

Massachusetts Commission on the Status of Women



Fiscal Year 2013 Annual Report

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Commissioners

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Lucy Hartry, Secretary, Northampton
Marianne Fleckner, Treasurer, Westford
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Chris Chanyasulkit, Brookline
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Elizabeth Hart, Malden
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INTRODUCTION

Mission

The mission of the Massachusetts Commission on the Status of Women (MCSW) is to provide a permanent, effective voice for women across Massachusetts.

Charges

Under MA Chapter 3, Section 66 of the Massachusetts General Laws the MCSW is empowered to:

- Study, review and report on the status of women in the Commonwealth
- Advise executive and legislative bodies on the effect of proposed legislation on women
- Inform leaders of business, education, health care, state and local governments and the communications media of issues pertaining to women
- Provide referrals and serve as a resource of information on issues pertaining to women
- Identify and recommend qualified women for positions at all levels of government
- Promote and facilitate collaboration among local women's commissions and among women's organizations in the state
- Serve as a liaison between government and private interest groups concerned with issues affecting women

Organization

The Commission is comprised of 19 members who are appointed by the Governor, the Senate President, the Speaker of the House of Representatives, and the Caucus of Women Legislators. Commissioners serve in a voluntary capacity and the work of the Commission is facilitated by a part-time director who is assisted by year-round interns.

The full Commission meets monthly, except in July and August, as does the MCSW Executive Committee. In addition, each commissioner is a member of at least one standing committee that generally meets monthly. The standing committees are as follows:

- Legislative and Public Policy Committee
- Program and Planning Committee
- Budget and Personnel Committee

This 2012-2013 Annual Report includes the Commission's activities and findings for the period of July 2012 to June 2013.

2013 RECOMMENDATIONS TO APPOINTING AUTHORITIES

In accordance with the responsibilities of the MCSW under MA Chapter 3, Section 66 of the Massachusetts General Laws, the MCSW submits the following recommendations for action to our appointing authorities:

- **Support legislation that addresses the issue of women's self sufficiency**
 - Passage of An Act Further Defining Comparable Work (H1767) would help to eliminate the wage gap by ensuring that work which requires similar skill, effort, and responsibility performed under similar working conditions be compensated equally. In 2011, women made on average \$0.77 for every \$1 earned by men when controlling for factors such as education level and work experience. This figure has remained basically stagnant since 1993, indicating that the wage gap is not closing without intervention. Along with clarifying current laws, this bill would make it more difficult for employers to pay traditionally female held positions less. It is a simple fix to an incomplete law.
 - In addition to eliminating the wage gap in Massachusetts, guaranteeing earned paid sick time (S900/H1739) and ending gender discrimination in disability insurance policies (S427/H838) are key components of establishing women's full self-sufficiency. Currently, nearly one million workers across the state lack a single guaranteed earned paid sick day to care for themselves or a loved one when ill. For these workers, this means that they could lose a day's pay or worse, their job. This harsh reality disproportionately affects women as they tend to be the primary caretakers of the family and are increasingly the primary bread winners.

Women also face unnecessary financial burdens when purchasing individual disability insurance. As one of the only two types of insurance in the state that can legally charge women more than men, disability insurance providers often charge women 25% to 75% more than their male counterparts. This is blatant gender discrimination and a direct violation of the Massachusetts Equal Rights Amendment.

- **Continue the establishment of regional commissions on the status of women**

The Commission supports and is invested in the further establishment of county and regional commissions on the status of women. The Worcester County Commission on the Status of Women (S927) would be created in the same model as the MCSW, the four existing county, and regional commissions. The creation of the Worcester County Commission is consistent with the Commission's goal of increasing women's political participation in the Commonwealth.

- **Support legislation that supports reproductive health and sexuality education**

- The Commission envisions a healthy, well-informed population of youth across the Commonwealth, and sees An Act Relative to Healthy Youth (S209/H450) as a vital component of that end goal. This bill sets a standard benchmark for health education and states that any Massachusetts public schools that decide to provide their students with sexuality education must select a comprehensive, medically accurate, and age-appropriate curriculum.
- Currently there are outdated, unconstitutional, and archaic laws that remain on the books in Massachusetts, including a pre-Roe v. Wade abortion ban, a medically unjustified and burdensome hospital mandate, and a birth control ban for unmarried couples. An Act Updating the Public Health Laws (S641/H1630) would repeal these laws as well as remove language from a current abortion law that mandates an

abortion after 13 weeks be performed in a hospital. This legislation is needed to ensure that abortion rights are upheld in the Commonwealth should Roe v. Wade ever be overturned.

MCSW BUDGET

Commission on the Status of Women BUDGET FY13	
	FY13 GAA
Total Income from State Appropriation	\$70,000
Expenses	
Salaries	\$46,500
Operating Expenses	\$23,500
Total Expenses	\$70,000

In FY10 the Commission's budget was reduced by 73% (from \$250,000 in FY2009). This required the Commission to reduce staff from 3.5 FTEs to 0.6 FTE. With increased involvement of volunteer commissioners and unpaid interns, and by reducing office operations from 5 to 3 days per week, the Commission has been able to operate with this budget cut. However, it has severely affected the ability of the Commission to do its work. The MCSW commissioners also solicited private and corporate funds for the MCSW Trust Fund which helps fund research projects and commission activities.

Moving forward, the Commission has requested an increase in the budget for funding at the level of \$140,000 for FY14. This increase would allow the Commission the ability to effectively carry out its mission and better serve the women of Massachusetts. To put this budget increase in perspective, it must be noted that in 2001, the Commission operated on a budget of \$195,000. When first established, the legislature deemed it necessary that the Commission receive this amount in order to properly execute its charges. Adjusting for over ten years of inflation and considering the Commission's record of achievement with limited resources, an increase to \$140,000 is an appropriate request that would ensure the Commission's ability to provide a permanent and effective voice for women of the Commonwealth.

PROGRAMS AND ADMINISTRATIVE ACTIVITIES

Public Hearings

In keeping with its mandate to study and report on the status of women and girls living in the Commonwealth, the Commission holds regional public hearings to hear the concerns of women. Area legislators and public officials are invited to attend. The Commission uses hearing testimony to shape and influence its legislative advocacy work and its annual recommendations to the appointing authorities.

The Commission held four public hearings during FY13:

Greenfield Public Hearing, Greenfield Public High School, October 24, 2012

Key issues raised at this hearing included:

- Equal pay; Issues faced by elder women; Access to ESL education; Lack of access to reproductive healthcare, affordable and safe housing, transportation, childcare, and financial aid; Need for mentoring and counseling of young girls.

Taunton Public Hearing, Taunton Public Library, November 28, 2012

Key issues raised at this hearing included:

- Education and resources yields self-sufficiency for women; Need for bilingual education; Lack of access to childcare, transportation, and affordable housing; Lack of services for ESL residents; Lack of access to transportation and support for disabled persons.

Worcester Public Hearing, YWCA of Worcester, January 23, 2013

Key issues raised at this hearing included:

- Equal pay; Health education, violence prevention, and mentoring programs in schools for young girls; Issue of gender gap in STEM hiring and pay; Lack of access to education, childcare, affordable housing, transportation, reproductive health services, and early education; Issues faced by elder women; Prostitution as violence against women.

Waltham Public Hearing, Waltham City Hall, February 27, 2013

Key issues raised at this hearing included:

- Cultural struggles for South Asian seniors affected by domestic violence; Need for training and collaboration among those dealing with domestic violence; Abuse and exploitation of persons with physical and intellectual disabilities; Lack of access to early childhood education and childcare; Need for mental health parity; Issues of homelessness and poverty with domestic violence victims; Violence prevention programs and enforcement for health education for young girls.

Full hearing reports are available in the appendix.

County and Regional Women's Commissions

Modeled after the MCSW, the four unfunded county and regional women's commissions were legislatively created to study and report on the status of women and girls in their geographical areas, and to provide permanent and effective voices for women and girls. Each county and regional commission reports their findings annually to MCSW.

Once the legislation has passed to establish a county or regional commission, MCSW solicits and reviews commissioner applications, makes appointments, hosts a formal inaugural event to have the new commissioners sworn in, and conducts an opening session.

After the initial appointments have been made and the opening session conducted, MCSW continues to offer significant support to the commissions and oversees the appointments and reappointments of commissioners. MCSW frequently convenes with regional commissions in order to maintain strong partnerships and build the capacity of regional commissions.

The Commission has endorsed proposed legislation to establish a Worcester County Commission on the Status of Women (see Legislation and Public Policy section), which would function in the same way as the four existing county and regional women's commissions. This legislation has reported favorably out of multiple committees. The Commission also has a strong interest in legislation that would establish a MetroWest Commission on the Status of Women.

