

LIFE IN THE U.S.



A woman governor doesn't automatically mean a feminist program.

Gov. Ella Grasso is no feminist

By Marc Gunther

Hartford, Conn. On a snowy Connecticut morning two years ago, soon after Ella T. Grasso took office, a group of mayors arrived for a breakfast meeting at the governor's mansion. The snowstorm had caused some kitchen staff to be late for work, so Gov. Grasso donned an apron and began serving breakfast to the mayors, all of whom were men. The next day, the photographs made every newspaper in the state.

It was not the incident itself, but rather Grasso's response, that disturbed a group of women who brought it up during a meeting with her afterwards. "She didn't even seem to know what we were talking about," one said.

The governor has made a surprising number of similar "mistakes" that have rankled many women who supported her two years ago. Last spring, for example, after feminist groups drafted a "Women's Agenda" as part of International Women's Year, representatives in many states sought meetings with their governors on an agreed-upon day to present the document. In Connecticut they were told by an aide that Grasso was "too busy" to see them. Similarly, Jan. 11 was declared Alice Paul Day by the governors of New Jersey and Pennsylvania to honor the long-time feminist on her 92nd birthday. Before moving to a New Jersey convalescent home several years ago Paul lived in Ridgefield, Conn., but despite a request from women's groups, she received no similar recognition here. And, at the moment, Gov. Grasso is reportedly balking at a request from the state's Jaycees to declare February "Sexual Assault Awareness Month."

Ella Grasso was bound to disappoint many women and make some mistakes, given the high expectations she generated and the unusually close scrutiny she received after becoming the first woman in America to be elected governor in her own right. President Ford, after all, was admired for his lack of pretense when he toasted muffins in the White House kitchen and, under other circumstances, Grasso might have won the kind of praise for her breakfast behavior that she received when she traded in the gubernatorial limousine for a police car and sold the state airplane her predecessor had enjoyed.

In fact, Grasso's symbolic mistakes would probably have been quickly forgotten if they did not, at least in the eyes of many feminists here, betray a lack of sympathy—and sometimes outright discomfort—with the concerns of the women's movement.

It did not always seem that way, at least in the national media. When former Rep. Bella Abzug of New York called 1974 "the year of the woman," *Newsweek* con-

curred and used the phrase along with a photo of Grasso on the cover of a special issue featuring women in politics. And, though Grasso never claimed to be a feminist, it is indisputable that she could not have been elected without the women's movement.

"The women's movement created the climate that made it possible for her to become governor," says Ruth Mantak, chair of the Connecticut Women's Political Caucus. Mantak says, too, that the "fact that Connecticut hasn't fallen apart" has helped other women seeking political office. "We're viewed from other places as fortunate to have a woman governor," she says. "It's still very nice to refer to the governor as 'she'."

The Women's Political Caucus was one of several women's groups to endorse Grasso in 1974. It did so after she told the

caucus (at a meeting recalled by several women interviewed for this story) that she would not allow her strong personal opposition to abortion to interfere with her decisions as governor. Grasso also promised not to attempt to circumvent the abortion rulings of the U.S. Supreme Court—a promise she has now broken.

If feminists have been disappointed by some of the governor's symbolic actions, they have been positively appalled by a number of her policy decisions affecting women. They are angry, most of all, about abortion.

Connecticut's abortion policy is now the subject of a case before the U.S. Supreme Court that attorneys say could affect the access to abortions of millions of poor women in the U.S. (See accompanying article.) The state contends that it can limit payments for abortions under the Medicaid program to cases of medical or psychiatric need. That policy is being challenged as unconstitutional by a group of poor women who have been joined by national women's and abortion rights organizations. Grasso says she supports the state position as a legal way to fight abortion.

On other issues too feminists are less than enthused about Grasso's record. Of the 21 cabinet-level appointments she made upon taking office, only two were women: one served briefly as commissioner on aging and another was given the "woman's job" of consumer protection commissioner. Later, however, Grasso chose four women as deputy commissioners, including the first ever in banking, and she has since named a woman as personnel commissioner and appointed several female judges.

