collective history truly are charting new roots to personal fulfillment, to social responsibility, to caring and nurturing, to achievement, in ways that could only be dimly perceived and dreamt about by earlier generations.

And so in a very real way, this room is filled with role models. And I want to celebrate and thank every one of you for the contributions you are making, and also to ask each of us who is here today to remember the countless women who are still struggling to define their own lives, often against great personal and social odds.

That is particularly true in our country today where the differences between women of education, of confidence, of a future-oriented perspective, stand so starkly in contrast to the other women in our country who do not yet have the real opportunities to make their own lives, to find their own voices, to forge their own identities.

And one of the great marks of the Women's Legal Defense Fund and of so many of the other related organizations that have fought on behalf of women and children and families, is their continuing recognition that until every woman in America does have the opportunity to take advantage of equal educational, equal employment, equal social chances, then none of us can be fully satisfied with our own personal achievements. (Applause.)

I have felt that particularly strongly again during this past year, as I have traveled around our country talking about health care. And I appreciated greatly Judy's discussion of it, because, yes, this is a national issue. Yes, it will affect men and women. But in a very real way, it is at core a woman's issue. It is, for better or worse, women who are often the health care decision-makers. It is women who look after their children themselves and usually their husbands. It is women who care for aging older relatives.

This health care debate is in many respects a debate about women's security and women's future opportunities. And I wish I could just lift all of you up and take you with me

on a journey to all of the places I've been and all of the voices I've heard, to look into the eyes of the women and men and children who have shared their stories with me.

I have rarely heard a story in a griping, bitter tone. I have mostly heard stories that come deep from inside -- often some pain, but more often bewilderment and confusion. I think about the woman in New Orleans who had worked for the same company for more than 15 years, who never made very much money as a bookkeeper, but enough to raise her child after her divorce, get him safely into the world, to feel as though she were a contributing, effective member of society. And how she tried every year to take care of herself, so that she would at her own expense go to a physician to have a physical exam.

And I remember sitting with her as she told me how it felt to have gone to her doctor, who then referred her to a surgeon because he found a lump in her breast, and to have the surgeon tell her that if she had insurance, he would biopsy it; but since she did not, he would watch it. She sat there telling me this story with a sense of confusion about how this could have happened to her since she had tried always to do what she thought was right.

I think about the couple I met in Las Vegas in a hospital and how they told me that the husband, who worked full-time, had a choice to make when it came time to sign up for insurance. And he carefully with his wife sat down and looked at their finances, and they decided very rationally to insure the husband, who was the primary breadwinner and their four children, but to leave the wife uninsured. And after making that decision, which was strictly on the basis of what they could afford, the wife became pregnant.

When I met them she was about a month away from delivery. And she and he talked to me about the choices they were still making, driven by financial considerations, such that as she looked forward to delivering her fifth child, she thought she would have to forego having any anesthesia. She would not have the epidural because the cost of the epidural was for them the cost of their monthly mortgage payment. And she could not in her own mind justify paying that money.

I remember telling that story at a large meeting in New York. And after it was over a woman in the audience who was an investment banker, well educated, well compensated, also pregnant, came up and said, I want to pay for that woman's medical expenses. I put her in touch with the couple. That is what happened. So it was one of those good news, bad news stories. Yes, if we find out about people's needs on a personal, individual basis, we take care of them. But those stories are countless around the country. I can't possibly tell everyone to somebody who will pay on their own to take care of an unmet medical cost.

I think of all of these faces, and particularly the faces of women -- women who worry about their children because they have some preexisting condition, and their insurance policy has a lifetime limit, which will soon be met. And then they don't know where they will find the financial means to continue the treatment for their child.

I think about the women who are taking care of husbands with Alzheimer's or strokes and how they are watching their incomes and their energy be depleted because of their commitment borne out of years of love that they want to take care of their husband, but they are finding it increasingly difficult to be able to afford emotionally or financially to do so.

I see all these faces and I hear all these stories, and that is to me what this whole health care debate is about. Just as the child care debate, just as pregnancy discrimination and all that it meant, just as equal employment and civil rights, they are not just about abstract concepts, they are about real people and their lives. They are ultimately about you and me. Because certainly in this health care debate, it is absolutely clear that there but for the grace of God go any of us, no matter how well insured today, no matter how well off or supposedly secure in a job, none of us in this room can predict

(end of side 1)

at the same cost that we do today.

The only way for all of us to be secure, and particularly for those among us who already are vulnerable or are more likely to become vulnerable -- women and their children --to be taken care of is to absolutely commit ourselves to giving health care coverage to every single American. (Applause.)

That is what this debate is really all about. There are many dimensions to it. There are economic considerations. Because if you look at the figures and you do the analysis, we will save money if we engage in comprehensive health care reform that contains costs within our system and reallocates money away from useless paperwork and bureaucracy toward actual care. We will save money in businesses, we will save money in households, we will save money in local, state and the federal government.

It also has a social justice dimension. I left a large gathering like this in Washington a few months ago, and a man grabbed my hand, introduced himself and said, I never really knew what you and your husband were talking about before. I do now. And he told me about a woman who worked in his office, a secretary. And this woman had two grandchildren. They lived

together, even though they were in separate families because her children had moved in together to share expenses.

One grandchild, a little girl, the age of seven, came down with a very high fever, was taken to the hospital, diagnosed with meningitis, admitted, given appropriate treatment. Her parents had health insurance. The little girl's cousin came down with a high fever. She went first to one hospital, where the fact that she had a mother who'd been divorced, who had a minimum wage job that didn't pay health insurance, meant that she was sent to another hospital.

She went to the second hospital's emergency room, sat there for hours. Upon finding there was no insurance, the mother was given baby Tylenol, the child was sent home -- from the same hospital where her cousin was recovering from the same thing -- meningitis.

On the day that the older child was discharged from the hospital, her cousin died. And when I called and we verified these facts, I learned that the sibling, the brother of the child who died, also then came down with meningitis. And this time the hospital said, oh, we will take him as a charity case.

So there's a social justice dimension to this. I want to live in a country where the care of children is not determined on whether or not their parents have health insurance. (Applause.)

And there is also a political dimension, because this is a real problem that affects every one of us. It certainly affects the 40 million without insurance more acutely, but there are 81 million Americans with preexisting conditions, any one of whom could lose insurance at any time or have it priced so high that you can't afford it.

The political system needs to respond. This is an issue that should go beyond partisan politics. This is an issue that the Congress should act on, because it is the right thing to do for the American people. (Applause.)

And finally, this is an issue that has an ethical dimension, a moral dimension. It says a lot about what kind of people we are, what our values are, what we care about. It says a lot about what kind of country we are going to have.

I don't think any of us would deny that as we move toward the dawn of the 21st century, our country is going through a transition. There are always transitions as we end and move toward new eras; and really the post-World War II era, with the end of the Cold War, is ending, and a new world order, a new set of challenges is confronting us, both domestically and abroad.

It will take some time to sort our way through it. These are complex issues that demand careful and prudent responses. But one of the obvious challenges is whether we as a nation, the longest surviving democracy, will find strength in our diversity, will meld together the different ethnic, racial, religious, experienced backgrounds that make America so great in ways that enable us to move with confidence and hope into the future. And what our values will be that will guide that journey.

I am confident that we will make the right decisions. But I also know it will not be an easy process, because if we are, as my husband often says, to make change our friend, we have to be willing to change. And we have to be willing to reach out and work with others who are not like us. That is always threatening. And it is always difficult to achieve.

But this health care debate gives us an historic opportunity to stake a claim for the future by saying that, yes, we will solve this problem, but we will do it because we want, again, for America to be a caring, compassionate country that understands our strength is in our communities and is willing to help make it possible for children from every corner to realize their own God-given potentials.

One of the reasons I have always admired and supported the Fund is because it has always stood for the fundamental value that every human being has worth and deserves respect. We want now for that fundamental value to be reestablished in our country. And one of the ways to do it is to make sure every American has the security of knowing she and her children will be taken care of so that they then can look toward the future with confidence and become responsible, contributing members of a new -- new and hopeful future for this great country.

Thank you all very much. (Applause.)

END

FIRST LADY HILLARY RODHAM CLINTON
REMARKS TO THE WOMEN'S LEGAL DEFENSE FUND
WASHINGTON, DC
JUNE 23, 1994

DRAFT

[Acknowledgments: Judy Lichtman; Ellen Malcolm, Cathleen Chase, Tim Boggs; Pauline Schneider, whose career distinguishes our entire profession;]

Benjamin Cardoza once said you can't have Utopia if there are lawyers around. Obviously, he was never in a room with this many women in the law. [His exact quote is: "It is a feature of every Utopia, that there has been no place for lawyers."]

We're here today because we believe in the Women's Legal Defense Fund's capacity to enhance the status of American women. We believe, as the theme of this luncheon suggests, that women can shape the future.

Ellen and others have noted that our nation would not have a Family and Medical Leave Act without the hard work and leadership of this organization -- and without a President who was willing to sign the bill into law. We would not have civil rights laws that protect women from sex discrimination in the workplace, or laws that protect pregnant women from losing their jobs. We would not have made as much progress in highlighting the widespread problem of domestic violence, which we were again reminded of so tragically last weekend.

None of these accomplishments was easily won. Each required perseverance, energy, and faith that the goal was worth fighting for.

And each victory reinforced a great axiom about our country -- that, as a people, we have a wonderful history of giving, volunteering, participating, and helping take care of those in need.