Current Regional Commissions

- Berkshire County Commission on the Status of Women, 9 members from Berkshire County, established in 2005
- Bristol County Commission on the Status of Women, 9 members from Bristol County, established in 2008
- Cape Cod and Islands Commission on the Status of Women, 13 total members from Barnstable, Dukes, and Nantucket Counties, established in 2009
- Essex County Commission on the Status of Women, 9 members from Essex County, established in 2010

Local Women's Commissions

There are currently nine local Women's Commissions that represent various cities and towns in the Commonwealth. While these Commissions are independent of MCSW, the Commission serves as a resource and partner for local commissions and maintains contact with them on a regular basis.

Local commissions include: Boston Women's Commission; Brockton Mayor's Commission on Women's Issues; Brookline Commission for Women; Cambridge Commission on the Status of Women; Newton Commission on the Status of Women; Quincy Mayor's Commission on Women; Somerville Commission for Women; Springfield Commission for Women; and Worcester City Manager's Advisory Committee on the Status of Women.

Research

Per its enabling legislation the Commission is empowered to study, review, and report on the status of women in the Commonwealth as well as advise executive and legislative bodies on the effect of proposed legislation on women.

The MCSW is interested in research that examines and reports on the state of women's lives across the Commonwealth. In the past, we have partnered with various separate agencies that focus on this type of research. Currently, the MCSW is exploring a partnership with the Center for Women in Politics and Public Policy (CWPPP) to produce a regularly updated State of Women Report.

Tenth Annual "Unsung Heroines of Massachusetts" Program

On April 29, 2013, the MCSW hosted its tenth Annual Unsung Heroine Celebration at the State House. This event honored 83 Heroines from cities and towns across the Commonwealth. The Unsung Heroines are women who, without fanfare or recognition, make the Commonwealth a

better place to work and live. The Unsung Heroines “don’t make the news, but make a difference.”

The Commission partnered with state legislators to identify women who perform significant acts of service on behalf of their communities. The nomination process identifies women of all ages, economic, political, geographic and ethnic backgrounds. All of the Unsung Heroine honorees are honored at a State House ceremony where they receive appreciation from a grateful Commonwealth. We were so pleased to share the day with more than 50 legislators.

MCSW Internship Program

Preparing the next generation of leaders remains an important component for the Commission. As an extension of this commitment MCSW offers internship opportunities to students from universities and colleges across the country. Internships, both for credit and non-credit, are extended during fall semester, spring semester, and through the summer. During the 2012-2013 academic year the Commission hosted twelve interns.

ADVOCACY AND EDUCATION

Second Annual Advocacy Day

On May 15, 2013 the MCSW hosted its second annual Advocacy Day at the State House. The public was invited to hear from state and county commissioners as well as elected officials regarding the status of women in Massachusetts and their access to equality and opportunities. The community joined to visit with legislators and learn about the importance of considering gender when developing policy.

International Women's Day 2013

On March 8, 2013 the MCSW hosted the annual International Women's Day Breakfast at Simmons College with over thirty organizations in attendance. The commission was proud to serve as a member, with eighteen other organizations of the IWD planning board in order to guarantee the success of the event. This year's breakfast specifically focused on women's health across the world and the issue of food security.

Equal Pay Day

The purpose of Equal Pay Day is to raise awareness of the wage gap that exists between men and women. Equal Pay Day marks the day to which women must work in order to earn the same amount that their male colleagues made in the previous year. On April 10, 2013, the MCSW, along with the Caucus of Women Legislators, hosted an event at the State House featuring MCSW Chairwoman Victoria A. Budson, who spoke to the importance of equal pay, equality, and the positive effect that pay equity has on the economy. Equal Pay Day also served as a platform to advocate for An Act Further Defining Comparable Work (H1767).

Disparities Action Network

The Disparities Action Network (DAN) is a statewide coalition of advocates, researchers, providers and institutions that work to reduce health disparities in the Commonwealth through legislative advocacy and education. Founded at Health Care for All in 2006, DAN represents over 60 statewide organizations focused on addressing the complex issues that underlie health inequality. Commissioner Chanyasulkit attends and represents MCSW at DAN meetings. Currently, DAN's legislative priority is An Act to Eliminate Racial and Ethnic Health Disparities in the Commonwealth (S985/H2071), whereby disparities result from a range of social and economic factors that are not limited to health care, education and employment, neighborhoods and housing, discrimination, and a variety of social determinants.

LEGISLATIVE ACTIVITIES

Priority Bills

In order to continue the Commission's mission of providing an effective voice for the women of Massachusetts, the MCSW identifies priority bills to be the center of our legislative focus. In the 2012-2013 year, the Commission focused on addressing women's self sufficiency through the following legislation.

H1767 - An Act Further Defining Comparable Work

- **Lead Sponsors:** Senator Patricia Jehlen, Representative Ellen Story
- **Summary of Bill:** This bill would clearly define the term "comparable work" by adding the following definition to Chapter 149 in the General Laws. After the first sentence of 105A, the definition would dictate that the "comparability of two positions shall be solely based on whether the two positions entail comparable skill, effort, responsibility and working conditions between employees of the opposite sex." This will eliminate the ambiguity of current equal pay laws and make it more difficult for employers to pay traditionally female held positions less, thus helping close the wage gap in Massachusetts.

S900/H1739 - An Act Establishing Earned Paid Sick Time

- **Lead Sponsors:** Senator Dan Wolf, Representative Kay Khan
- **Summary of Bill:** This bill would guarantee Massachusetts workers earned paid sick time by allowing them to gain one hour of sick time per every 30 hours worked. By guaranteeing workers time off, they can no longer lose pay or their jobs for taking time off to care for their children, spouses, or elderly parents when sick and would prevent the spread of disease when employees themselves are ill.

S427/H838 - An Act Providing Equitable Coverage in Disability Insurance

- **Lead Sponsors:** Senator Katherine Clark, Representative Ruth Balsler
- **Summary of Bill:** This bill would end sex discrimination in disability insurance policies. Currently, state-regulated disability insurance is classified by sex, and filings at the Division of Insurance show different premiums for men and women with the same job classification. Women pay upwards of 75% more than their male co-workers do for the same insurance. Passing this legislation would end this discrimination and would put disability insurance amongst the many other types of insurance that are legally barred from discriminating based on sex.

S927 - An Act Establishing a Worcester County Commission on the Status of Women

- **Lead Sponsor:** Senator Chandler
- **Summary of Bill:** This bill would establish an un-funded commission on the status of women for Worcester County to join many other county and regional commissions across Massachusetts. Geographically the largest county in the state, home to 59 cities and towns, Worcester County is unique and diverse. This bill would let the women of Worcester County have a stronger and active role in ensuring more equal and full lives for themselves and their neighbors.

S209/H450 - An Act Relative to Healthy Youth

- **Lead Sponsors:** Senator Clark, Representative O'Day
- **Bill Summary:** This bill recognizes that many students are without health education, but when health education is offered the legislation aims to ensure that students receiving sexuality education have the right information so they can make the best decisions to protect their health. If schools are teaching sexuality education, then it must be age-appropriate, comprehensive, and medically accurate.

S641/H1630 - An Act Updating the Public Health Laws

- **Lead Sponsors:** Senator Chandler; Representative Story, Representative Rushing
- **Bill Summary:** This bill would repeal outdated, unconstitutional, and archaic laws that remain on the books in Massachusetts, including a pre-Roe v. Wade abortion ban, a medically unjustified and burdensome hospital mandate, and a birth control ban for unmarried couples. Additionally, the bill would remove language from a current abortion law that mandates an abortion after 13 weeks be performed in a hospital. It would ensure that abortion rights are upheld in the Commonwealth should Roe v. Wade ever be overturned.

In addition to the priority bills listed above, MCSW tracks six other bills that would impact or affect the status of women across Massachusetts, which are listed below.

S202/H366 – An Act Relative to Providing Health Education in Schools (S202/H366)

- **Lead Sponsors:** Senator Chandler, Representative Decker
- **Bill Summary:** This bill will make health education available to all students in Massachusetts public schools. School districts would teach adequate age-appropriate health information, defined as “sufficient self-knowledge and knowledge of his or her mental and physical wellness”, for grades K-12. The Massachusetts Comprehensive Health Curriculum Framework, developed by the Massachusetts Department of Elementary and Secondary Education, outlines this health education that includes nutrition, personal self-care and safety.

S388 – An Act Comprehensive Sexual Education and Violence Prevention Programs

- **Lead Sponsor:** Representative Fox
- **Bill Summary:** This legislation recognizes the responsibility the Commonwealth has to develop an integrated pregnancy and STI prevention system that ensures our youth have access to culturally and age-appropriate, and medically accurate sexual health information, as well as access to other resources that help them make healthy and safe decisions for their physical and mental well-being. This bill would also require health curricula to focus on violence prevention and the effects violence has on the educational and personal development, as well as the mental health, of students.