Mantak, a former Republican councilor in a Hartford suburb, calls the governor's record on appointments good despite criticism from some women's groups.

Medicaid payments for abortion at stake in Connecticut case

If the U.S. Supreme Court decides that the abortion policy of the state of Connecticut is constitutional, it will immediately become much more difficult for millions of poor women across the country to obtain legal abortions. In part, those women will be able to thank Ella Grasso for their troubles.

Gov. Grasso's attorney general and social services commissioner are asking the high court to overrule a three-judge federal panel that declared the state's policy unconstitutional in December 1975. The state officials are seeking to limit state Medicaid payments for abortion to cases of medical or psychiatric need, and to eliminate payment for so-called elective abortions. A ruling on the dispute is expected soon.

The importance of the case is underlined by the fact that the group of women challenging the state policy have been joined by attorneys representing the National Organization for Women, American Public Health Association, Planned Parenthood and 66 medical school deans, professors and individual doctors.

Patricia A. Butler is an attorney with the National Health Law Program in Los Angeles which has joined the case on behalf of a 28-year-old South Dakota woman who has been unable to obtain state payment for an abortion. Butler says the court's ruling will affect the policies and practices of most states with respect to Medicaid payments for abortions. Already 11 states are seeking to withhold such payments along the lines argued by Connecticut. New Jersey has filed a brief supporting

the state's position, and several jurisdictions are already refusing payment for abortions to indigent women.

Already, according to several studies, access to abortions has been severely curtailed for poor women. The Alan Guttmacher Institute in New York estimates that in 1975 between 163,000 and 280,000 Medicaid-eligible women were unable to obtain abortions, largely as a result of Medicaid policies and administrative practices.

Despite the much-vaunted problem of skyrocketing Medicaid costs, the anti-abortion policy is far more expensive than one which permits women free choice. The U.S. Department of Health, Education and Welfare says an average first trimester abortion (which covers about 85 percent of all abortions) costs \$150 compared to the average Medicaid payment of \$556 for delivery in a public hospital. The department also estimates that for each pregnancy among Medicaid-eligible women brought to term, first-year costs to federal, state and local governments for maternity, pediatric care and public assistance amount to about \$2,200. The situation is probably the first ever where poor people are seeking and being denied a less costly benefit in favor of a more expensive one.

Butler and the other attorneys representing the women's and health groups believe the state's position is as weak legally as it is logically. "If there's ever a case that ought to be won, it's this one," Butler says. But she remains only cautiously optimistic. "You just never know what will come out of the Supreme Court."

"Perhaps we in the caucus understand politics better than other people do," she says. "Politics is a very sophisticated process."

A dissenting view is heard from Democratic State Sen. Betty Hudson of Madison, a forthright feminist who has often challenged the governor on women's issues. "Without comparison to other states or previous administrations, the facts say we have far too few women in policymaking positions and the judicial branch," she says.

The legislative programs advocated by feminists have generally received quiet support from the governor. Grasso signed bills in each of the last two years revising the state's laws on sexual assault. She also approved legislation to establish an Office of Child Day Care and to equalize retirement benefits for both sexes. The Connecticut Women's Educational and Legal Fund, a group fighting sex discrimination, says the state now has one of the best structures of law for women in the country.

But the governor herself has rarely been in the forefront of the equal rights battles. Though her aides will say that Grasso supports the Equal Rights Amendment, Alice Chapman, state coordinator of NOW, believes the governor has avoided being publicly identified with the amendment. "I've never heard Ella Grasso herself come out and speak in favor of the ERA," she says.

Nonetheless, Hudson says that Grasso's presence has done an enormous amount of good for women. "Anytime there's a woman in a position that is non-traditional, we begin to change the qualifications for that job," she says. "It's very important for young women—even little girls—to have role models," adds Mantak.