When de Tocqueville wrote Democracy In America a century-and-a-half ago, he observed that Americans had a special talent for forming associations to do good. That collective spirit, that propensity to serve others, is still alive in groups like the Women's Legal Defense Fund and others that are committed to strengthening the core values that shape American life.

Today we are in the midst of another long struggle, one that is testing our determination and our rich history of progress.

For 60 years he have talked about health care reform. We've discussed it, debated it, dissected it. We've done everything but achieve it.

Yet, over those same six decades, we have found a way to provide financial security to older Americans -- Social Security. We have found a way to help our war veterans secure a college education -- the GI bill. We have found a way to help cover the medical costs of older Americans -- Medicare.

Often against the objections of critics who bemoaned these programs, who wrote them off as "socialistic" government initiatives, we have proven that by reaching out to individual citizens we can strengthen society as a whole.

The idea of caregiving, and the role it plays in our lives as individuals and as a larger community, is integral to our progress as a nation. But it's also essential to our appreciation of the many dimensions women exhibit in their everyday lives.

Health care reform is critical for women -- for health reasons, for financial reasons, but also for social and cultural reasons. Women are loaded down with expectations and burdens about myriad roles they are expected to play, but too often their own needs are discarded or ignored. Our health care system is one place where we can begin to change that pattern.

Women have the greatest stake in health care reform because we are the primary caregivers in society, and also the medical decision-makers in most families. I can't remember ever discussing with my husband which pediatrician we should use, although it's a conversation I had with countless women friends and mothers.

Our husbands, our friends, our relatives sometimes seem determined to ignore their own medical fallibilities, to refuse to admit that they just don't feel well. And it is usually we -- the women -- who end up pushing and prodding them to call the doctor's office for an appointment.

We're also the ones most often responsible for caring for aging parents. Along with whatever professional responsibilities we're juggling, we're also juggling responsibilities as mothers of children, as daughters caring for our own parents, as spouses or friends of people who are sometimes oblivious to their own health needs.

And somewhere in that mix we're supposed to find time to take care of ourselves.

Yet despite our regular contact with doctor's offices, hospitals, medical bills, and insurance regulations, we usually

have been treated as second-class citizens in our health care system.

When I first began looking into health care last year, I thought it was a bad joke to discover in my briefing materials that the first clinical trials on breast cancer had been performed on men. I was so incredulous that I called to verify it. Indeed, it was true.

Unfortunately that example was not a fluke, not an isolated case.

Coronary disease is the number one killer of women in America, but until recently women were routinely excluded from all clinical trials. Until recently, osteoporosis, which primarily afflicts women, was not considered a high priority for research. Nor was an often lethal disease like ovarian cancer.

And we still can't find lumps in women's breasts even though we have the technology to detect objects in spaces millions of miles away.

Women also have been excluded as professional caregivers. For decades, many of the finest medical schools in the nation perpetuated faulty stereotypes about women's health that were widely taken as gospel.

It wasn't all that long ago that women's health issues were viewed almost exclusively in the context of reproduction. Medical students were taught that women would contract endometriosis if they gave birth after 30. Symptoms of menopause were often discounted as psychosomatic or as evidence of emotional instability. In fact, little credence was given to the notion that women suffer from unique symptoms and illnesses that require different treatments from men.

Happily we've made some progress. Women's health is attracting more attention lately in the news media and in the medical and scientific communities.

Last summer The New York Times ran a graphic and shocking photo of a breast cancer patient on the cover of its Sunday, which left an indelible image in the minds of many people. Television news shows have devoted more time to educating the public about women's health concerns. And, in the scientific community, clinical trials are beginning to incorporate women more and more.

But we still have a long way to go. Too often today, women cannot get adequate coverage for themselves, let alone their families. Almost 16 million women and nearly 10 million children are not insured. Infant mortality remains higher here than in

most other developed countries, largely due to an absence of prenatal care. About 46,000 women die each year of breast cancer, a disease that still has no cure.

A survey last year showed that in the preceding 12 months:

-- 44 percent of women did not receive a mammogram
-- 35 percent didn't receive a Pap smear
-- 36 percent didn't receive a pelvic exam
-- 39 percent didn't receive a physical

These are very disturbing statistics in a country as rich and civilized as ours.

If we do not achieve universal coverage, the needs of women will continue to be neglected and women will continue to shoulder the heaviest burdens.

[Anecdote: We don't insure burning houses]

[Anecdote: New Orleans woman with lump in her breast]

[Anecdote: Nevada women who couldn't get an epidural]

Every facet of the President's reform will benefit women in unprecedented ways.

Universal coverage that offers guaranteed private insurance to every citizen. Comprehensive benefits that stress preventive care, including prenatal care. Outlawing insurance practices that discriminate against people on the basis of pre-existing conditions or age. Choice of doctor and health care plans that will give women -- the primary decision-makers -- more control over their decisions. Enhancing Medicare so that prescription drugs are covered, which will help women, who tend to live longer than men.

And long-term care, a time bomb ticking away for every one of us in this room.

Susan Sontag has said: "Everyone who is born holds dual citizenship, in the kingdom of the well and in the kingdom of the sick. Although we prefer to use only the good passport, sooner or later each of us is obliged, at least for a spell, to identify ourselves as citizens of that other place."

We are guided in this health care debate by the belief that access to affordable health care is a fundamental right of every human being. Whether one is sick or healthy, dead or alive, should not be a result of one's income, race, gender, or geographic location. And I want to thank Judy and Debra Ness [executive vice president] for their testimony on Capitol Hill,

which helped elucidate for members of Congress the fiscal, social, and moral imperatives of our achieving health care reform.

As we go into the next few weeks and months, we will need your continued support. Health care reform is too important a cause not to fight for. And when we succeed, we can all be proud of helping extend our tradition of progress and of shaping a future that offers health and hope for all Americans.

Thank you.

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FIRST LADY HILLARY RODHAM CLINTON
REMARKS TO THE WOMEN'S LEGAL DEFENSE FUND
WASHINGTON, DC
JUNE 23, 1994

DRAFT (#1)

[Acknowledgments: Judy Lichtman; Ellen Malcolm, Cathleen Chase, Tim Boggs; Pauline Schneider, whose career distinguishes our entire profession;]

It's a pleasure to be here in such familiar company. Whatever people say about there being an overabundance of lawyers in this town, this assemblage is a reminder that many lawyers do have hearts, and souls, and convictions.

We're all here today because we believe in the Women's Legal Defense Fund's capacity to enhance the status of American women. We believe, as the theme of this luncheon suggests, that women can shape the future.

Ellen and others have noted that we would not have a Family and Medical Leave Act without the hard work and leadership of this organization -- and without a President who was willing to sign the bill into law. We would not have civil rights laws that protect women from sex discrimination in the workplace, or laws that protect pregnant women from losing their jobs. We would not have made as much progress in highlighting the widespread problem of domestic violence, which we were again reminded of so tragically last weekend.

None of these accomplishments was easily won. Each required perseverance, energy, and faith that the goal was worth fighting for.

And each victory reinforced a great axiom about our country -- that, as a people, we have a wonderful history of giving, volunteering, participating, and helping take care of those in need.

When de Tocqueville wrote Democracy In America a century-and-a-half ago, he observed that Americans had a special talent for forming associations to do good. He was talking about churches, mercy hospitals, schools, other service institutions. Luckily that collective spirit is still alive in groups like the Women's Legal Defense Fund and others that are committed to strengthening the core values that shape American life.

Today we are in the midst of another long struggle, one that is testing that determination and that rich history of progress.

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The idea of caregiving, and the role it plays in our lives as individuals and as a larger community, is integral to our progress as a nation. But it's also essential to our appreciation of the many dimensions women show in their everyday lives.

Health care reform is critical for women -- for health reasons, for financial reasons, but also for these social and cultural reasons. Women are loaded down with expectations and burdens about myriad roles they are expected to play, but too often their own needs are discarded or ignored. Our health care system is one place where we can begin to change that pattern.

In a more immediate sense, women have the greatest stake in health care reform because we are the primary caregivers in society, and also the medical decision-makers in most families. I can't remember ever discussing with my husband which pediatrician we should use, although it's a conversation I had with countless women friends and mothers.

I, and most of the women I know, are married to men who never want to go to the doctor and have to be at death's door before admitting they don't feel good. We -- the women -- end up pushing and prodding them to call the doctor's office for an appointment.

We're also the ones most often responsible for caring for aging parents. So along with whatever professional responsibilities we're juggling, we're also juggling responsibilities as mothers of children, as daughters caring for our own parents, as wives of husbands who are sometimes oblivious to their own health needs.

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But we still have a long way to go. Too often today, women cannot get adequate coverage for themselves, let alone their families. Almost 16 million women and nearly 10 million children are not insured. Infant mortality remains higher here than in

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And long-term care, a time bomb ticking away for every one of us in this room.

In the next few weeks and months, Congress' ability to achieve reform will be a strong signal of the progress we are willing to make as a nation.

We knew this would be a tough fight. We knew the opposition would resort to a desperate campaign of distortion and misinformation to throw us off track.

Like all the important causes the Women's Legal Defense Fund has fought for year after year, often against the odds, this one requires guts and a commitment to stick with it until we succeed.

Franklin Roosevelt achieved Social Security 60 years despite

fierce opposition. xxx pushed through Medicare in xxxxx.

[end to come]

###

To: Lissa
From: Claire
Re: Requested Material
Date: June 21, 1994

I. Organizations/Programs

1. Veterans Administration
2. Head Start
3. Peace Corps
4. Women's Bureau
   -began in 1920, this part of the Department of Labor focuses on women in the labor force.