S853/H1764 – An Act to Establish Employment Leave and Safety Remedies to Victims of Domestic Violence, Stalking, and Sexual Assault

- **Lead Sponsors:** Senator Cynthia Creem, Representative Tom Stanley

- **Summary of Bill:** This bill would establish up to fifteen days of leave for an employee in any twelve months if the employee or a family member of the employee is a victim of domestic violence. The leave only applies if used to address issues arising from the assault incident. Leave would be granted after all vacation, personal and sick leaves have been exhausted unless the employer waives this requirement. The bill also calls for the development of workplace safety policies, including training to increase awareness and help employers respond to disclosure by victims.

S1461 – An Act providing for a study of the Commonwealth’s job classification system by the Human Resources Division

- **Lead Sponsor:** Senator Harriette Chandler
- **Summary of Bill:** This bill would require the state’s human resources division to establish a job analysis study of state employees of the executive branch to update the current job classification system and review class titles, job specifications, organizational relationships and job qualifications to insure that employee compensation, pensions, and benefits are free from gender and racial bias. It would also establish a Workforce Advisory Council to assist the human resources division with this work.

S1419 – An Act strengthening working families by increasing tax exemptions and dependent care tax credits

- **Lead Sponsor:** Senator Karen Spilka
- **Summary of Bill:** This bill would promote successful policies and practices in the public and private sectors to address problems facing working families in the Commonwealth. This bill would establish a Work Family Council in the Executive Office of Labor and Workforce Development to develop broadly shared understandings of critical work-family issues in the Commonwealth through privately funded research, experimentation, and education. The council would submit a bi-annual written report of its activities to the Secretary of Economic Development and Housing and the Secretary of Labor and Workforce Development.¹ This bill comes from a part of the former Act Supporting Strong Families by Providing Paid Family and Medical Leave, Increasing Tax Deductions, and Establishing a Work-Family Council.

H1766 – An Act addressing workplace bullying, mobbing and harassment, without regard to protected class status

- **Lead Sponsor:** Senator Katherine Clark, Representative Ellen Story
- **Summary of Bill:** This bill would amend Chapter 149 of the General Laws to add Section 115A with the purpose of determining and analyzing the direct and indirect costs to workers, families and the companies affected by workplace psychological harassment. The goal is to then establish a program that requires employers with 50 or more employees to establish policies defining psychological harassment and ways of prevention.

¹ Office of Senator Karen E. Spilka

Legislative Accomplishments

- S586/H386 – An Act Relative to Housing Rights for Victims of Domestic Violence, signed by the Governor 1/3/2013

List of Testimony Submitted

Since the opening of the 2013-2014 legislative session, the Commission has submitted testimony for the following legislation:

- An Act Establishing a Worcester County Commission on the Status of Women, given 4/3/2013.
- An Act Relative to Healthy Youth, given 5/14/13.
- An Act Relative to Providing Health Education in Schools, given 5/14/13.
- An Act Comprehensive Sexual Education and Violence Prevention Programs, given 5/14/13.

Appendix

Greenfield Public Hearing Notes 10/24/12 Greenfield Public High School, Greenfield

Representative Denise Andrews

- *See written testimony attached.*

Margot Parrot

Western New England University School of Law, Adjunct Law Professor

- *See written testimony attached.*

Susan Mareneck

Montague Catholic Social Ministries, Turners Falls, Executive Director

- *See written testimony attached.*

Samantha Wood

The Recorder, Managing Editor

- *See written testimony attached.*

Rosemarie Freeland

Women's Resource Center at Greenfield Community College

- Born and raised in Greenfield. In the 1990's, she was a welfare recipient, lived in subsidized housing, had health insurance and childcare, and possessed real access to healthcare. She was a victim of domestic abuse, but got out and then went to college with full time childcare from childcare centers and Head Start classrooms. Commends what the state and federal government were able to do to support her situation at that time. In 2012, there are not these same resources and privileges available. "Too often undone by challenges." Issues of domestic and community violence, lack of childcare support, relapse, food insecurity, and lack of public transportation. GCC has private money to give emergency housing and food, but it shouldn't be philanthropy that they rely on – should be the community. GCC has majority of part-time adjuncts that don't get paid for office hours or intensive academic advising that a full time staff member is paid for. Women's Center is underfunded and understaffed which prohibits the female employees from giving enough support to their clients.
- In Mass, full-time students are required to have health insurance. Individual female students cannot use Commonwealth Care to waive the insurance. The insurance provider of student healthcare insurance in MA has a contract with the state to make the Commonwealth Care not count. Thus, students make choices to lose full-time status and/or government grants and financial aid. Need funded mandates and not unfunded mandates. More women than men go to community colleges in Massachusetts – we need a gendered place if there are gender issues. Furthermore, "Mass Health" will only allow one youth, not two, to be covered in the college setting.

Cheryl Rogers

New England Learning Center for Women in Transition, Executive Director

- Runs a community-based crisis center, not a shelter, providing domestic violence services and helping women find safe housing options. There are limited options for shelters and with recent changes to state's emergency shelter regulations, they are faced with putting women and children into "horrible options" like hotels that are not safe and almost lethal. Associated groups in the county areas have no space. In need of safe,

affordable transitional programs and affordable permanent housing. Creation of safe homes is reemerging. Predominant issue is safety for children and families. Also, resources are too limited. Since working in 3 states beginning in 1990, she has seen availability and support decrease. In Michigan, the rural programs were more successful with co-housing and cooperative housing with community sharing and childcare as options. MA should look “outside the box” and think of alternative housing options to create a permanent housing model. Encouraged lawmakers to think about policy and funding on the state level. Suggested trying to tackle transportation, economic justice, affordable housing, and food in the rural areas.

Mary Clare Higgins

Community Action, Director; Former Mayor of Northampton

- Community Action has a board with community and private sector members with some members who represent low income sides of the community. Their contributions and work extend across 22% of the land mass in MA. Expenses are used mostly for transportation. Community Action provides infrastructure for families to survive in the community including childcare, addiction programs, GED education programs, early childhood programs, and food security. “Childcare: 65% of children under 6 have working parents. 25% are typically cared for under centers or family members. Childcare costs range from \$4,000 for a child in Mississippi to \$13,000 for a child in Massachusetts.” Massachusetts has the highest cost of childcare. Community Actions’ own needs assessment that they perform for the Head Start grant renewal suggests that 1,700 children under the age of 5 in Franklin/Hampshire counties live in families whose income is 100% below the federal poverty guidelines. Half day programs for childcare are not as helpful and trends suggest that families use full day, yearly programs more often. There is a mismatch in the number of children and the subsidization of care in Franklin County. Parents can find the places, but they cannot afford it. “Infrastructure for opportunity is underfunded and needs its own commission.” Are there family centers that are accessible? Is there sufficient childcare and better costs? Are there youth centers available in the Commonwealth? “It’s an accident of geography whether or not you can get services or not get services and that shouldn’t be happening.”

Anne Wiley

Greenfield Community College, Professor of Psychology & Gender Studies

- Has been a professor for 35 years working with college students both traditionally and non-traditionally. It a “daily triage decision regarding which students to help.” 85% of faculty at GCC is adjunct professors making \$3,000/course, which has changed the culture of the community college experience. There is an alarming reduction of human and mental health services in Franklin County. Thus, professors are left to help students in impossible situations. Young students are concerned about their voices and the leadership to represent them. Young girls’ minds skewed by body image in the media, which contributes to lack of confidence in academic possibilities. Need Science, Engineering, and Math support for young girls to gain access to lucrative jobs. 80% of GCC students start out in developmental math classes and have no chance of further developing career option in that way because the federal government limits the amount of time one can access financial aid. Franklin County doesn’t have the funds like STEM gives to support programs of Girls, Inc. or Girl Scouts in other areas.

Lucy Hartry

Greenfield Tapestry Health; MCSW

- Works in reproductive health care, substance abuse prevention, HIV prevention, and a weight program in the Springfield area. Has seen a reduction in resources which has negative consequences. Greenfield Tapestry Health used to be full time, but now it is part time, and Athol's Tapestry Health closed. Health insurance creates access but not choice and people cannot always afford co-pay. Tapestry helps people in situations that aren't always stable. They lost their program called "Women's Healthcare Network" that was cut because of budget reasons and with the rationale that women have insurance. This service provided women with essential mammogram screenings and services for health issue prevention. Now women without insurance, underinsurance, or high deductibles cannot afford to pay for those prevention services. Has also been a reduction of termination and abortion services. 25 years ago, there were at least 3 abortion clinics in Springfield, and now there is 1.

To: THE MASSACHUSETTS COMMISSION ON THE STATUS OF WOMEN
From: Denise Andrews

Subject: Personal Testimony: Regional Public Hearing, October 24, 2012

I would like to commend the Commission for their work and invite them to take bolder leadership to set the path that will once again have our Commonwealth lead the country and the world on civil rights, prosperity equity and vitality for women. We know when all segments of society are lifted and experience full engagement and equality that our whole society will benefit.

