

Symposium 2001

Opening Remarks†

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Good morning everybody and thank you Dean Dwyer for that wonderful introduction. I'm glad to be the one to make the opening remarks this morning, because as I was thinking about this symposium, I started to think that we should start off on a positive note, because these last eleven days have been an extraordinary time. I just dropped my daughter off at the San Francisco International Airport and was able to park at the curb, which should tell you something about the fact that people are not traveling. As we just heard, a few of today's scheduled speakers didn't even have a choice about traveling, because they weren't able to get on an airplane. So it has been an extraordinary time, but this is also an interesting time for women and for women in the health care arena, and there are some very positive signs that I think we should talk about.

First I'd like to talk to you a little bit about what's been going on in Sacramento, because it's been an interesting year. If you had said to me, "Dion, what were the major topics going on in our State Capital this year?" even those of you that come from far away would probably know that women's health care was not at the top of the list. There were only two subjects of any importance in the California Legislature this year. One of them we have not resolved and that's the so-called energy crisis. For certain, not so much a lack of energy, but a funding scam that's been going on for quite a long time now. And secondly, something that goes on in every State Capital across this nation at this time of a decade, and that is reapportionment.

Those were the two major issues, but I don't think it's fair to say that women's issues took a back seat to anything. In fact, in a kind of fascinating way, I think it was the beginning of a real coming together of the Women's Caucus. As you know, in the last decade there has been a

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† This is an edited transcript of the opening remarks delivered by Assemblywoman Aroner at the BERKELEY WOMEN'S LAW JOURNAL'S 2001 Symposium, *In Critical Condition: The State of Women's Health and Access to Care*.

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significant increase in the number of women in the California legislature. In our Legislature, twenty-five percent of the seated members are now women. You might think that's because of term limits, and it's certainly an effect of term limits, but if it had been the 1950s there would not have been any women sitting in the Legislature even with term limits. It's really a result of the women's movement and women taking their rightful place, as we would say, in the House and Senate.

Even with the increase in women, however, the Women's Caucus had never really used its power in any meaningful way until last year. Then we had a little taste of it when we decided to send a message to the leadership of the Legislature, and most importantly to the Governor, that we would not vote for the budget if there was not a significant increase in child care funding. We were very successful. We got an additional approximately one hundred and forty-one million dollars dedicated to child care here in the State of California. Now that might not sound like a lot to you, but a hundred and forty-one million dollars was a significant amount last year, and it gave us a sense that if we stood together on some issues, we really were a voting block that could be very powerful. Last year the Women's Caucus literally had to get into a room and hunker down and ask ourselves what was the one issue to organize around and if we had enough guts to do it. We actually had a little drama on the floor on the very last night of the session at like 1:00 in the morning because the Republicans wouldn't come out of Caucus, and this one hundred and forty-one million dollars was one of the last items to be voted on. Finally, the Women's Caucus went and started a little demonstration outside of the Republican Caucus saying, "Come on out because we have some important work to get done." It worked: the bill was passed, the Governor signed it, and we all went home happy campers.

This year there have been some other activities, and it's been fascinating to watch the growth of the Women's Caucus. The Caucus is going to have some growing pains, because as we deal with issues that we don't all agree on necessarily, we're beginning to already see the strains created by a difference of opinion on policy and on whether or not we can stay together. It played out on the privacy issue this year in the last week of the session when many of us who were in favor of the Privacy Bill that Senator Jackie Speier was sponsoring came together to put a significant amount of pressure on our colleagues in the State Assembly. It did not work, we did not get the bill out, but it was the first time I ever saw a group of women State Senators walk across the hall, come to the front of our floor while another member's bill was being presented, and lobby members of our house in order to ensure that a bill would pass. It really made an impact. We'll see how it plays out in the next legislative session, if we can continue doing that together, because as women we can be very powerful, as we all know.

I have an interesting story to tell you in regards to one bill. I don't know if you know this, but for years California paid for the screening for breast cancer, but we didn't pay for the treatment of breast cancer. You could be screened, you could be diagnosed and told you had breast cancer, but then there would be no funds for you to be treated if you were a low income woman, unless you were on Medi-Cal. But there are, as we know, thousands, if not hundreds of thousands, of people who either are not on Medi-Cal even though they're eligible or are slightly above the guidelines. It took us many years to get the funding for treatment. We finally got the funding last year and a significant amount of dollars.