(Source: The Encyclopedia of US Government Benefits, 1981.)

II. Quotes

1. "The US is the greatest law factory the world has ever known"
   - Charles Evans Hughes
2. "It is a feature of every Utopia, that there has been no place for lawyers."
   - Benjamin Cardoza

III. Women and the Law

A. Notable Women

1. Bella Abzug
   Born in 1920 in New York from Russian-Jewish immigrant parents, this woman defended civil rights cases in the South and writers accused of "un-American" activities throughout the 1950's. In the 1960's, she became active in the peace and women's movement, and founded the Women Strike for Peace organization in 1961. In 1971, she was elected to the New York House of Representatives where she fought for welfare reform and environmental protection.
2. Patricia Roberts Harris (1924-1985)
   Patricia Harris was a professor and Dean at Howard Law School. She later became an attorney for the Department of Justice, Ambassador to Luxemborg, delegate to the UN, and Secretary of HUD in 1977. In doing so, she became the first Black woman on the cabinet. In 1979, she became the Secretary of Health, Education, and Welfare.

3. Soia Mentschikoff
   Born in Moscow, she became the first female partner on Wall Street (1944), the first woman to teach at Harvard Law School (1946), the first woman to teach at Chicago Law School (1948), and the first woman President of the Association of American Law Schools.

(Source: The Dictionary of Women's Biographies, 1989)

B. Famous Firsts

1. Belva Ann Bennett McNall Lockwood
   Originally a schoolteacher, Belva Lockwood decided to enter the legal profession when she was forty years old. Although denied her diploma upon graduation from the National University Law School, she persuaded Ulysses Grant to intercede on her behalf. In 1879, she became the first woman to practice law before the Supreme Court. In 1884, as the candidate for the National Equal Rights party, she was the first woman to receive votes for President.

2. Annette Abbott Adams
   After graduating as the only woman from UCAL-Berkely Law School, she became the first woman Assistant U.S. attorney (1914), the first U.S. district attorney (1918), and the first woman U.S. Assistant Attorney General (1920). In 1944, she became a judge on the Court of Appeals in California, the first woman to hold a position of such rank in that state.

3. Florence Ellinwood Allen
   She became the first woman judge on any general court in 1920, the first on the Ohio Supreme Court in 1922, and the first on the U.S. Court of Appeals in 1934.

4. Charlotte Ray (1850-1911)
   She was the first Black woman to practice law in the U.S. However, her attempt at practice failed due to prejudice.

(Source: The Book of Women's Firsts, 1992).

get better
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WOMEN'S LEGAL DEFENSE FUND

WLDF: OVER TWENTY YEARS OF ACHIEVEMENT FOR WOMEN

- WLDF was the architect of and national coalition leader for the Family and Medical Leave Act, the first piece of legislation signed by President Clinton. WLDF will continue to work to ensure strong enforcement of this vital protection.

- WLDF played a leadership role in passage of the Civil Rights Act of 1991, which for the first time allows monetary damage awards to victims of sex discrimination.

- WLDF worked to ensure passage of two federal laws that will increase the size and improve collection of child support awards.

- WLDF was the driving force behind the Pregnancy Discrimination Act at a time when pregnant women routinely lost their jobs.

- WLDF was a groundbreaker in the legal battle that established the fundamental principle that sexual harassment is illegal job discrimination.

- WLDF sued a major Washington, DC catering company to halt its practice of hiring only white men as waiters and relegating women and people of color to low paying kitchen jobs. The company equalized salaries and practices were changed throughout the industry.

- WLDF founded Washington, DC's first battered women's shelter, My Sister's Place, now an independent agency.

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WOMEN'S LEGAL DEFENSE FUND Deborah Ncos 986-2667

Lichtman - will talk abt fund and the work ahead

A few v. brief comments

Recognize one bd. member

- Ellen Malcolm moderate & will intro HRC

① Open. w/ 2 comm. co-chairs - welcome remarks

② Lunch

③ Audience: Long time supporters

law firms, agencies, Adm.

Inside the Beltway

Mostly women but perhaps 25% men

④ Intro Ellen Malcolm - MC

Recognize Pauline Schneider VP of fund - Sr. Partner Hunt + Was woman of color Chair of DC bar

Theme "Women Shaping the Future"

⑤ Judy - 30th Anniv

7-8 mins

We've come together on many occs w/ great struggle -

Sometimes wonder what for

Fam. Med Lv. - 10 yrs WLDF "baby"

Fairly R.C. reform

Still struggle to be viewed as multidim. people

Help women w/ power help those w/o power

HRC 10 mins >

Stood Judy will present - contribution in HRC name

Our goal - done by 1:45

Reproductive health care - will be big issue & minds

Issues affecting low-income - long term care, m. health, pension, dy.

WLDF NOTES (2)

- Adeq. civil rights protections in the plan
- "Reproductive rights" = biggest issue

Notes / clips

Linda Bloodworth Thomason -

Testimony - NCSS Exec. V.P. -

- coverage of Pap smears + mammograms,

Lichtman — Ways + Means 2/3/94.

employer mandate

"contingent workforce" — fastest growing of pop'n

- part time, temporary, contract, casual
- over 2/3 of part time are women
- over 3/5 of temps

- Some bc of family
- Some bc no choice + would rather work full time
- low wage, few benefits
  - seniority based compensation
  - pensions
  - bonuses
  - health benefits

70% of all women workers earn > $20k/yr.

First hr. career res. on women

First time talking dr. to doctor — need child care

WLDF NOTES

① Progress
- Individually, collectively as women
- Also politically

② WLDF – Fam + Med. Lv. Act.

"Progress in our most ipt product" – Geraldine

③ N. Carolina > That of whatever Rubin gives her
has in an economic framework

Civ Rights Act
Sex discrim
Preg. discrim
battered women – My Sister's Place
– 26+ yr. –

NOTES/ [redacted] Maggie

- Econ. Club of Washington - Harry McPherson - Pres of Club
- Talk to Rubin abt the group. Les talked to Mac
- Bob Strauss - say Maggie told to call 887-4190
  NRC said to call
- Wash insiders
- Why h.c. is pd. economics - get from Rubin

PROGRESS Report

- how hard it is to county
- how extraord. it is when it happens.

Inspiration: Mandela; Fam. Med. Lv. Act;
A list of this county Italy; care of its ppl
Soc Sec; Medicare. H. Care reform

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. memo	Phone No. (Partial) (1 page)	n.d.	P6/b(6)

COLLECTION:
Clinton Presidential Records
First Lady's Office
Speechwriting
OA/Box Number: 8168

FOLDER TITLE:
HRC [Hillary Rodham Clinton]/Women's Legal Defense Fund 6/24/94

2012-1004-S
ms507

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

[001]

101-734

YES

Fill June 23

WOMEN'S LEGAL DEFENSE FUND

MEMORANDUM

TO: Patty Celise
Julie Hopper
Elana Svab

FROM: Judith Lichtman
President, Women's Legal Defense Fund
202/986-2647 (direct)
202/986-2600 (main switchboard)
P6/b(6)

As per the request of Elana Svab to Claire Landers, following is a copy of our letter to Mrs. Clinton inviting her to be our honoree and keynote speaker at the Women's Legal Defense Fund's annual luncheon in June.

The original letter was sent to the attention of Melanne Verveer. Melanne and Sara Ehrman have each told us that Mrs. Clinton has accepted our invitation to speak at our luncheon.

We have reserved the ballroom at the Washington Hilton for June 23rd. By now we are strongly committed to this date; if June 23rd is not a date that is available on Mrs. Clinton's calendar, please let us know immediately.

Please do not hesitate to call me at my office or at home to discuss any aspect of this event. If I am unavailable please speak to Claire Landers of my staff.

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WOMEN'S LEGAL DEFENSE FUND

December 23, 1993

Hillary Rodham Clinton
The White House
1600 Pennsylvania Ave., NW
Washington, DC

Dear Hillary,

Each June, when the Women's Legal Defense Fund (WLDF) holds its annual gala luncheon, the women's, civil rights, and legal communities fill one of Washington's largest ballrooms to celebrate recent legal and policy advances for women. At this event, we honor an outstanding individual whose work has improved the lives of this nation's women and families. Because your extraordinary courage and bold leadership inspire and energize America's women, we invite you to be the distinguished guest of honor at our annual luncheon this June.

We are thrilled that our friend Linda Bloodworth-Thomason, WLDF's 1992 guest of honor, has committed with great enthusiasm to presenting you with this year's award. In addition, we are very optimistic that a number of former First Ladies would agree to serve as Honorary Co-chairs.

Throughout the presidential campaign and the first year of the Clinton Administration, your remarkable intelligence, wisdom, grace, and good humor have dazzled the nation. Today, as a woman who has herself struggled to balance work and family responsibilities, you convey an acute understanding of the challenges that average American women and their families face day to day. You have become a role model for a new generation of women, shaping their vision of what is possible for themselves and this country.

Hillary, your presence at our luncheon this year would be enormously inspiring and energizing for all of us. It would be a rare privilege for those special women and men who have been stalwart supporters of our mission, and an extraordinary affirmation for those women and families on whose behalf we advocate.

WLDF's annual luncheon has become a much heralded Washington institution. In addition to Linda, other past WLDF honorees have included Marion Wright Edelman, Eleanor Holmes Norton, and Janet Reno. More than 1,000 individuals active in Washington, DC's legal, civil rights, public interest and women's communities, as well as labor and corporate leaders, elected officials and media

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representatives gather for this event. (I am confident that your presence will shatter all past attendence records.)