We have significant work to do to achieve civil rights, prosperity equity and vitality for women here in Massachusetts.

I would suggest the Commission:

1. Refresh and reset a bold and comprehensive platform for results achievement for our Commonwealth
2. Set specific policy and budget goals to achieve over the next 5 years

1. To refresh and reset a bold and comprehensive platform for results achievement for our Commonwealth, I would suggest the Commission host, perhaps along with the Governor, the Governor's Advisory Council on Non Discrimination, EEO and Diversity, and the Women's Political Caucus a "Heritage and Hope" conference, March 2014, featuring Melanne Verveer, U.S. Ambassador-at-Large for Global Women's Issues and consisting of educational briefings and work sessions on the current and future state of women across the key sectors and issues. Part of the conference would include benchmarking and reviewing the Beijing Declaration, the work by other countries and states and leading work from the international private sector. Part of the conference would be work sessions that will establish specific goals and actions for each critical focus area. The outcomes expected are enlightenment, strategy, action, and coalition and resource alignment to achieve accelerated progress on civil rights, prosperity equity and vitality for women.

Women leaders in Massachusetts need to be equipped, refreshed and inspired with information on successful women's empowerment programs and initiatives happening across the globe, the lives the programs have touched, and the burgeoning awareness of the political, economic, and social necessity to address gender inequality.

Briefing our leaders on the many major initiatives, including but not limited to:

- the Obama administration initiatives in support of women worldwide: [The Global Health Initiative](#), [The Feed the Future Initiative](#), [The Clean Cook Stove Initiative](#), and other global economic and security efforts
- the Beijing Declaration and Platform. This year marks the 15th anniversary of the adoption of the Beijing Declaration and Platform for Action, the outcome of the Fourth World Conference on Women in Beijing in 1995. The Beijing Platform – the most comprehensive global policy framework to achieve the goals of gender equality, development and peace – called for action on twelve key issues:
Poverty | education and training | health | violence against women | armed conflict | economy | power and decision-making | institutional mechanisms | human rights | media | environment | girls
- Top Massachusetts Initiatives from the last 10 years

will help reset our accountability, vision, energy, resources and work on what Massachusetts needs to be accomplishing for leading women's progress locally and globally.

2. To set specific research areas, policy and budget goals to achieve over the next 5 years, I would suggest

the MCSW work with the Women's Caucus members to distill a proposal to present to the leadership of the Commonwealth that details specific request for support in bills, budget and research. We need to review the historical bills and budget areas that address the women's equity that have not yet been passed or fully supported and then add new areas that we believe are important.

Some areas I would propose that we address are:

- Equal Pay for Equal Work
- Paid Sick Days
- Eliminating Disparate Health Impacts for Women Of Color
- Political Leadership: Gender Balance Initiative

As in private industry accelerating change to a more diverse leadership that will result in overall better leadership can be achieved through the establishment of diversity goals and quotas. Increasing female political leadership is needed and Massachusetts should lead the way to achieve 50% of our elected officials are women. Examining reform and policy set internationally in politics and internationally in the private sector by setting quotas for elected offices or top executive positions needs to be examined along with other methods (education, tax incentives for businesses with 50% board representation, etc.) We will benefit greatly when we achieve gender balance and effectiveness in political leadership. This strategy has been used in some other countries as well as well as with leading international companies in the private sector.

- Research and funding to address the unique needs of our women veterans
- Funding of rural transportation
- Funding of effective senior programs
- Research and new models for mixed housing option villages

Adding the two specific comprehensive recommendations of:

1. Refresh and reset a bold and comprehensive platform for results achievement for our Commonwealth
2. Set specific policy and budget goals to achieve over the next 5 years

to the MCW strategic agenda have the potential to establish and achieve clear near term goals and to reset the change platform for our future.

Vision without action is merely a dream.

Action without vision just passes the time.

Vision with action can change the world.

Joel A. Barker

Respectfully submitted,
Denise Andrews
21 Beach Lane Orange MA 01364

I serve also as:

State Representative Second Franklin District www.deniseandrews.org

Managing Partner, Legacy Unlimited www.legacyunlimited.org

Chair of the Governor's EEO, Nondiscrimination and Diversity Advisory Council

My name is Margot Parrot. I'm an adjunct Professor of Law at WNEU School of Law, where I teach practicing attorneys about Elder Law in a Master of Laws program.

According to a recent report analyzing census data on women and poverty,¹ a majority of older women (3 out of 5) are unable to cover their basic living expenses. These women must make daily choices between buying food or medications or heating their homes in the winter. The elder men in the report had incomes that were, on average, nearly 75% higher than the women. Why is this?

One reason is that women earn less than men during their pre-retirement years, so they have less saved before retirement and lower social security payments when they do retire. In 2009, 29% of older women had no income other than a social security check.

Another reason is that women on average live longer than men, so they have to stretch their meager retirement savings over a longer period of time.

It's also true that many women – and I'm one of them – are married to partners who are older than they are. This means that the women will likely be living alone for a long time, after depleting the couple's savings on the end-of-life medical costs of the first spouse to pass away.

What can we do about this? Probably not very much for the women who are already seniors and whose health has already been compromised by deprivation, although we should at least try to grant them a decent standard of living through enhanced benefits programs. Typically, the only people available free of charge to care for these women are their adult daughters, who may have to quit their own jobs to their own financial detriment. So the cycle continues.

But this cycle can be broken before the young women of today find themselves in their mothers' situation. If you improve the economic prospects for younger women, and make sure that laws granting family medical leave are robust, these women will be better able to save for their own retirement. The lesson we should take from this situation is that the status of older women is directly related to their status earlier in life, so the problem can only be resolved by intervening early, before the cycle of poverty is set in motion.

Margot N. Parrot
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New Salem, MA
978-544-8924
mparrot@parrotlaw.com

¹ Doing Without: Economic Insecurity and Older Americans, No. 2: Gender (March 2012), Wider Opportunities for Women, 1001 Connecticut Avenue, NW., Suite 930 Washington, DC 20036
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STATEMENT to MASSACHUSETTS COMMISSION ON THE STATUS OF WOMEN

24 October 2012

Women's access to education and sustainable lives often hinges on seemingly small obstacles such as childcare availability. For three years young Latina mothers in Turners Falls have advocated for local, accessible English classes with early education & care for their children. Every week a young Franklin County mother faces such an obstacle – lack of childcare or transportation – in her quest to acquire higher education at Greenfield Community College. For women to have sustainable, independent lives they need to be able to earn a living wage. For young women who lack a high school diploma, who have economic debt or who have children, the stakes as well as the obstacles, are even higher. If you come from a low-income background, have experienced traumatic events such as family violence or substance abuse, physical or mental illness, the minefield you have to cross grows more treacherous. It takes indomitable hope and reckless courage to even dream of a safe and secure future for you and your children.

These are the women that the Turners Falls Women's Center of Montague Catholic Social Ministries and the Women's Resource Center of Greenfield Community College have been partnering to work with, helping them to build a bridge to a new horizon for themselves and their families. Through linking of arms to find solutions and support that will enable women to stay on the road to success, there is hope for the children of that family and our future.

In the same spirit a coalition of Northampton and Gill-Montague Public Schools, the Center for New Americans, Community Action and Headstart of Franklin and Hampshire Counties, with local residents and Montague Catholic Social Ministries are proposing that the MA Department of Early Education and Care recognize the essential role that early literacy education and care play in the lives of immigrant women seeking to learn English and their children. We know that it is in early childhood that literacy and language development are crucial to children's later

success in school, so the need for women to learn English while their children are still young is paramount. Our model of "Families Learning Together" has shown that attendance increases and gains for the whole family are achieved when early literacy and care are co-located with English for Speakers of Other Languages for adults.

These are two examples of creative solutions that have emerged organically in Franklin and Hampshire Counties from communities that care about women and their futures. Our goal is for the state of Massachusetts to recognize the significance and efficacy of the models that are working here and to have the wisdom to make an investment in these precious lives and great potential contributions that the women of western Massachusetts are ready and willing to give.

Thank you for your time and consideration.

Susan Mareneck, Executive Director

Montague Catholic Social Ministries
43 Third Street, PO Box 792
Turners Falls, MA 01376
413-863-4814

*Mary Kessler
Mary Anne Hill*

My name is Samantha Wood, I work as the night managing editor of The Recorder, the local daily newspaper for Franklin County.

Thank you to the Massachusetts Commission on the Status of Women for the opportunity to speak here today.

What I have prepared here is a list of needs particular to women in Franklin County and western Massachusetts. I asked my friends, women I met in the community and I sent out an appeal for feedback on Twitter. This is what I heard.

Women need good jobs. This cannot be overstated. Women are often the heads of households and need a thriving economy to raise their families and educate their children. This is not an issue specific to women alone, but without it, women can never get ahead.