Then this year Deborah Bowen came over with a bill about cervical cancer asking for requirements for OB-GYNs in regards to how they notify women about the issue of cervical cancer and how life-threatening it can be. She had a bill identical to legislation that was passed in the early nineties around prostate cancer. Immediately there was an equity issue. Anyway, what the Bowen bill requires is just that an OB-GYN inform patients, either through written material or verbally, about the issues of cervical cancer—how difficult it is to detect; that you need to come in for preventive exams (pap smears) and be seen by an OB-GYN on a regular basis, et cetera. OB-GYNs who didn't do so could be fined. We're not talking about going up in front of the medical board or having your license pulled; we're talking about simply being fined, I think, maybe a hundred dollars. It's the exact same language that's been in a statute now for years around telling men about prostate cancer.

Bowen gets this bill out of the State Senate with no problems whatsoever, it comes to the State Assembly, and she can't get it moved. It was one of those times when you decide as a group of women that you're not even interested any longer in the policy issue, you kind of lose it, because it's been fine all these years to have the same kinds of requirements around prostate cancer. Then when we try to apply them to women, all of a sudden men (there was not a woman on the floor who was having an issue with this bill) started asking whether we should put physicians in this position, whether fines were the best way to encourage disclosure, whether we should use a carrot instead of a stick, et cetera. It was ironic, because all of these kinds of process issues usually come out of women's mouths, but now we were hearing it from the men on the Health Committee, which I actually sat on at the time because I was filling in for somebody.

Finally, all of us as the Women's Caucus said this has nothing to do with the policy everybody, it is straight-up an equity issue. I walked around the floor and told the gentlemen who hadn't voted, "we're having a hard time; your knees come off if you don't do this; from our perspective, this is straight-up an equity issue; I don't think you want the Women's Caucus all over you; and I don't think you want this kind of press." The women on the floor were very clear and we were organized:

we had a list, got our act together, and went around and said, "Where are you on this issue? This is an important issue for the Women's Caucus." This tiny little bill that you would not think would have generated any of this kind of activity became the cutting issue for the Women's Caucus this last week. We were committed to getting Deborah Bowen's bill off the floor and to the Governor so that it could be signed. It is an example of the kind of things that we need to do and be concerned about and how we can use the power of the Women's Caucus, the women's movement, women lawyers, and women in our constituency in general to move legislation through the legislature.

There are lots of other things happening both at the State level and at the local level here, and I want to talk to you about some of them. The Women's Caucus had a similar empowerment experience around the Governor's budget cut. I don't think the Governor meant to do something that was insensitive, but it certainly came out that way in his veto messages on the budget. The Governor made significant budget cuts – six hundred million dollars in cuts – because the budget in California is in great threat because revenues are so dramatically down. One of the Governor's cuts was to cut the Maternal and Child Health budget by around two and a half million dollars. Now the State General Fund portion was only two and a half million, but that generates around five to six million in federal dollars. So his action of taking away two and a half million cut the MCH budget by around eight million dollars.

That budget cut became the other main issue for the Women's Caucus this year. Two and a half million dollars is nothing, a tiny little cut in a budget of a hundred billion dollars, but from our perspective it was what that cut represented. The effectiveness of those dollars in our communities and on our streets in regards to maternal and child health was so important that we felt we needed to send him a signal that those dollars are not to be touched, we're only interested in increasing them, not in decreasing them. That became the mantra for the Women's Caucus this last week. We have been told now that the dollars will be restored and that there will be no cuts in services in that field. So once again, this experience tells us that by coming together we really can have an impact. We can only learn from this, and hopefully the issues will grow bigger and bigger as we move along.

Locally, it's been kind of interesting for me this year because there have been some issues that have affected us locally. I know you're going to be doing a breakout session this afternoon on incarcerated women, and I wanted to talk about a marvelous program we have here in Alameda County out at our County jail. Around twenty-five years ago now, two women, Sandy Turner and Jennifer Peason, started working with women in jail, and they involved many, many other women including myself. We have now finally put together a Maximizing Opportunities for Moth-

ers to Succeed (MOMS) Program at the Alameda County Jail where women who are pregnant and/or parenting infants can keep their infants with them. It's an extraordinary, cutting-edge program, from my perspective, because usually there are programs on the outside for women once they have left jail, but this program is literally for while they are still being incarcerated.