At this time, we have reserved lunch on Thursday, June 23. However, if that date is not available on your calendar, we have considerable flexibility in scheduling a lunch for Friday, June 3, Thursday, June 9, Wednesday, June 22, or Thursday, June 30. If none of those dates are available or a dinner format is more convenient on those or other dates, we would be delighted to work with the hotel to accommodate your schedule.

As a treasured colleague and friend in the struggle for equal justice for all of America's citizens -- especially its most powerless -- I would be truly honored if you would accept our invitation. I look forward to hearing from you.

Warmly,

Judy

Judith E. Lichtman
President

Hillary,

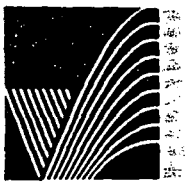
I have been thinking a lot of you a great deal.

My warm thoughts, good wishes, strong support and extraordinary respect for you and for Bill -

I wish you a happy and healthy new year

love -

Judy



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SM

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I wish you a happy and healthy new year

love -

Judy

The Washington Times

June 30, 1992, Tuesday, Final Edition

SECTION: Part E; LIFE; ABOUT TOWN; Pg. E2

LENGTH: 376 words

HEADLINE: Original 'Designing' woman takes a bow

BYLINE: Siobhan McDonough; THE WASHINGTON TIMES

BODY:

Creating great laughter is one of her fortes. So making instantaneous goodfriends at the Women's Legal Defense Fund 1992 Spring Luncheon was no difficult task for writer/producer Linda Bloodworth-Thomason Thursday afternoon.

At the annual gathering launched in the WLDF's 21st year, the focus was onthe prolific creator of "Designing Women," specialist in women's issues and close friend to likely Democratic presidential nominee Bill Clinton and his wife, Hillary. WLDF general counsel Donna Lenhoff praised her for "her ability to bring broad policy issues down to what they mean to women on a daily basis."

After receiving the WLDF's award at the Washington Hilton luncheoncelebrating the "Creative Power of Women," the Arkansas native noted how "important" it is for women to speak their minds. "It's been hard to be subtle after waiting around for 200 years," she said.

Besides doing her part to highlight women's issues in the hit series"Designing Women," which she referred to as "a political forum," Mrs. Bloodworth-Thomason is working on two other shows: "Evening Shade" ("close friend" Hillary Clinton came up with the title, which is the name of a real town in Sharp County, Ark.), and "Hearts Afire," a series that she says will provide viewers with an insight into what really happens on Capitol Hill.

"I had to temper some of the shows . . . based on interviews I had in a fewsenators' offices," Mrs. Bloodworth-Thomason admitted. "People didn't believe that what was portrayed . . . really happens."

In the meantime, she's busy making preparations for producing a film at theDemocratic Convention. But, she added, the biggest part she'll play in that project will be "being good friends to the Clintons."

After viewing 20 minutes of clips from "Designing Women," WLDF

PresidentJudith Lichtman lauded Mrs. Bloodworth-Thomason for incorporating women's issues with a bit of comic relief on the television screen. "By personalizing issues and making them real, women will be better heard," she said.

Among the guests were the program's host, Channel 7 News anchor Susan King; WLDF board Chairman Ellen Malcolm; and D.C. Delegate Eleanor Holmes Norton.

GRAPHIC: Photo, Women's Legal Defense Fund honoree Linda Bloodworth-Thomason with WLDF President Judith Lichtman ; Photo, "Designing Women" co-producer Harry Thomason and Ann Moore of People magazine

LANGUAGE: ENGLISH

October 15, 1993, Friday

SECTION: CAPITOL HILL HEARING TESTIMONY

LENGTH: 3952 words

HEADLINE: Testimony OCTOBER 15, 1993 DEBRA L. NESS EXECUTIVE VICE PRESIDENT WOMEN'S LEGAL DEFENSE FUND HOUSE GOV'T OPS;HUMAN RESOURCES AND INTER-GOVERNMENTAL RELATIONS THE IMPACT ON WOMEN'S HEALTH

BODY:

TESTIMONY OF DEBRA L. NESS

EXECUTIVE VICE PRESIDENT OF THE

WOMEN'S LEGAL DEFENSE FUND,

before the

COMMITTEE ON GOVERNMENT OPERATIONS,

SUBCOMMITTEE ON HUMAN RESOURCES

AND INTERGOVERNMENTAL RELATIONS "The Health Benefits Package:

The Impact on Women's Health Care"

October 15, 1993

TESTIMONY OF DEBRA L. NESS

EXECUTIVE VICE PRESIDENT OF THE

WOMEN'S LEGAL DEFENSE FUND,

before the

COMMITTEE ON GOVERNMENT OPERATIONS,

SUBCOMMITTEE ON HUMAN RESOURCES

AND INTERGOVERNMENTAL RELATIONS "The Health Benefits Package:

The Impact on Women's Health Care"

October 15, 1993

My name is Debra Ness. I am the Executive Vice President of the Womens Legal Defense Fund, an organization that has worked for two decades to secure reproductive freedom, fight job discrimination, help Americans balance work and family responsibilities, give women access to quality health care, improve women's economic status, and reform the nation's child support system.

First, let me thank Congressman Towns and this Subcommittee for bringing ushere today to talk about the critical issue of coverage for Pap smears and mammograms under the Administration's health care proposal. This issue touches the life of every woman and her family in this country, all too often with tragic consequences. The statistics will undoubtedly be mentioned often today, but they bear repeating:

-Approximately one in nine women will develop breast cancer by age 85.

This year alone there will be approximately 182,000 new cases of breastcancer among women and 44,500 new cases of uterine cancer.

This year approximately 46,000 women will die of breast cancer (the secondmajor cause of cancer death in women) and 10,100 will die of uterine cancer. 1

1. American Cancer Society, Cancer Facts & Figures - 1993, pp. 11-14.Though beyond the scope of this hearing, it should be noted that the Administration's proposal does not meet American Cancer Society guidelines for early detection of another major killer of women (and men) -- colon and rectal cancer.

The importance of early detection cannot be overstated: early detection andimproved treatment for breast cancer have kept death rates stable despite increasing rates of incidence; the death rate for cervical cancer has declined more than 70 percent, due primarily to regular checkups and Pap smears. 2

Women's health care is at a critical and defining moment. We must notunderestimate the far-reaching ramifications of policy decisions that will be made over the next several months. The President and this Congress are poised to dramatically reshape our nation's health care system. The outcome of this process will determine for decades to come what health care services women have (and do not have) access to.

For the first time, all women (and men) will be guaranteed access to anationally set package of health care services. We have the opportunity to design a health care

system that stresses prevention. Decisions about what is in that package must be based on what is needed to protect our health and well-being. We must not let limited resources work to deny women their most basic health care needs. All women, particularly low income women and others who historically have had difficulty obtaining needed health care services, will be looking to this Congress and to the President to do the right thing.

We emphasize this point because, as you know, there is a long history ofwomen's health issues being given short shrift in this country. There has been a paucity of research into women's health needs and a disgraceful lack of progress in understanding, preventing and treating diseases that primarily affect women. The historical failure to include women in clinical research trials and to conduct research on conditions primarily affecting women reflects the long- standing indifference of the scientific community to the needs of women. In the past few years, attention has finally begun to focus on the appalling lack of research into women's health needs, even capturing the attention of the media. But nevertheless, we have a long way to go.

We raise this point also because women's health care services, and mostespecially their reproductive health care services, traditionally have been fragmented, isolated and marginalized in ways that negate the integral connection between women's reproductive health and their general health and well-being.

And finally, we make this point because decisions about women's reproductivehealth are all too often determined by politics and what is perceived to be the prevailing wind of public opinion, rather than sound medical judgment and desired health outcomes.

2. American Cancer Society, Cancer Facts & Figures - 1993, pp. 11-14.

For women to participate in this society on an equal footing with men, theirhealth needs must be met. This means that this country must make a commitment to know more about women's health care needs and to ensure that women benefit from advances in scientific research and technology, including the most effective ways to detect and treat conditions that affect women. We must also commit to ensuring that women then have access to the highest standard of services, including screening and diagnostic services as well as treatment.

Our view is that the standards established in the health care reform planshould reflect whatever are the current standards accepted by the scientific and medical community. In the case of Pap smears and clinical breast exams, widely accepted standards for early detection have been set by the American Cancer Society. In the case of mammograms, in 1989 the American Cancer Society was joined by ten other major medical and scientific organizations including the National Cancer Institute, the American Medical Association, the American College of Radiology, and the American Academy of Family

Physicians in issuing Consensus Guidelines for mammography screening. Asevidence of the broad-based acceptance of these mammography standards, of the 43 states that currently have laws requiring insurance companies to provide coverage for mammograms, 35 of those state laws specifically incorporate the Consensus Guidelines in their mandate. 3

Even though some of the standards for early cancer detection may beevolving, evolving standards should not be an excuse for offering women less than whatever are the prevailing standards recommended and accepted by the scientific community. We must not allow the incompleteness of our knowledge -- or the inevitability of change that goes hand in hand with research -- to justify giving women less than what we currently believe is the best. Until sufficient research has been conducted to allow cancer experts to reach consensus and reformulate screening guidelines, we must provide women with the protection they have come to expect.

The Administration intends for its plan to stress prevention and personalresponsibility. We must not undermine the goal of prevention by cutting comers and leaving critical preventive services out of the plan. Indeed, it would be a contradiction to say that prevention is a goal and yet fail to provide those services with the frequency recommended by the medical and scientific community.