We need support for mentoring opportunities and organizing for women, across income brackets and careers. These are obviously related, people help each other find jobs, but mentoring is a game-changer for community activism, problem solving and increasing economic success. When women meet each other they help to shape questions, hone their message, build their skills and solve problems. They then can make connections to new jobs and community engagement. Women succeed when they support each other and they cannot do this if they don't meet. Poverty further silences women and isolates them. Poor women especially must be given the opportunities to meet other women and be included in this ongoing conversation.

*Geography
+ Communities
- Isolates*

According to the Women's Media Center and AAJW:

Female college grads are paid 82 cents for a dollar a man would make for the same work

In western Massachusetts, the rise in cost of living - especially housing and child care - has far exceeded growth in wages. We need support for child care and controls on the cost of housing. We need more child care in this geographical area. There is not enough to meet demand, or enough options to accommodate different work schedules. This stops women in their tracks as they try to improve their lives and the lives of their families and cannot save for retirement.

In the area of economic development: An ongoing fight over building a big box retailer in Greenfield has kept local women from having affordable, practical options for providing necessities for their families.

Teen center closed: we need a place outside of school where girls can learn community activism, voting issues and have leadership opportunities and healthy recreation and information. We also need more science education opportunities for girls in western Massachusetts.

Access to reproductive health care, including abortion. For example, there is no local place to get an abortion. According to the Abortion Rights Fund of Western Massachusetts, the nearest

clinics are in Springfield, MA and Brattleboro, Vt. If we cannot secure our physical health, we have nothing.

In this region, poverty and geographical distance separate women from their greatest resources: other motivated and ambitious women. We need more places and organized opportunities for women to meet, work together to problem-solve and build leadership at the local level.

Thank you for coming to Greenfield today.

Taunton Public Hearing Notes 11/28/12
Taunton Public Library, Taunton

Representative Shauna O'Connell

- She believes diversity amongst and within commissions and women's group yields better discussions. Her focus is to help women gain access to education and resources that teach women how to best support themselves. Need for creation of goals for women in tough situations, rather than just resort to financial support. Suggests that programs be created for initial push to help women from the transition of having no support to needing more support with the ultimate goal of self-sustainability.

Gail Fortes

YWCA of Massachusetts, Executive Director

- New Bedford has a growing Spanish-speaking population, which has little support with its English as a Second Language program. There is a lack of bilingual educational support and therefore children are becoming less educated. Also a lack of representation for diverse population and therefore the policies seem to reflect that deficiency. For example, in the public school system, there is only one principal who speaks Spanish fluently. The Women's Fund and Bristol Community College try to provide educational services for women in need, but there aren't long term supportive services to help women financially so they may continue their education and employment. Suggests need for better funding from the state. Childcare and transportation are the biggest issues, as well as affordable, safe and secure housing on the south shore. Too many buildings have absentee landlords and overcrowding in places of poverty. A woman may have access to BCC for a short time, but once she loses her childcare or services, she cannot afford to continue her own education and therefore will end up in a cycle of poverty. The YWCA ultimately involves itself in "case management" simply because there is no system to support women who approach the organization for services. The YWCA must make various efforts in order to gain the capacity needed to provide its services.

Juli Parker

- Focused on transportation issues. For example, the buses in Fall River and New Bedford do not run after 5 or 6 PM. Suggested state-level push toward extending a train line towards Bristol County or allocating more funds to create access for women via the bus system. Obtaining licenses has become difficult for people with English as a second language, and a general lack of support exists for these individuals.

Ellen Heffernan-Dugan

- Has worked with people with disabilities and claims these people have essentially no access to public transportation.

**Worcester Public
Hearing**

Worcester Public Hearing 1/23/13
YWCA of Central Massachusetts

Senator Harriette Chandler

- Senator Chandler is the lead sponsor of Senate Bill 927, which would establish a Women's Commission in Worcester County. She suggested the bill needs House support in order to move forward. Also wants to push for the Human Resources Department to undergo a study of job titles across the state where everyone is getting equal pay for equal work in the public sector. Her final proposal was health education in schools, in which she is the lead sponsor of Senate Bill 202. She suggested putting the name of the bills on the MCSW website so they are visible and accessible to the public.

Katie Cooney

Girl Scouts

- Katie is currently a high school senior and serves on the board of directors at her Girl Scouts. She was always told she could be whatever she wants to be and she would like other girls to feel empowered and motivated in this same way. She suggested that programming for the Girl Scouts must be considered by the Commission.

Elizabeth Toulan

Massachusetts Paid Leave Coalition; Greater Boston Legal Services

- There are over one million workers in Massachusetts that lack access to a single paid sick day. This issue predominantly concerns low-wage workers, and disproportionately falls on women's shoulders. Provided a story about a woman with a job in healthcare that didn't have access to paid sick days and still had to go to work sick – after taking care of her patients she would have to lie down on the floor to recover. Since last legislative session, An Act Establishing Earned Paid Sick Time (S900/H1739) has been revised to address small businesses in which they would be required to at least provide job security if they cannot pay out to their employees. The language was also changed to "earned" because there are certain stipulations for employees' work time in order to have access to paid sick days. Overall, this bill will benefit families, the greater economy, and women's ability to succeed in the workforce.

Dodi Swope

Investing in Girls Alliance

- *See written testimony attached.*

Thais Frost

Girl Scouts

- In the past 10 years, STEM jobs have increased threefold in other countries. In the U.S., 20 percent of women major in STEM whereas 50 percent of men do; 74 percent of teen girls are interested in STEM; two-thirds of girls want to be leaders; and one-fifth of girls believe they have the skills to do so. Essentially, women are outperforming their male peers in STEM curriculum, but there is a gender gap in the hiring process in which men are more likely to be hired for these positions. She encourages older women to act as role models for younger girls and to help them cope with the discouragement they may face in their education.

Victoria Waterman

Girls Inc., Executive Director

- She discussed wage equity in terms of STEM careers – the wage gap may be smaller in STEM-related fields. A predominant issue is a woman's courage to negotiate her salary;

women must speak up, but often fail to do so. Her organization is focused on addressing violence against middle school girls and providing advice for reducing and coping with violence. She believes mentors and role models are key to protecting young girls.

Melanie Melendez

YWCA Young Parent Program, Parent

- See *written testimony attached*.

Mary Jo Marion

Latino Education Institute

- In middle schools, the Latina population has increased to approximately 23 percent. Middle-aged and older Latinas have been struggling with immigration issues – dealing with the discrepancies between their “old” and “new” worlds. This organization attempts to work with girls and mothers as a unit. ESL is an important program they offer because it is a necessity for many of these women, especially mothers. Latina women are also dealing with the stigma in American society in which they are viewed as “sex symbols.”

Tim Garvin

United Way

- Discussed the earnings needed to support a family of four in Massachusetts in comparison to the poverty level at \$23,000. Suggested a need for dignified and sustainable wages to mitigate this issue. Also a proponent of increased access to early education care for low income families. Promoted United Way’s Dollar Scholars event, which is a financial literacy conference for eighth grade girls in April 2013. Further recommendations included reducing the cost of college education and providing more information about sexuality and reproductive health to young girls.

Amarely Gutierrez

YWCA of Central Massachusetts, Director of Domestic Violence Services

- The biggest gap in the domestic violence services provided is when women leaving the shelter without affordable housing. They face a barrier in trying to look for cheaper places with much less support. Women only stay within this shelter for 3-6 months and there is a tremendous need for transitional housing. She expressed they currently only have 62 beds at the shelter, which isn’t nearly enough given the amount of women that have reached out for services. Her most important recommendation was an educational aspect of the issue – domestic violence and its prevention must be taught in schools. There is not enough dialogue around the issue, thus the organization has seen generations of victims – grandmothers, mothers, and daughters from the same families.

Noreen Smith

Family Health Center of Worcester

- This organization serves traditionally underserved, low-income and culturally diverse residents in Worcester. They are settling more refugees than any other Commonwealth community, with housing majorly outside of Boston because of the high costs. Expressed two main issues –women are not provided with birth control or an interpreter in their first health visit.

Ron Madnick

The Committee for Progressive Legislation, President

- Brought up issues about Social Security – older men receive more benefits because they have worked longer and were able to hold more than one job. He says that women should

somehow regain the years they lost in taking a break from their professions for motherhood. Another problem is childcare and it should be expanded into high schools for mothers that are pursuing their education, as well. He encourages that women should have a reproductive choice as well as a flexible work schedule so that they can have a family and not be discriminated against.

Athena Haddon

Spectrum Health Systems, Program Director

- The organization provides an intervention program for female prostitutes and identifies these women as victims of violence. The average age of prostitutes in this country is 13 years old. Her biggest concern is the stigma within society and the need for a language change – we must shift from streetwalkers and prostitutes to violence against women so that these women are seen as victims and not criminals. In a recent prostitution case, 16 individuals were arrested: 10 were women who were humiliated over the internet, and only 6 were men who received much less scorn.