The MOMS Program has already started out in Alameda. I asked the Governor for funding for this project and was really pleased when he agreed to six hundred thousand dollars to go to the MOMS program. I think he recognizes that we need to start dealing with this issue. It's very expensive for us to tear families apart when moms are incarcerated. All it does is increase our foster care rates. Instead, we need to try to figure out how to maintain the family bond and ensure that when the mother comes out, she is able to renew her activities in the community and to do something so that she can maintain herself and her family. So I was really pleased that the Governor funded the program. I think that's positive, and I think we're all learning from that program about how we can provide services to incarcerated women.

The other exciting thing for me was a hearing that I had yesterday on health care for people who are disabled, which included people with mental disabilities, physical disabilities, developmental disabilities, and any other kind of disability that somebody might have. (If you read *The Daily Planet*, which is our local community paper here, you'll see an article on it this morning.) It was particularly striking yesterday to hear people talk about disabled women and their issues. Many talked about how people with disabilities are invisible to health care professionals. With all due respect to anybody that might be a health professional, that is certainly how disabled people feel about how they are treated by health care professionals.

At the hearing yesterday, we did a whole group of case studies where people came up and talked about either individuals they were providing services to or the individuals themselves came up to talk about how they were treated in the health care system. And women in particular with disabilities have significant issues that aren't addressed at all. Something that helped put things into perspective for me was that people with disabilities are viewed only as people with disabilities. They don't have any other issues, and they can't get sick in any other way, they just have a disability. They don't have other health care needs, they don't need pap smears, they don't need breast exams, they don't need prostate exams, because people with disabilities only have disabilities. And so it was really an extraordinary event yesterday to have a discussion about how to improve access to health care through the training of medical and health care professionals in regards to providing services to people with disabilities. It's not that we don't have the knowledge or technology to do it,

it's simply that we haven't taken the time to talk to health care professionals about how you do this.

Dental treatment is a huge issue because people with disabilities, particularly with developmental disabilities, take extraordinary amounts of time to provide services to in a dental office. Dentists often don't want to take that time, but even if they're willing to, they don't know about the treatment needs of those very difficult patients from their perspective. For example, they aren't trained on giving them anesthesia, having to put them to sleep sometimes because of the pain, understanding what amount of pain they can handle, and getting them to relax their body so that someone can provide them services.

The hearing was really interesting and the first time in a legislative setting where we began to talk about these kinds of issues and to put people with disabilities on the map, in particular women with disabilities. It's important to have this policy discussion in a place where we can start trying to figure out how to affect the medical system and our health care system through public policy. Right away I started writing notes to my staff saying we need to do something to ensure that medical schools have requirements in regards to teaching medical students about people with disabilities, what their extraordinary needs are, and how one can meet those needs.

We also need to have a national discussion in regards to our payment mechanisms, because we don't allow our payment mechanisms, particularly Medicare and Medicaid, to discriminate in any way in regards to their fee structure for people who might cost more because of their disabilities. I mean that we can't pay the dentist more money to treat somebody with a disability than we pay her to treat somebody who doesn't have a disability. It might actually cost more to do it, but we don't allow them to differentiate. We need to have a national discussion about those kinds of issues if we're going to talk about very vulnerable populations. We need to start having those kinds of discussions, because it does cost more to treat certain populations than other populations. People with language disabilities or barriers take more time in an office, and we have to decide what to do about that.

The other exciting thing that we're looking at in women's health care is young women. We've been talking to a group of young people about what their health care needs are, and we're going to be doing a Women's Health Care Summit particularly focused on young women, meaning women between the ages of about sixteen and twenty-five. The purpose of the Summit is, first of all, to make an impact by raising the young women's level of interest and knowledge about the issue, because your future generation will be the next generation of leaders, but also to start hearing from them about what their particular issues are. We've already started this process—my staff has been meeting now with a group

of young people and we're doing a kind of youth summit on a regular basis now to start bringing those issues up to see what they are. We've found that if you allow young people to have a discussion and if you're willing to listen and not always be the ones leading the discussion, they will provide you with great amounts of information, will be willing to help, and will really want to work and provide some leadership in their community. But you have to give them the opportunity! There has to be a safe space for them to be able to talk, but most importantly a safe space where they can talk and adults can listen so that we can take leadership from them and get ideas from them. I'm very excited about those youth summits because I think those are real possibilities for us in public policy to encourage and include more people into the discussion.

This morning I've discussed some of the positive things that legislators like myself and others are doing to encourage our communities to participate in women's health issues. Thank you very much for allowing me to come and talk.

Relevant Sources

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Jeffrey Obser, *Forum Addresses Care Barriers for People Living with Disabilities*, BERKELEY DAILY PLANET, Sept. 22, 2001, at 1.