We understand that the Administration's plan will include a mechanism -- aNational Health Board -- for making changes in the future in keeping with advances in research and technology. Such a mechanism must be both responsive and flexible. It should be possible for the Health Board on an ongoing basis to make adjustments in the

3. American Cancer Society, State Laws: Third-Party Coverage of ScreeningMammography (October 1992). plan standards in timely and appropriate ways as new knowledge and evidence comes to light. Such adjustments might, for example, call for either an increase or a decrease in certain services, or the incorporation of new services or new protocols for existing services.

When we reviewed the draft of the Administration's initial health careproposal in early September, we were alarmed because the plan appeared to fall short of the promise to ensure that women receive health care that meets currently accepted standards for cancer screening and detection. The Administration's initial proposal does not follow American Cancer Society guidelines for Pap smears or clinical breast exams or the Consensus Guidelines for mammograms. Although we are encouraged by indications that changes are currently being considered, we would, nevertheless, like to briefly iterate some of the specific concerns that must be addressed in any final proposal. 'Me comments that follow highlight the most serious discrepancies between the Administration's initial proposal and the American Cancer Society's current standards and the Consensus Guidelines.

Pap Smears

According to the American Cancer Society, women 18 and over or who aresexually active should receive annual Pap smears. After three consecutive annual negative smears, the woman's health care provider may exercise her or his clinical judgment and perform Pap smears less frequently than annually.

Under the Administration's initial proposal, annual Pap smears appear to beroutinely available only to women between the ages of 20 and 49 who are at risk of contracting a sexually transmitted disease. The Administration's initial proposal also makes no provision for Pap smears after age 65 even though women over 65 account for approximately one quarter of new cases and close to half (41 percent) of the deaths from cervical cancer. 4

These provisions clearly do not conform to the generally accepted need forannual Pap smears for all women. They also ignore the high rates of STDs among teens (one in four has an STD by age 21).

Clinical Breast Exams

Clinical breast exams are an important tool in the battle against breastcancer because a significant portion of breast cancer cases are detected in this way. The

4. Mary C. Ciotti, MD, FACOG, "Screening for Gynecologic and ColorectalCancer: Is It Adequate?" Women's Health Issues (Summer 1992), p. 83. American Cancer Society recommends clinical breast exams every three years for women between the ages of 20 and 39 and every year for women over 40.

In contrast, the Administration's initial proposal does not provide forannual medical examinations (that would include a clinical breast exam) until one reaches age 65--despite the fact that women under 65 account for approximately half of the new cases of breast cancer detected each year. 5

Mammograms

As stated above, the Consensus Guidelines for mammography should be followeduntil such time as there is sound data and further consensus in the cancer community to support a change in those guidelines. The Consensus Guidelines call for a screening mammogram by age 40; a mammogram every one to two years for women age 40 to 49; and annual mammograms for women 50 and over.

The Administration's initial proposal falls short because it only providesfor mammograms every two years beginning at age 50--despite the fact that approximately 25 percent of new cases of breast cancer occur in women under age 50. 6

The Administration has recently made statements that imply that women insome yet-to-be-defined high-risk group may be able to have mammograms more frequently than indicated in the Administrator's initial proposal. However, even if doctors are able to order more mammograms in some cases, there may be financial barriers that prevent women from having them. It is not clear whether such mammograms would be subject to co-payments and deductibles, thus putting these services out of reach for low income women. 7. Moreover, there are bound to be countervailing, cost-reduction pressures in the system that may act to inhibit individual providers from recommending additional testing services.

5. National Cancer Institute, Breast Cancer Cases and Deaths per Year by AgeGroup (October 1, 1993).

6. American Cancer Society & American College of Surgeons, National CancerData Base: Annual Review of Patient Care 1993, Table 2-1.

7. Under the Administration's initial proposal, services listed as clinicalpreventive services (such as the provision for mammograms every two years for women 50 and over) are covered without patient cost-sharing.

The stage is now set for what will be the most dramatic and far- reachingsocial reform this nation has experienced in decades. As we begin the very difficult and challenging process of defining and shaping the exact nature of these reforms, we must ensure that women's health care needs are adequately met. We must start by ensuring that the health care services needed by women are included in the nationally guaranteed benefits package. Services not included in this package will quickly become marginalized, and if available at all, accessible only to those who can afford to pay. We as a nation cannot in good conscience continue to ration health care based on ability to pay. Those who maintain that we do not ration care are generally not those who are shut out of the system.

Lacking the resources available to others with important interests at stakein this national debate on health care reform, the women's community may find itself outgunned and hamstrung when it comes to protecting our interests, but try we must. If the past is any indication of what is to come, some may view women's health care and especially women's reproductive health care as an easy target in the fierce game of compromise and trade-offs that lies ahead. This Subcommittee's willingness to listen to our concerns gives us hope that our needs and concerns will not become political fodder to be bargained away. We face an extraordinary opportunity to improve the health of the people in this nation, and with your continued help and vigilance we will not squander that opportunity.
LANGUAGE: ENGLISH

Federal Document Clearing House Congressional Testimony

February 3, 1994, Thursday

SECTION: CAPITOL HILL HEARING TESTIMONY

LENGTH: 4348 words

HEADLINE: TESTIMONY FEBRUARY 3, 1994 JUDITH L. LICHTMAN PRESIDENT WOMEN'S LEGAL DEFENSE FUND HOUSE WAYS AND MEANS EMPLOYER MANDATE AND RELATED PROVISIONS IN THE ADMINISTRATION'S HEALTH SECURITY ACT

BODY:

TESTIMONY OF

JUDITH L. LICHTMAN,

PRESIDENT OF THE

WOMEN'S LEGAL DEFENSE FUND,

BEFORE THE COMMITTEE ON WAYS AND MEANS

U.S. HOUSE OF REPRESENTATIVES

ON THE

EMPLOYER MANDATE PROVISIONS

OF THE

HEALTH SECURITY ACT, H.R. 3600

FEBRUARY 3, 1994

Mr. Chairman and Members of the Committee, I am Judith L. Lichtman,President of the Women's Legal Defense Fund, which has worked to promote women's equality since 1971, particularly in the areas of employment, health, and family economic security. Thank you for the opportunity to speak to you today about the "employer mandate" provisions of the Administration's proposed Health Security Act (H.R. 3600).

If comprehensive health care reform builds on our current employer-basedsystem

of providing health insurance, we firmly believe that requiring employers to contribute to the cost of basic health care for workers and their families is essential to achieve universal coverage. This requirement is especially critical for working women who all too often do not receive health insurance coverage through their employers.

Since many working women are concentrated in the kinds of jobs that do notoffer health insurance coverage, the existing employer- based system simply does not work for working women and the families who depend on them. Any effort to reform our current system must remedy this most glaring failure. Indeed, history teaches that this is precisely the situation -- and precisely the moment -- that calls for Congress to enact a minimum labor standard to address this problem so that employer-based coverage is guaranteed for all workers.

WORKING WOMEN ARE CONCENTRATED IN JOBS THAT DO NOT PROVIDE HEALTH INSURANCECOVERAGE

Contingent Workers

Women comprise most of the growing "contingent" workforce in the U.S., whichat an estimated 3.9 million employees is the fastest growing segment of our labor force. Contingent workers include part- time, temporary, contract and casual employees. The Bureau of Labor Statistics reports that over two-thirds of all part-time workers are women; twenty-five percent of all working women work part-time. More than three-fifths of all temporary workers are women. 1

Some women work part-time because it is the only way to balance family andfinancial responsibilities. However, a great many women work part-time involuntarily -- that is, they would prefer to work full-time. Over 40% of part-time workers work part-time involuntarily, and women are 44% more likely than men to be involuntary part-timers. 2 Since contingent jobs are typically low- wage, it is not uncommon for many women to hold multiple part-time jobs simultaneously just to make ends meet.

Whether they are forced to work part-time or choose to do so, legions ofcontingent workers lose out on the benefits that are often taken for granted in full-time employment -- benefits that include seniority-based compensation, pensions, and most important, health insurance. Only 23% of temporary employees and 22% of part-time employees receive health insurance benefits through their employers. 3 Moreover, just last week, the Bureau of Labor Statistics reported that only 5% of part-time workers in firms with fewer than 100 employees have employer-provided health care coverage. 4

Low-Wage/Service Sector Jobs

In addition, even if they work full-time, women on average work for lowerwages

than men and are more likely to work in jobs that do not carry health insurance benefits. Women are disproportionately represented in jobs paying $20,000/year or less: nearly 70% of all women workers earn less than $20,000/year and 40% of all women workers earn less than $10,000/year. 5 New data shows that 32% of U.S. workers earning less than $10,000/year lack health insurance coverage of any kind. A full 88% of the uninsured are in families with an estimated adjusted gross income (AGI) of less than $20,000/year. 6 1 Economic Policy Institute, New Policies for the Part-Time and Contingent Workforce (Virginia L. duRivage, ed. 1992) (hereinafter, "EPI, New Policies"). 2 EPL New Policies. 3 EPI Now Policies. 4 U.S. Department of Labor, Bureau of Labor Statistim reported in Daily Labor Reports, No. 18, p.B-7 (January 28, 1994). 5 U.S. Department of Commerce, Bureau of the Census. Current Population Reports, Scries P60-184, Money Income Of Households, Families, and Persons in the United States: 1992. 6 Employee Benefit Research Institute, Sources of Health Insurance and Characteristics of the Uninsured: Analysis of the Match 1993 Current Population Survey (January 1994) (hereinafter "EBRI, Sources of Health Insurance").