Massachusetts Commission on the Status of Women

Written Testimony

January 23, 2013

Dear Commissioners,

I'm here to represent the Investing in Girls Alliance, where I've been honored to provide staff support for the past four years. IIG is an alliance of over 30 local, regional and statewide partners united in common vision and mission.

IIG's vision is to improve the lives of girls in greater Worcester and ensure that local girls grow up to be happy, healthy and productive

IIG's mission is to improve services for middle school girls in central Massachusetts through research, education, advocacy and collaboration

We are pleased to welcome the Massachusetts Commission on the Status of Women to Worcester. We would strongly support having a regional presence of the Commission here in Central MA.

We want to thank the Commission for allowing us to present the findings of our recent needs assessment to them this fall, and welcome continued collaboration and partnership as we work together to ensure the health and well being of girls and women across the Commonwealth.

IIG would like to highlight some of the areas where we believe our goals align and where we could work with the Commission:

- Strengthening girls career and college readiness-we found girls have big dreams, but don't understand how to put realistic plans into place to achieve them. We believe a focus earlier in girls academic lives is one strategy to help address this need. We also believe STEM education is critical for girls if they are to enter the competitive workforce ahead of them. We invite collaboration with the Commission to provide concrete support to girls academic and career aspirations.
- Providing girls access to comprehensive health education in schools- girls told us they need honest clear information to make good choices in regards to their overall and sexual health. We know that abstinence only education isn't effective; let's finally improve the information provided all our girls by implementing a comprehensive school health curriculum statewide.

- Preventing bullying, and domestic violence through effective programs and policy development-we need to continue our efforts to develop effective local prevention strategies and policies to address violence in our community.
- Deepening our understanding and capacity to help girls manage threats and dangers in cyberspace through education and policy development-the technological landscape our girls are living is rapidly evolving and fraught with unanticipated risks and challenges. We, as adults, are often two steps behind our girls in understanding how to navigate the virtual world. We need to work together with parents, teachers and youth workers to improve our response and guidance, and we need to continue to develop policies that ensure safety online for our girls.

We would like to invite all the commissioners to join us for our upcoming Statewide Think Tank on Girls. We will be bringing together leaders from all over Massachusetts to network and discuss effective advocacy. We seek to clarify our priorities and develop strategies to influence funding and policy to positively impact the lives of girls in the Commonwealth.

MARCH 1, 2013

8:30am to 3:30pm

Sturbridge Host Hotel & Conference Center

We have some save the date postcards....

Thanks for your attention,

Dodi Swope

Consultant to Investing In Girls Alliance

8 Pinnacle Street

Worcester, MA 01602

dcswope@charter.net

Melanie Melendez
Public Hearing for Women's Issues
Wednesday, January 23, 2013

Hi, my name is Melanie Melendez, I am a student at the YWCA Young Parent Program. At the age of 16, I became pregnant with my now 4 year old son, King Julius Mardigras. At 17, I experienced one of my first struggles as a parent, I went into preterm labor and after being in the hospital for a month I gave birth to my son 5 weeks early. Before I knew it, life became no friend of mine. Time was no longer on my side, and obstacles became part of our daily lives. For example, I had to learn how to care for a premature child while being homeless and waiting on placement from DTA to be put into a shelter. After being placed, my struggles did not stop there. The process of getting my son childcare was very overwhelming, and still is. I have to make sure I meet welfare requirements so that they can continue to pay for his schooling, that includes getting good attendance at my school, regardless of if my son keeps me up all night, whether he is sick, overly tired, or overall, just being a kid. Other responsibilities include renewing his voucher on time, which usually means taking a bus to child care resources just to make the appointment, due to their low number of employees and not having a receptionist. Unfortunately, this an obstacle I see a lot of my peers going through, and is one of the most important things to overcome so we can come to school and better our lives.

Another struggle I face is making sure I have transportation money to get myself to school. Although DTA provides me with \$40 a month, it is still not enough to a monthly bus pass, and every month I need to call to make sure they put the money on my card. If they do not answer my calls, I have to scramble up change to take the bus until they do so. Some months I don't get it at all. Between my rent and other house expenses I

am usually left with \$20 a month, which isn't even enough to escape the madness for the weekend and take my son out.

An area in my life I feel like I need more support in would be parenting help. Now that he is in preschool, I need to keep up with the curriculum they teach my son at school so I can teach him the same things at home. All the while I'm trying to keep up with my studies so I can pass my G.E.D. Through the mist of it all, because I am a mom I try my hardest to do everything right, never missing a beat. It's hard to take the time out for myself just to regroup and remind myself its okay not to be okay, that it's okay to cry or to even ask for help. But it's not okay to give up. The rocks we stumble upon, we turn into stepping stones. And without them I wouldn't have learned, because without a struggle there is no progress.

Waltham Public Hearing 2/27/13
Waltham City Hall, Waltham

Rita Shah

Friends of Indian Senior Citizens Organization; Saheli

- *See written testimony attached.*

Suzanne Sege

Domestic Violence Services Network Inc., Concord

- *See written testimony attached.*

Nalini Goyal

Domestic Violence Service Network Inc., Concord

- Nalini described the tendency for women to fall into poverty after leaving their abusive spouses, whom have all the control and money to obtain a lawyer. DVSN developed a program called Lawyer for a Day (LFAD) which provides these female victims with a free one hour session of legal services. The organization takes care of the cost for bringing in lawyers, which is about \$2000 annually. It collaborates with lawyers, especially Metro West Legal Services to meet these ends. Women are also offered a financial aid program and an opportunity to purchase items donated to DVSN.

Dr. Roselyn Rubin

Greater Waltham ARC

- *See written testimony attached.*

David Hart

Concerned Citizens for the Mentally Retarded, Inc.

- *See written testimony attached.*

Brenda Powers

Boston Association for the Education of Young Children, Nazareth Child Care Center

- *See written testimony attached.*

Katie Liljegren

Massachusetts Tradeswomen Association, Vice-chair

- The organization is volunteer-based at the moment. Claims there is a lot of psychological warfare out there against women and that there is a lot of damage going on. They are trained by the men because women only make up 2% of the work force, which reflects the same percentage since 1979. In 1980, the Trade Associate didn't know they would be doing the same job over and over and over again. Mass Port is "cowboy land." She briefly explained the story about a friend of hers who was a victim of mental abuse within the company she worked for. Suggested support for Senator Chang-Diaz's fairness in hiring bill (S1463) – a "feel good" bill that costs no money. She also suggested dropping the BA requirement for this work and instead hiring tradeswomen and minority workers with experience.

Elizabeth Wilson

Self-Advocate

- *See written testimony attached.*

Lee Doyle
Boston Area Rape Crisis Center, Coordinator of the Community Mobile Organization
- *See written testimony attached.*

Mary Gianakis
SMOC / Voices Against Violence
- *See written testimony attached.*

Laura Van Zandt
REACH Beyond Domestic Violence
- The organization provides direct services for domestic violence victims. The intersections of all systems make it difficult to ensure safety and self-sufficiency for victims, and accessing emergency systems is nearly impossible. Women who are heads of their families are not getting ahead with the support of these systems. Suggested an increase in working within schools to encourage prevention and promote healthy relationships. The proposed legislation is good but there are no teeth to it – there aren't any prevention programs for schools included. Suggested that health education needs enforcement mechanisms.

Lydia Edwards
Massachusetts Coalition for Domestic Workers
- *See written testimony attached.*

Elizabeth Schon Vainer
Jewish Family and Children Services; Journey to Safety, Director
- Although it is a Jewish Center, it provides domestic violence services to all victims, with 30 to 50 percent being Jewish. They offer specialized service to Russian-speaking and Jewish communities, which they believe to be more vulnerable. Provide free counseling, job training, etc. They help their clients get back on their feet after experiencing abuse especially in their search for housing, childcare, entitlements, affordable legal representation, and transportation. "We ask too much of them" – they need a leg up. Also provide a Teen Program which focuses on prevention of unsafe dating. Their empowerment model allows the organization to work intensively and long-term with clients if their clients agree to receive this support.

Jacki Jenkins-Scout
Wheelock College, President
- *See written testimony attached.*

Emily Levine
Self-Advocate
- *See written testimony attached.*

Barbara Ferrer, Ph.D., MPH, M.ED
Boston Public Health Commission, Executive Director
- *See written testimony attached.*

**The Massachusetts commission on the Status of Women
A Regional Public Hearing on Women's issues
And the
Community Of Waltham**

I, Rita Shah, am the Senior Outreach Coordinator at the Burlington Council of Aging in Burlington, Ma. I am here to present testimony about the **Friends of Indian Senior Citizens Organization (F.I.S.C.O.)**

FISCO, a non-profit organization, was founded in August of 2010, following a Community Outreach Grant from Lahey Clinic in Burlington. The Grant was to be used for: "Community Health improvement and Education Programs directed towards Adult, Elder and underserved populations" with Rita Shah leading the initiative as a representative of the Burlington COA, a community agency.