Diane Goldsmith, one of the hosts of a public radio program called "Women in Your Ear," says women are still struggling with traditional notions of leadership and power. "It's extremely important to have a woman in a visible position like the governor," she says. "On the other hand, when the actions she's taken have been detrimental to women, you have a difficult problem." Alice Chapman of NOW puts it more bluntly: "She will do great things for Iowa, where they don't know her."

Grasso describes herself as a "moderate." Last year, when she campaigned for U.S. Sen. Henry Jackson during his hawkish run for the presidency, there were indications that she had vice presidential aspirations. Now there is talk of a possible appointment in the Carter administration, and the governor says she is keeping her options open.

Ella Grasso for vice president? Perhaps. The just demands for equal representation and the significant gains that would result for women would have to be weighed against her disappointing record. Indeed, the question illustrates the way in which the issue of equal representation competes with questions of public policy and class for the attention of liberals and radicals—often at the expense of policy and class concerns. The public discussion of Jimmy Carter's cabinet selections, for example, featured daily "head counts" of women and minorities. Thus, HUD secretary Patricia Roberts Harris represents women and blacks, not IBM and Chase Manhattan, on whose boards she serves and whose ideology, presumably, she shares.

But the head counts—and even the politicization of breakfast—will rightfully continue until equal representation is taken for granted. Sex, in a sexist society, must be politics. In such a society, we are left with politicians like Ella Grasso who, in the words of one of her longtime supporters, is finally "just one of the boys."

Marc Gunther is a reporter living in Manchester, Conn.

Wilmington citizens resist hospital removal

By Robert Steinbrook

Wilmington, Del. It was June 1975 when Denise Smokes, pregnant and bleeding internally from a possible miscarriage, was rushed by ambulance to Wilmington Medical Center's General Division. Late that evening, doctors sent her home after deciding against an immediate abortion. Separated from her husband and without transportation, she walked about two miles until a friend passed by and gave her a lift the rest of the way.

"I was hemorrhaging and clotting on every step," the 24-year-old college student says. "If I had to walk home from a hospital [in the suburbs], I probably would have died."

Retired custodian Raymond Brown, unable to walk without leg braces or crutches, spends several dollars each time he takes a cab from his north Wilmington home to the hospital now. He despairs of spending \$25 or so for a round-trip cab fare to a proposed new hospital in suburban Stanton.

"God almighty, I wouldn't make it," he says of Plan Omega, the Wilmington Medical Center's plan to build an 800 bed hospital in the city's suburbs and sharply curtail services provided in the city itself. The center, the major health care provider in a state where there are no county or state funded hospitals, plans to close its antiquated "Memorial" and "General" divisions and leave only its "Delaware" division with 250 beds, a first-class emergency room, all of its current outpatient clinics and a few specialty services in its city facility.

►"An interracial thing."

"It's an interracial thing to get rid of the blacks and the poorer whites [pushed by] people who've got money, like the du Ponts, and who can pay for private rooms," Brown says.

Denise Smokes, Raymond Brown, other city residents and the city itself don't believe the private, non-profit Wilmington Medical Center's promise that its quality of care "will be the same" in the city and the suburbs and that adequate inexpensive transportation will be provided.

Because they think Plan Omega will guarantee Wilmington's poor, black, Spanish-speaking, handicapped and elderly second-class medical care, they have filed a potentially landmark suit in U.S. District Court here to block the center's modernization plans. Named as defendants are the medical center (which receives about \$25 million a year in federal funds, largely from Medicare and Medicaid), the Department of Health Education and Welfare and county and state planning agencies, all of which "approved" the plan.

At issue are two conflicting attitudes: the medical center's contention that a facility serving city and suburbs can just as well be in the suburbs, and the plaintiffs' assertion that probable discrimination, intentional or not, resulting from a hospital relocation should be enough to block that relocation.

"The government has permitted hospitals to run away [from cities] all over the country," says Marilyn G. Rose of Washington's Center for Law and Social Policy, which is handling much of the legal work in the suit filed last September. "This is the first time I know that somebody has brought a law suit before [a hospital moved]."

►Only the latest example.