Women are the majority of workers in the growing service- providingindustries and in smaller firms, which have the lowest rates of providing benefits. For example, women hold more than 52% of the nation's retail trade jobs and 62% of service industry jobs (working in industries such as hotels, personal services, educational and social services, and health services). 7 A typical service sector job is in a small-sized firm, pays little better than minimum-wage, and does not provide health insurance coverage. Thirty percent of all employees working in firms with fewer than 10 employees are uninsured. 8

It is these low-wage workers -- contingent workers, service industryworkers, and those in small firms -- who can least afford to buy health insurance for themselves and their families without employer assistance.

GAPS IN OUR EMPLOYER-BASED SYSTEM

The crisis is clear. Too many women -- both contingent and full- timeworkers -- are falling through the cracks of our current employer-based health care system. As more and more employers opt for contingent work arrangements or decrease coverage for full-time employees to cut costs, more and more employees -- women and men -- will suffer the consequences of the health care gap. A requirement that employers contribute to the costs of providing health care coverage for all employees -- including part-time employees -- and their families would close the gap. Such a requirement would provide health security for millions of working women and their families who now live without basic health care and would begin to alleviate some of the economic inequities faced by women workers.

CONTINGENT, LOW-WAGE AND SMALL FIRM WORKERS WOULD BENEFIT FROM THE EMPLOYERREQUIREMENTS IN THE HEALTH SECURITY ACT

The HSA's requirement that all employers contribute to the health insurancepremiums of employees who work at least 40 hours in a month will vastly improve our current employer-based system for contingent and low-wage employees, particularly benefiting women workers. Under HSA, most part-time, temporary, and low-wage workers would be assured some amount of employer contribution toward health insurance.

The Act requires employers to make pro-rated contributions toward healthinsurance premiums for part-time employees, based on the number of hours worked per month. Although part-time workers would be required to pay some part of the employer's unpaid share, HSA:s income-based caps would lock in to limit the total amount most part- time workers would have to pay towards their premiums. An exception to this rule is part-time employees who work less than 40 hours per month for one employer. Such day workers or casual laborers would generally be responsible for the entire employer share (in addition to the family share), subject to income-based caps. Temporary workers also stand to gain significantly under the Act because they would be considered employees -- either part-time or full-time -- of the temporary agency that hires and places them, so the agency would be required to contribute to the employee's premium. 7 U.S. Department of Labor, Bureau of Labor Statistics, Employment and Earnings (January, 1991). 8 EBRI, Sources of Health Insurance.

The HSA would also cover seasonal workers in the same way as part-time orfull-time employees, with employers obligated to make contributions based on the number of hours worked per month. However, there are some ambiguities concerning HSA!s coverage of seasonal workers. The nature of seasonal work -- with erratic work schedules that fluctuate widely from month-to-month (particularly for agricultural workers who move from employer to employer within a season of employment) -- may mean these workers would fall through the cracks without any employer contributions.

A major problem with the HSA's employee coverage provisions is its failureto define "employee" broad enough to cover people who are currently classified inappropriately as independent contractors. Since this classification makes a significant difference under the plan in terms of who contributes and how much, the legislation should make the definition clear, and should ensure that "independent contractor" status does not operate to deny coverage to workers who are truly employees.

IN THE CONTEXT OF REFORM OF THE U.S. EMPLOYER-BASED SYSTEM, IT ISAPPROPRIATE FOR CONGRESS TO ENACT A MINIMUM LABOR STANDARD THAT REQUIRES EMPLOYERS TO MAKE REASONABLE CONTRIBUTIONS TO THEIR EMPLOYEES' PREMIUMS

Our support for an employer requirement in the context of legislation thatbuilds on the current employer-based system is grounded in our experience as the chair of

the national coalition to pass the Family and Medical Leave Act (FMLA). This coalition consisted of more than 250 national organizations, including civil rights representatives, employers, religious organizations, health care providers, educators, disability rights advocates, senior citizens' representatives, children's and parents' advocates, labor unions, and women's rights advocates.

The FMLA requires employers to provide workers with job- guaranteed leave tohelp them balance work and family responsibilities. Just as in the current debate about health care reform, detractors of the FMLA labelled it an unnecessary and burdensome "employer mandate."

As the debate developed throughout the eight-year campaign to enact the FMIAchanging economic circumstances and workplace demographics compelled Congress to enact the FMILA as a minimum labor standard -- job guaranteed leave at times of family or medical emergency -- to meet the needs of working families. Just as earlier Congresses enacted minimum labor standards in the form of laws regulating child labor, minimum wages, occupational health and safety, pension and welfare benefits and antidiscrimination laws, the FMLA too established a minimum labor standard to respond to the particular problems facing working families that had broad social implications.

Our research during the FMLA revealed that, throughout our history, Congresshas enacted minimum labor standards when three conditions were met:

1) a serious social problem must be directly addressed;

2) voluntary corrective actions on the part of employers have proveninadequate; and

3) the law establishes a standard that employers can meet.

In the case of the FMLA, Congress was satisfied that these conditions weremet: First, the serious social problem caused by crises in working families had to be addressed; second, employers' voluntary corrective actions did not adequately address that problem; and third, the FMLA established standards that employers can meet. 9 Much like the Fair Labor Standards Act, the Occupational

Safety and Health Act and the Social Security Act, the minimum standard enacted by the FMLA will be widely accepted as a basic right of workers and a basic responsibility of employers. It is worth noting that the same special interest business lobby that vehemently opposed enacting any employer mandates to establish social security, fair labor standards, and safety and health laws, for example, are the same interests that resist establishing minimum health benefits now.

Based on our experience with the FMLA, we are convinced that the sameconditions exist with respect to health care. First, a serious social problem - the

health care crisis -- must be addressed. The number of workers who are uninsured is increasing while health care costs remain high for employers and employees. 10 The negative effects of this crisis are manifold -- from the financial and emotional drain on families struggling to obtain health care to the drain on our national economy and hence our global competitiveness. Second, voluntary corrective actions by employers have proven inadequate. Workers and their families remain uninsured and, indeed, many employers increasingly opt for a contingent workforce just to avoid the payment of health benefits. Third, like the FMLA and other minimum labor standards, the Health Security Act's minimum health benefit provisions establish standards that employers can meet. Experience shows that employers who already provide health insurance for their employees are paying too much -- precisely because they also bear the costs for those employers who do not. Insurance companies raise their premiums to cover the cost of care to the uninsured. The Act requires all employers, in concert with employees, to make reasonable contributions toward their employees' premiums. Further, the Act generally addresses part-time employees in a fair and equitable manner; employers with part-time employees will make pro- rated contributions. In addition, the Act specifically takes into consideration the needs of smaller businesses by capping the amount of employer contributions based on the percentage of payroll, thus subsidizing their participation. 11 9 See Report of the House of Representatives Committee on Education and Labor, No. 103-8 103rd Cong., 1st Sess. (1993) at 21-22 and Report of the Senate Committee on Labor and Human Resources, No. 103-3, 103rd Cong., 1st Sess. (1993) at 4-5. 10 Government data show that the number of uninsured people in the U.S. reached 38.9 in 1992, an increase of 4.2 million from 1999 and 2.3 million from 1991. EBRI, Source of Health Insurance. Total health expenditures rose more than 10% in 1993. "Yes, There Is a Health Crisis," The New York Times (January 30,1994), p.El6. 11 A recent analysis of the economic impact of the health care plan on manufacturing indicates that employers will not be forced to cut jobs due to the employer requirements; in fact, the study projects that the substantial savings due to redistribution of health costs and cost containment will result in a net income of jobs. See Baker & Tang. "The Impact of the Clinton Health Care Plan on Jobs, Investment, Wages, Productivity and Exports," (Economic Policy Institute Briefing Paper 1994).

Moreover, studies show that employers benefit economically when theiremployees have adequate health care. For example, the March of Dimes reports that poor birth outcomes cost employers and employees $5.6 billion in 1990 alone. However, when employers provide coverage for prenatal care for their employees, which reduces the likelihood of premature and low-birthweight babies, they realize immediate savings in health care costs as well as the long-term financial benefits of a healthy, productive work-force. 12

In addition, studies conducted by the Kaiser Family Foundation demonstratethat uninsured people receive less medical treatment, are sicker and suffer higher mortality rates than those covered by insurance. Requiring employers to contribute toward coverage for all employees will actually reduce the amount employers are now paying for extra sick time and turnover or replacement costs for employees who

currently go without health insurance. 13

Finally, new data indicate that reforming the current employer- based systemwill save employers over $25 billion each year by 2000. According to Administration estimates, employers with fewer than 5000 employees would spend only 6.5% of payroll on health care costs under the HSA, compared to 8.2% of payroll if no reforms are made. 12 March of Dimes Birth Defects Foundation, Healthy Babies, Healthy Business: An Employer's Guidebook on Improving Maternal and Infant Health (1994). 13 Studies cited in "Yes, There Is a Health Care Crisis," The New York Times (1/30/94), p. El6

Conclusion

The need for universal coverage to address the failures of our currentemployerbased system is critical -- particularly for working women and their families. The question to be asked in health care reform is the same as the one answered by the FMLA: Do the preconditions exist for enacting a minimum labor standard to universalize health care in America? The answer is yes.