FISCO is run by an 11 member volunteer Board of Directors including some of the early founding members. The organization is committed to serving the South Asian Senior population offering services in English and four of the 16 major Indian languages: Hindi, Gujarati, Punjabi and Tamil. The organization owes most of its success over the past 3 years, to collaboration between community leaders, (such as owners of local restaurants) and the volunteer activities of its Board members.

FISCO's stated goal is to bring together all South Asian seniors in and around Burlington to socialize, learn, eat and share information with members or their own community in their own language. The mission of the group is to help seniors improve their health by reducing the anguish caused by isolation, to maintain a healthy and Independent life style and to maximize their quality of life. Our goal is to promote dignity and self-esteem for south Asian seniors. We foster independence in seniors, social interaction with other seniors, and volunteer opportunities in the community.

South Asians comprise 14% of the total population of Burlington. The senior members of this population, as well as those from other towns in the State, fall into two categories: 1. First generation immigrants who came to America to study 40-50 years back and stayed on to raise their families and pursue the American dream; and, 2. Seniors who reside in India but come to this country for several months in the summer to visit their children and grandchildren who have settled here and made it their home. Both groups have the same motivation in joining FISCO – the need to connect with others of their own kind and their own generation in an effort to understand the unique issues they encounter as transplants to a new culture.

Our goal at FISCO is to bring this community together and assist the elderly South Asian community by offering them means for group support and a "place

of sanctuary". One of the main attractions at the Burlington center is a vegetarian Indian lunch donated by some well-known Indian restaurants in this area: Punjab, India Palace, Subway, Diva, Mela and Dosa Factory. Pongal, a regular contributor since 2009, as a special treat invites seniors to partake of the buffet lunch at their restaurant once a month. The lunches are so popular that a number of non-Indians at the center join in.

In addition to the lunches the center provides Yoga classes twice a week. FISCO also organizes trips to various Indian religious centers along the Eastern Seaboard. Members have even participated in a couple of cruises. Members have had an annual Diwali celebration where they give awards to owners of the restaurants and others who have donated their time and services to the organization. We offer counseling to our seniors to help them understand their options in areas such as: law, insurance, housing, state and Federal benefits counseling to our seniors to help them understand their options. Also we offer weekly support groups for grief and bereavement to our clients. This multi-use facility provides transportation, leisure activities and nutritious meals to our clients.

In 2011 The Office of Elder Affairs in Massachusetts offered Rita an internship grant to use the FISCO model to develop similar programs at COA centers in many neighboring towns with large South Asian populations: Lexington, Waltham, Lowell, Belmont and Arlington. These programs were very successful drawing in about 2000 additional SA seniors to join the FISCO membership list. FISCO's goal, as stated on their website www.thefisco.org, is to expand this model through the entire state. They are calling on members of the community who have the resources to visit their website and contribute towards accomplishing this dream. In the end the entire community will benefit from these efforts.

FISCO has identified the following short and long term goals:

1. Have a state of the art computer lab to help train 300 seniors by the end of the year in computer usage.
2. Find a place with all the facilities available at local senior centers, for the exclusive use of SA seniors. Here they will receive Health and Spiritual education, have access to leisure activities exercise that they can pursue at their own pace. They can get the services they need in their own language and with companions and advocates who know their culture and will treat them with the respect and dignity they deserve.

If you have any questions please contact me at [REDACTED] or rita.saheli@gmail.com. We sincerely appreciate your consideration for our proposal and we look forward to talking with you soon.

Testimony to: The Massachusetts Commission on Women Dated: 2/26/2013



THE MASSACHUSETTS COMMISSION ON THE STATUS OF WOMEN
 A REGIONAL PUBLIC HEARING ON WOMEN'S ISSUES
 In COMMUNITY OF WALTHAM

As family service coordinator for Saheli Boston, I have been designated to present testimony before this commission for my organization. Saheli, a non-profit group located in Burlington MA, was founded 17 years ago with the mission of providing services to the growing and seriously underserved population of South Asian (SA) families affected by domestic abuse and violence. Domestic violence (DV) according to the American Bar Association is "A pattern of behavior that one intimate partner exerts over another as a means of control. It may include physical violence, coercion, threats, intimidation, isolation, and emotional, sexual, or economic abuse".

The Department of Justice reports that there are anywhere from 1 million to 3 million reported cases of Domestic Violence, yearly. Jane Doe, Inc says that "according to the data collected by The National Network to End Domestic Violence (NNEDV) through an annual 24-hour census of services requested from and delivered by domestic violence programs in Massachusetts, 56 programs reported providing services to a staggering **1,799 adults on that one day in September 2011**". According to some studies 1 out of every 4 women in the United States will experience domestic abuse in her lifetime. Other studies focused on minorities have indicated that South Asian women may be at even greater risk of being victimised by DV than their American sisters.

In Massachusetts, South Asians are the fastest growing minority today. There are 69,000 South Asian (SA) immigrant families from India, Pakistan, Bangladesh, Sri Lanka and Nepal in Massachusetts (2010). In Burlington, MA, where Saheli is headquartered, SAs make up 13.4% of the entire population. Like other population groups in the US, the need for domestic violence services in this town increased rapidly in the past decade and continues to grow in this and other suburban locations around the State. Our records lend credence to these numbers showing that the number of reported cases of domestic abuse grew from 10-12 between 1996 and 200 to 30-40 between 2001-2005. By 2012, the number of cases handled by Saheli doubled to over 125.

Saheli, a largely volunteer run organization, recognized the gap in the system that would allow DV victims from the SA communities to fall through the cracks. Committed to putting an end to DV, these volunteers developed action plans, negotiated with

potential sponsors, and created a model that has used the knowledge and experiences of mainstream domestic violence agencies to create a unique and South Asian specific model of service. Today, Saheli feels that transferring this cultural model into the mainstream will enhance communication between South Asian victims and service people. Attempts to reduce domestic violence by preventative measures and interventions that are culture specific are far more effective than general strategies, and it is Saheli's primary motive in serving a South Asian subgroup.

In their paper: *THE CULTURAL CONTEXT MODEL: THERAPY FOR COUPLES WITH DOMESTIC VIOLENCE*, Authors Rhea V. Almeida and Tracy Durkin describe culture as "the accumulation of social traditions and practices as well as rich anthologies of art, music, dance, food, and language that are passed down through the generations to bind the interior of family life within different societies. It is the positive transmission of rituals and celebrations, stories and religious beliefs that maintain connections for families over time".

Moving forward, Saheli has identified 2 short term goals that will allow the organization to effectively to help the South Asian community in the immediate and long term future.

A Suburban shelter for South Asian Survivors of DV:

Research shows that when an immigrant survivor contacts a mainstream center or shelter: a) she can't communicate because there is no bilingual staff; b) using an interpreter can be difficult and frustrating for the survivor; c) these shelters often don't offer transportation (many immigrant women do not have a driver's license nor know how to use public transportation); d) mainstream shelters find immediate solutions to crisis situations, without considering the long-term impact on the survivor and her; e) there is a lack of appropriate materials to inform immigrant survivors of their rights and community resources. For these reasons and others, mainstream services don't adequately consider the different needs of battered immigrant women

Saheli's vision is to enable women to live safe and happy lives in the US. To do so it offers:

1. support and friendship to deal with the loss of family life that occurs after the victims leave the abusive situation,
2. physical and mental health care,
3. advice on how immigration laws impact their situation,
4. support to cope with economic disempowerment following divorce and separation by offering *classes, resources and referrals that focus on empowering immigrants from Asia with workplace skills,*

5. connects women to networks for employment,
6. shares cultural and social knowledge about child rearing, living in extended families, schooling,
7. and offers advice on managing finances that allow women to acculturate rapidly and survive domestic violence.

Through this structure Saheli reaches a widespread community living mostly in the Boston Metropolitan area, Cambridge, Worcester, Metro West and Metro South, Nashua, New Hampshire and many towns and suburban communities. Whereas Metropolitan areas are relatively better served by domestic violence prevention agencies, small towns and suburban communities are seriously underserved, and the majority of Saheli clients come from the latter.

Saheli would like to use the model they have developed to help South Asian DV victims further by providing all the above services in a shelter run by a group of multi-lingual, culturally competent advocates who can help the most vulnerable SA clients including young immigrant women, women newly arrived in the US, or lacking employable skills and financial support and usually having young children.

The acquisition of a shelter will take considerable additional funding. However, building partnerships across a wide range of stakeholders such as community leaders as well as making services and institutions accountable to community needs may go a long way towards achieving this end.

Activate, as community, to change the Law regarding H4 visa holders

A large percentage of our clients are members of the H4 or dependant visa group. These, often highly educated, English-speaking women from well-placed families, accompany their H1 visa holder husbands to this country to make homes for them as they come here to pursue lucrative careers and enhance their employability in industries such as Technology, Medical Sciences, Engineering.