Indeed, Rose told federal judge James L. Latchum in Wilmington earlier this month that HEW's failure to review the center's plans was only the latest example of nearly absent national enforcement of civil rights laws as applied to health care facilities.

The U.S. Commission on Civil Rights pointed out in November 1975 that HEW's hospital guidelines didn't even address the relocation issue despite HEW promises to supply state agencies with guidelines on this issue in August



Photo by Eric R. Crossman

Denise Stokes: "If I had to walk home from a hospital [in the suburbs] I would have died."

1974. Two and a half years later these guidelines are still in the draft stage.

HEW officials admitted in depositions taken for the Wilmington suit that the agency now allocates less than the equivalent of 20 full-time workers nationwide to monitor civil rights compliance in some 90 different health and social service programs, covering most of the nation's hospitals, nursing homes, and community mental health programs. (Ironically, the number had hovered in the 75 to 115 range until HEW was forced to reassign staff to education enforcement following settlement of a Washington, D.C., lawsuit contending its efforts in that field were inadequate.)

When asked what sort of job HEW can do now in health and social service, Martin Hughes Gerry IV, director of the Office of Civil Rights said we "can only do the absolute minimum" and "by necessity must neglect significant areas of our responsibility."

►Gary citizens act.

HEW's Chicago regional office has been the most active in studying hospital relocations. In some instances, it has even obtained written assurances from hospitals planning suburban branches that further reductions in city services must first be approved by the agency.

But black citizens in Gary, Ind., think such agreements are little more than pretences to get federal construction funds and then flee the city. They filed suit Dec. 29 against the Secretary of HEW and Gary Methodist Hospital, charging the hospital was illegally transferring services—specifically its X-ray therapy unit—to a new suburban branch in direct violation of an agreement it reached with HEW in July 1973.

"What we envision is they are going to close the [city] hospital and the community will be left without anything," said Gary attorney Julian B. Allen, who filed the class action suit. "It is pretty well documented that has been the plan all along. Many doctors are being quite frank. Most have moved out of the city and are putting their patients in the suburban branch."

Allen wants a federal court to withhold about \$50,000 a month in federal interest subsidies from Gary Methodist and to suspend a \$8.1 million loan and grant package for expansion of both hospital branches approved last fall.

Attorney Rose and the plaintiffs in the Wilmington suit likewise contend that "no matter what they say" the Wilmington Medical Center has another Gary in store for Delaware.

►City versus suburban needs.

They point to the fact that 73 percent of the area's elderly, 71 percent of its low income families and 87 percent of its minorities—the groups most likely to need hospitals—live in areas best served by a city facility.

On the other hand, the medical center, with a board of directors chaired by a Dupont Co. executive and controlled by members of the city's business and legal elite, has argued that many of its existing facilities are outdated and that northern New Castle County, including Wilmington, has far too many hospital beds while the southwest part of the county, with a large suburban white population, has none.

They add that the new site will only be a 15-minute drive from the city on an interstate highway—though public trans-

portation will take more than an hour. And they say that if the medical center doesn't build, a proprietary hospital will, competing for wealthy suburban patients and likely turning the Wilmington Medical Center into a black charity facility.

The suit is now before U.S. District Court Judge Latchum, who ordered a 60-day collection of detailed information on the medical center's patients and a speedy review by the federal government. HEW, which approved the change routinely last August, announced Jan. 13 it would fully investigate the "very serious" complaints of discrimination made against the plan. The medical center, other than to decry "costly delaying tactics," has maintained a public silence.

In court, Judge Latchum reiterated earlier this month that "the suit, on its face, does not appear frivolous" and has wondered about the "disastrous" consequences of building the new hospital before the discrimination question is resolved one way or the other.

With that the plaintiffs agree, for attorney Rose says the alternatives are "horrendous" if a "dual hospital system is built. "Will HEW cut off the \$25 million a year or order the hospital torn down and rebuilt in the city? Or engage in massive busing ... [realizing] that sick people, unlike school children, cannot wait on street corners for a bus?"

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