LANGUAGE: ENGLISH

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HEADLINE: EMILY FIGHTS CAMPAIGN BILL

COLUMN: JO MANNIES/ ON POLITICS COLUMN

BYLINE: Jo Mannies

BODY:

IN 1992, THE much-touted Year of the Woman, perhaps it's not surprising that the biggest-spending political action committee was made up of a bunch of women. That PAC, in turn, backed only women candidates. Or, to be more precise, Democratic women candidates who support abortion rights. The Big Spender was EMILY's List, which distributed $6.2 million last year to 55 women candidates. (EMILY is short for Early Money Is Like Yeast - it makes the dough rise.) " EMILY's List was one of the primary reasons why we saw the number (of women) in the U.S. House rise from 12 to 36," said Laura Nichols, press secretary to House Majority Leader Richard A. Gephardt. Gephardt, of south St. Louis County, is one of EMILY's List's patron saints these days in the battle over campaign finance reform. EMILY's List is fighting against being reformed out of existence. That fight was one of the reasons EMILY's president and founder, Ellen Malcolm, stopped in St. Louis last week. First, some history about EMILY's List. The PAC was founded in 1985 - partly, says Malcolm, in response to Harriett Woods' narrow loss in her 1982 bid to oust Sen. John C. Danforth, R-Mo. Some of Woods' backers believed she might have won had she been able to raise more money. (She went on to be elected lieutenant governor and to lose another close Senate race in 1986 against Christopher S. Bond. Woods now is president of the National Women's Political Caucus, a group that promotes women candidates in the Democratic AND Republican camps.) EMILY's List's growth and influence was gradual until last year, when its membership exploded. It began the year with 3,500 members and ended with 24,000. (Malcolm gives some credit to Supreme Court Justice Clarence Thomas.) The 55 women candidates who got money last year - including several in Missouri - represent more than half of all of the women candidates aided by the PAC since it was formed, according to figures provided by EMILY's List. The PAC takes credit for aiding all five women Democrats now in the U.S. Senate and the nation's two women Democratic governors, as well as helping to triple the number of women Democrats in the House between 1987 and this year. What has EMILY's List at odds with campaign finance reformers, including Common Cause, is how it raises - and distributes - the campaign

aid. To be a member of the PAC, a donor pays $100 every two years and agrees to send checks of $100 or more to at least two women Democrats during that period. EMILY's List periodically sends out candidate profiles to members; the members then write out the donation checks but send them to EMILY's List - not the candidate. EMILY's List then forwards the checks to the candidates at one time. The practice, used by many PACs, is known as "bundling." The PACs say the method is a way to collect several small donations, to make a real difference on behalf of a favored candidate. Critics of the practice say it also is intended to impress the candidate with how much clout the PAC has in raising money on the candidate's behalf - thus, perhaps influencing the candidate's vote on legislation of interest to that PAC. That's why Common Cause and its allies are so opposed to the practice. And they used their clout to get President Bill Clinton to submit a campaign finance reform bill that, among other things, bars bundling. EMILY's List, along with a group of other PACS that back women or minority candidates, are battling the potential ban. They contend they should be exempted because they don't lobby for legislation. Their aim is simply to elect more of their favored candidates. One rub, for some opponents of the EMILY's List exemption, is that the PAC backs only Democratic women who support abortion rights. In those opponents' view, that restriction puts donations from EMILY's List on the same plane as those from any abortion-rights group that also lobbies Congress between elections. Malcolm doesn't see it that way. She views the measure as a way for male politicians, particularly conservatives, to stem the flow of money to women candidates. "The minute you succeed, they decide to change the rules," said Malcolm, in town to drum up members and get support for an EMILY's List exemption. "We re-created campaign financing," Malcolm said. She believes EMILY's List also counters the "old-boy networks" and male-dominated corporate boardrooms. "Our goal is simply to keep electing women and, ultimately, to level the playing field so men and women can compete on an equal basis." Gephardt, who supports campaign finance reform and also has one of the strongest campaign financing networks of any politician in Washington, backs an exemption for EMILY's List and its non-lobbying counterparts. Gephardt is confident that the House will grant one, Nichols said.

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BODY:

FMLA
ADVOCACY GROUP CALLS FOR EXPEDITED PROCESS
TO HANDLE EMPLOYEE CHARGES FILED UNDER FMLA

WASHINGTON (BNA) -- The Labor Department needs to establish an expedited complaint procedure to handle charges that employers have unfairly denied employee requests for leave under the Family and Medical Leave Act, according to the Women's Legal Defense Fund, a key player in the lengthy battle for passage of the new law.

Not only is such a procedure absent from the interim regulations implementing the new law, but so are equitable remedies, such as injunctions, for employees whose rights have been violated, the group says. The law expressly provides that available remedies should include "such equitable relief as may be appropriate," but the rules limit remedies to employment, reinstatement and promotion, and reimbursement for the cost of pursuing a complaint, WLDF says in its review.

The expedited complaint procedure is essential because of the need for immediate resolution of employee charges that they were denied the leave guaranteed by FMLA, the defense fund says. Such a procedure is "necessary to vindicate the rights of the employee and, where the denial of leave is found to be a violation of the Act, the most appropriate remedy may be an immediate injunction."

In addition, the procedure should be designed to give priority to complaints more urgent than those in which a monetary award may be a sufficient remedy, the group says in comments filed on the rules with the department. It suggests that the rules include the following language: "In cases in which denials of leave or other violations cannot be remedied by financial recompense, the department will utilize an expedited complaint procedure. In such cases, temporary or permanent injunctions may be granted."

The law provides that its enforcement be modeled after the Fair Labor Standards Act. Employees have a right to sue on their own behalf or petition the labor secretary to investigate complaints.

WLDF seeks specific language authorizing the Labor Department's Wage andHour Division to investigate possible FMLA violations uncovered in the course of

its enforcement of the Fair Labor Standards Act. The language also should include possible violations uncovered by the Office of Federal Contract Compliance Programs, which, in accordance with an internal agreement, is including FMLA compliance checks in its regular reviews. In addition, there should be specific authorization for the division to pursue complaints lodged anonymously.

Flexibility Necessary

Observing that the interim rules have been "widely used" since they were published June 3, one day before a statutory deadline, WLDF acknowledges that there "may be some reluctance to modify them at this point." It points out, however, that the notice of proposed rule-making issued March 10 did not contain proposed regulatory language.

Instead, the Labor Department outlined issues raised by the law and requested public comments on those and other areas of interest. It also asked that comments be submitted within three weeks because it had only 120 days from the law's Feb. 5 enactment date to issue the implementing rules.

Given that the public had no opportunity to comment on the proposed regulatory language until issuance of the interim rules, those rules are actually the equivalent of a notice of proposed rule-making, WLDF says. "Effective administration of the law thus requires (that) the Department of Labor should be flexible enough to make changes where warranted--both now and hereafter should the need for amendment arise." The Labor Department received about 1,000 comments in response to the interim rules.

The Labor Department extended a three-month period for commenting on the interim rules to six months to provide respondents more time to assess their effectiveness and determine the likelihood of problems. The department's semi-annual regulatory agenda, issued last October, did not include a deadline for completion of the final FMLA rules. The law went into effect Aug. 5, except in certain cases where collective bargaining agreements govern the employment relationship.

Serious Health Conditions

The law requires employers with 50 or more workers to provide up to 12 weeks unpaid, job-guaranteed leave in a 12-month period for childbirth, adoption, and the serious personal illness of employees or their close family members. While employer groups argue that the rules broaden the definition of a serious health condition beyond the intent of the law, WLDF contends that the rules' treatment of this area is not flexible enough.

The group specifically faults the description of a serious problem as one requiring an absence from work for more than three calendar days that also involves continuing treatment or supervision by a health care provider. Congress specifically

personal, and family leave "may be substituted for leave for an employee to care for a newborn or newly adopted child, or for a child, spouse, or parent who has a serious health condition, regardless of what the employer's family leave plan provides."

LANGUAGE: ENGLISH

WOMEN'S LEGAL DEFENSE FUND
ANNUAL LUNCHEON
June 23, 1994

DRAFT

12:20 PM

CATHLEEN BLACK:

Good afternoon and welcome to the Women's Legal Defense Fund Annual Luncheon. Thank you all for being here. It's an honor to see so many dear friends and committed allies on this gala occasion -- and a privilege to have the chance to co-chair this remarkable event.

By being here today, each of you is making a statement -- that you are committed to the fight for dignity and equality for women and men, for every American. You are providing strength and resources to ensure that the Women's Legal Defense Fund remains a powerful and effective advocate for women and families, a champion of justice in Washington and around the country.

Thank you all for your participation and your support.

Now, it is my privilege to introduce my distinguished co-chair for this event, Timothy Boggs . . . .

12:23 PM

TIM BOGGS:

Thank you, Cathleen. I join you in offering heartfelt thanks to everyone in this room. You truly are what makes this event so inspiring and so successful.

Today, we recognize the extraordinary accomplishments of the Women's Legal Defense Fund -- accomplishments that have improved the social, economic and legal status of women and men throughout this country. We recommit to an agenda that will help women balance work and family, and make public policy recognize the realities that shape all of our lives. And we honor three truly exceptional women.

I want to recognize a few of the many supporters who are making this afternoon so special. [Judy -- who does he need to thank? Ben & Jerry's for a contribution we'll all enjoy shortly? Who else?]

Now, please enjoy your lunch, and we'll be back shortly.

1:10 PM

ELLEN MALCOLM:

Thank you, and welcome once again to the Women's Legal Defense Fund Annual Luncheon celebration. I want to thank Cathleen Black and Timothy Boggs, our co-chairs, for their magnificent work in planning this event -- for reaching out and expanding the circle of Women's Legal Defense Fund supporters. And I thank each of you for making this the biggest luncheon in Women's Legal Defense Fund history.

Now, it is my great privilege to introduce the first of the three remarkable women we honor here today.

~~This month~~ last night, Pauline Schneider assumed the office of the President of the District of Columbia Bar.

She is the first woman of color to be elected to this prestigious and important post. I can assure you, members of the Bar couldn't have made a better choice.

Many people know Pauline Schneider as a partner in the law firm of Hunton & Williams. Or from her years in the Carter White House Office of Intergovernmental Affairs, where she was liaison with the District of Columbia and oversaw federal minority business procurement. Or from her work serving on numerous bar committees, including as Chair of the American Bar Association Accreditation Committee. Or from her work for the Lab School of Washington, D.C. Or with the District of Columbia Public Defender Service.

But I have had the privilege to know Pauline Schneider in a different way -- through the Women's Legal Defense Fund, where she serves as Vice Chair on the Board of Directors. So I can tell you from personal experience that we couldn't have chosen a more worthy person to honor here today.

For years, Pauline Schneider has selflessly devoted her energy, intellect and expertise to the fights to advance the rights of women and people of color. Time and again, she has demonstrated extraordinary skill and resourcefulness in finding creative solutions to daunting challenges.

Pauline Schneider is a uniquely effective leader in the legal, civil rights and women's communities -- a multi-talented champion of the disadvantaged. Quite simply, she is an activist who inspires us all with her uncommon courage and commitment. Pauline, please join me and accept our gratitude, our admiration, and our love . . . .

1:13 PM

PAULINE SCHNEIDER:

[Accepts award, speaks for about two minutes]

1:15 PM

ELLEN MALCOLM:

Thank you so much, Pauline.

It is our privilege today to celebrate another milestone, as Women's Legal Defense Fund President Judith Lichtman celebrates 20 years leading this organization. It is Judy's guidance that has helped make the Women's Legal Defense Fund the highly regarded national advocate for women and families that it is today.

It wasn't always this way. The Women's Legal Defense Fund was born more than 20 years ago when a group of women lawyers gathered in a living room to brainstorm about how they could use their positions to help women.

Those were the days when women routinely lost their jobs if they became pregnant.

When, in many states, women weren't allowed to serve on juries.

When the state of Texas didn't allow women to start businesses without written permission from their husbands.

If you want a measure of how times have changed, just look at the woman who today is governor of that state -- Ann Richards.

From that brainstorming session in Susan Ross's ~~an~~ obscure living room in the early 1970's, the Women's Legal Defense Fund was born -- at first a fledgling, volunteer organization of women lawyers who donated their time and energy to try to affect change.

In 1973, Brooksley Born, one of those dedicated women gave a speech to the Junior League, outlining the many ways in which sex discrimination was legal in this country. The Junior League members were so outraged that they made a ~~$25,~~ 30 000 grant to the Women's Legal Defense Fund -- which wisely used the money to hire Judy Lichtman, rent an office, and buy a typewriter and a telephone.

From that fledgling operation 20 years ago, Judy has guided and built this organization into the powerhouse that it is today.

Today, the Women's Legal Defense Fund can point to remarkable accomplishments. It played a critical role in the successful battles to win passage of countless vital initiatives including the Family And Medical Leave Act, the Pregnancy Discrimination Act, and the Civil Rights Act of 1991.

And Judy Lichtman has become one of the nation's most prominent strategists and substantive analysts on the most critical issues of our day -- from health to economic issues to fair employment to work and family to reproductive rights.

Day in and day out, Judy makes democracy work for people who might not otherwise realize its promise.

Judy Lichtman's expertise, vision and leadership have enhanced our nation's commitment to justice and equality, and made life better for American women and their families in so many ways.

Judy, you never cease to impress and amaze us all with your remarkable grasp of the issues, your keen instincts, your unfailing commitment to social justice, and your compassion, energy and resourcefulness.

I am proud to count you as a dear friend and to have this chance to thank you for your inspirational leadership. Thank you for 20 years of making us all proud -- and we expect no less from you and from the Women's Legal Defense Fund during the next two decades!

1:18 PM

JUDY LICHTMAN:

Thank you so much, Ellen. It is truly an honor to be on this dais with such esteemed family, friends and colleagues. And to see so many friends and supporters gathered here today. Welcome to each of you.

These 20 years certainly have brought a lot of progress and a lot of change.

In the early days, we spent a lot of time helping women who wanted to know how to keep their birth names when they married, and women who were unable to get credit in their own names.

We won those battles, for those women and for their daughters and granddaughters. But we have so much work still ahead.

We meet here each year to take stock, to celebrate our victories, to rededicate ourselves to the battles that lie ahead. There have been years when we had to remember that all great victories take time. When we had to convince each other that eventually we would prevail. When we had to recommit to continue fighting the good fight because women depend on us so much.

But this year is different -- this is a year when we have so much to celebrate.

We have won great victories that have tremendous meaning for women and families.

After a long, hard fight, we won passage of the Family Medical Leave Act. We have won Supreme Court rulings that establish that sexual harassment is illegal employment discrimination. We have enacted a law that will help blunt the horrifying explosion of anti-choice violence at women's reproductive health clinics.

We are so much stronger today, in large part because we have ensured that many extraordinary women are elected and appointed to positions of power. And because we have seen so many women utilize their position and influence for the greater good. Women like many of you here in this room, including EMILY's List President Ellen Malcolm, D.C. Bar President Pauline Schneider, [fill in Members of Congress and public officials who are there], and, of course, First Lady Hillary Rodham Clinton.

Those women are among the new generation of female power-holders.

They are real players in the political and public policy arenas -- not just on what we traditionally have considered women's issues, but on the leading issues of our day. Those women hold real power. They literally are shaping America's future.

And yet, despite these advances, as advocates for women and families we still face tremendous challenges.

Even though some women have broken through to positions of power, too often those women -- all women -- are viewed as one-dimensional. Women are portrayed as crusading lawyers, or devoted mothers -- but rarely both. Hard-working managers, or devoted daughters. Dedicated teachers, or skilled homemakers.

The truth is that most women, like most men, play many roles in the course of their lives. We are loving and responsible family members and we are skilled and devoted workers.

But as a society, too often we are unwilling to acknowledge that reality.

We need to do more to acknowledge that women are multi-faceted and multi-dimensional. Wage-earners and homemakers. Mothers and daughters. Family caregivers and health care consumers. And that the same holds true for men.

Now more than ever, we need public policies that recognize our multi-dimensional roles. That recognize that finding ways to fulfill both our work and family responsibilities is critical to our well-being as individuals and to the overall health of our society.

Helping the women in power -- and the men who support us -- enact more humane and compassionate work and family policies is a critical challenge for all of us.

So is closing the wage gap that penalizes not just women, but their families -- and takes the greatest toll of all on women of color and their children.

But no challenge is more urgent or compelling than enacting a health care reform package that will address women's needs.

For the past year, America has been engaged in an unprecedented public policy debate on health care reform. Every American will be affected by the outcome of this debate, but it is women who may be most profoundly affected. At stake in the debate over health care reform are critical preventive services for women and their families. At stake is access to women's reproductive health services. At stake, ultimately, is women's economic security.

We have strong advocates in positions of power on health care reform. Members of Congress like Barbara Boxer, Carol Mosely-Braun, Don Edwards and their colleagues too numerous to mention. Cabinet members like Donna Shalala.

And, of course, the Administration's brilliant and accomplished health care reform guru, First Lady Hillary Rodham Clinton.

But we can't just leave it to the women in power -- and the men who support them -- to win an effective and just health care reform package. All of us have a role to play in ensuring that our nation reaches the right outcome in this most crucial debate -- that America takes advantage of this opportunity to end the historic neglect of women's health issues.

All of us have to speak out to ensure that we enact a comprehensive benefits package. That we reject any system that would deny low income women and their families access to health care, or offer them only second class care.

We have to act to ensure that real resources go into research on women's health issues. That health care reform recognizes women's special needs as caregivers of children and elderly family members. That we provide badly needed long-term care.

Most of all, we have to become powerful and outspoken advocates to ensure that women's interests don't become political fodder in this debate. It is up to us to make certain that, in the political push and pull that already has begun, women's needs aren't traded away.

In all of our work, on health care reform and on other issues, we have an advocate, a leader, a hero in the White House. Her name is Hillary Rodham Clinton.

As First Lady, she leads by example, every day demonstrating that women can be smart and strong and compassionate. That we are multi-dimensional and accomplished in myriad ways.

As a woman who has balanced work and family responsibilities, Hillary Rodham Clinton knows first-hand the challenge that many American women and their families face each day.

Already, in just a short time, Hillary Rodham Clinton has utterly re-shaped the role and image of First Lady, creating a new standard for the nation.

[this needs to be written more precisely when we know the slides we'll be showing]

As the architect and leading spokesperson for the effort to reform health care system, she has demonstrated remarkable expertise, genuine compassion, and a unique ability to articulate issues with candor and clarity.

She has a long, proud history of activism to improve life for children and for every American in need.

She is a true champion of social justice.

Ladies and gentlemen, it is my privilege and honor to introduce the First Lady of the United States, Hillary Rodham Clinton.

1:27 PM

HILLARY RODHAM CLINTON

[Speaks for approximately 10 minutes on health care reform, etc.]

1:40 PM

JUDY LICHTMAN

[presents something to HRC]

Thank you all once again for joining us here today, and please join me in giving one final round of applause to our two luncheon co-chairs, Cathleen Black and Timothy Boggs, for making this afternoon possible.