According the US immigration laws, these women are not authorized to work if they are on dependant visas. As they are legally dependant on their husbands they end up in financially powerless positions in their marital situations. They are also dependant on the spouses for transportation and ability to socialize and become easily isolated. They are unable to work, don't know their neighbours, are stuck at home alone for hours on end without cars/drivers licenses in a new, unknown culture. Within this artificially created situation the working spouses have all the power and control. This law, then, becomes a contributing factor to escalating dv in the immigrant population, particularly in South Asian families in which men are brought up to be unquestioned head of a

family and learn, from early childhood to manipulate and control relationships. Gender disparities in access to control over and benefit from resources, wealth, opportunities, and services – economic, social, political, and cultural are responsible in this area for DV amongst South Asians.

Saheli reduces isolation and supports girls and women who grew up in extremely conservative SA cultures by reaching out to them at places of worship where the entire family may gather (e.g., temples, mosques, and church), social gatherings (where families meet to celebrate important South Asian events such as e.g., independence day and republic day), ethnic and cultural clubs (e.g., celebrations of the New Year); online with an attractive and updated website at www.saheliboston.org, and via frequent communication to women through community TV, ethnic newspapers, fliers, and brochures.

Saheli provides significant confidential one-on-one guidance, friendship and support using *trained domestic violence advocates* to help women when they call/email/seek support. Saheli also requires members of its governing board and volunteers to have *language and cultural competency from multiple South Asian regions* and obtain *state mandated training* in helping victims of abuse and violence. Additionally Saheli provides:

- 1) ***Interventions that work:*** Saheli offers *classes, resources and referrals that focus on empowering immigrants from Asia* with workplace skills, connects women to networks for employment, shares cultural and social knowledge about child rearing, living in extended families, schooling, managing finances that allow women to acculturate rapidly and survive domestic violence; and,
- 2) ***Movement Building:*** Saheli is *creating a local, national and international network* that allows women to deal more effectively with issues of transnational abandonment, child abduction, and domestic violence.

Finally, I would like to end with Hillary Rodham Clinton's statement that: "Women's Rights are Human Rights" As such it is the responsibility of the whole community to fight for the rights of DV victims to be free, safe and happy regardless of their minority status.

On behalf of Domestic Violence Services Network and the clients we serve we wish to thank the Massachusetts Commission on the Status of Women, and more specifically Attorney Hanishi Ali, for inviting us here to testify today.

Domestic Violence Services Network grew out of concern by Concord Police Department and then Chief Wetherbee. His officers were responding to the same houses over and over and they knew something was happening but as soon as they arrived no one at the house wanted to talk to an officer in uniform. The officers wanted to do more but did not have the time or training for proper follow-up.

In 1998 the Concord Police Department joined up with a local Network to create a program called Domestic Violence Victim Assistance Programs (DVVAP). This community collaboration has grown to include Acton, Bedford, Buxborough, Carlisle, Concord, Hanscom AFB, Lexington, Lincoln, Maynard, Stow and Wayland.

In April 2000 Domestic Violence Services of Central Middlesex, Inc. was formed as DVVAP'S new non-profit Partner.

Today we have 80+ trained volunteer advocates engaged in some form of Domestic Violence prevention work. These Advocates have participated in 54 hours of rigorous training and have often done so with law enforcement officers sitting right beside them.

DVSN has become the bridge between law enforcement, the court system, community related resource providers and our clients. We are unique in that we do not wait for women in unsafe situations to recognize that they are a victim or that they need help. We follow up on every police incident to check in and see how we can help.

Our first priority is to build a relationship that will acknowledge, empower, and reinforce our clients understanding of the situation they are in and help them in whatever capacity we can to build safe and healthier lives for themselves and their children. This is often a long and painstaking process. Of equal importance is the safety planning we do with our clients, without a doubt this does save lives.

Most of our work is done over the phones and/or in court (where we meet clients seeking Restraining Orders). On July of 2012 we launched CMAST (Central Middlesex Assessment for Safety Team) comprised of the District Attorney's Office, local police departments, probation and parole to identify and monitor high risk offenders. We currently monitor 22 "high risk offenders".

The communities we work in are often privileged, and it can be a challenge to educate the community on the reality of domestic Violence. One of the ways in which we do that is by sharing with them some recent statistics - FY2008 Police reports of DV incidents among our towns served 364 - FY2012 612 %Change +68%. FY2008 Contacts with clients/families 544 - FY2012 1086 %Change +100%. FY2008 Individuals requesting help directly through calls or in person 95 - FY2012 230 %Change +142%. It is our belief that these numbers are just the tip of the iceberg.

Misconceptions about domestic violence in our communities often comes with an additional layer of shame and isolation. (If my external life looks like the American Dream how can I/we be victims of Domestic Violence). Also homes are often on large tracts of land and therefore further away from other homes, as well as from their neighbors, (and/or help or witnesses).

Financial abuse is another significant form of control in our communities. What does that mean? The client may have little to no access to money. They may not have information about what their family resources are. They have what they are given nice cars, a beautiful home, status derived through their spouses, a place among peers - trophies meant to reflect on the abuser. Threats to withdraw these privileges, if they do not behave, become yet another mechanism of control. The reality is that if they try to break away they are often faced with poverty, as well as a huge disadvantage in court. This economic disparity is often on display when one has an articulate (expensive) lawyer to represent them and our clients, usually, stand alone. This barrier to freedom is often coupled with the reality of protecting their children and their ability to obtain custody of them. And as if that is not enough, controlling partners often manipulate the system and lead victims to believe fallacies about our judicial system. (One of our most dedicated advocates - Nalini Goyal - will address our resurgent Lawyer for a Day program - which reflects our effort to expand what we may offer some of our clients in the way of support.)

As Domestic Violence Services Network continues to focus on a coordinated - collaborative - community response we are ever so grateful for this opportunity to present before this esteemed commission.

And now it is my pleasure to introduce Nalini Goyal a truly devoted and passionate Advocate who represents the best of DVSN and the clients we serve.

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TO: Massachusetts Commission on the Status of Women

FROM: Roslynn Rubin, Ed.D

Chief Executive Officer, Greater Waltham Arc

RE: Public Hearing on Women's Issues

February 27, 2013

Greater Waltham Arc is a 57 year old non-profit agency which serves persons with intellectual and developmental disabilities. There are many issues which are basic and not gender specific for those we serve. Today I want to talk about the issues of health care for persons with challenges, and specifically for women.

Persons with disabilities are funded through Medicaid for health and dental care. In my experience with this population, the number and choice of physicians and dentists who accept Medicaid payments is limited. Further, those health care professionals doing so may have limited experience with persons with developmental disabilities. There are unique challenges to this group, from increased morbidity due to weight issues, medication interactions, higher than typical diagnoses of heart disease and cancer, and for persons with the diagnosis of Down Syndrome, a 96% co-morbidity rate with Alzheimer's Disease. To further complicate this picture, there is a high rate of past abuse and exploitation of this fragile population.

The medical professionals who serve this population should include both male and female practitioners, with convenient locations so that choices may be made by the person served and her family/guardian or care team. Expertise in approaching trauma survivors would be ideal, whether with the professional or the paraprofessional who could be present for general medical, gynecology and dental examinations and treatment.

To put a face on this picture, GWArc is sad to learn recently that consumer "DC", a 54 year old woman who has been diagnosed with advanced uterine cancer. As a survivor of sexual abuse, she has never been able to tolerate a gyn exam nor did she have a female practitioner to perform this.

I urge you to consider this group of women as part of the total population who must be served in the important areas of housing, employment, literacy and health care. With Massachusetts in the forefront of health care for all, please remember that persons with developmental disabilities will always be part of the "all" that needs to be served.

Thank you for the opportunity for GWArc to go beyond our daily care and support of over 300 persons and advocate for all persons with challenges. We are part of the diversity of this country and need to be heard.



Testimony before the Massachusetts Commission on the Status of Women February 27, 2013

My name is David Hart and I represent CCMR, Inc. a statewide advocacy organization for individuals, their guardians and families with Intellectual and Developmental Disabilities. CCMR is also the state affiliate of VOR, Inc. a national advocacy group with members in all 50 states also advocating for people with ID/DD.

I am also the brother of a profoundly intellectually disabled, and medically fragile individual who died in 1996. Prior to his death my brother lived a full and happy life at Hogan Development Center in Hathorne MA.

I am also a guardian for a women who is also profoundly ID/DD. I have been advocating for people with ID/DD on the local, state and federal level for almost 25 years. During that time CCMR and I have advocated many issues, policies, budgets and legislation. Some we have won and some we have lost.

The reason why I am here today, testifying before the Massachusetts Commission on the Status of Women is to inform you of an issue that affects *all individuals with ID/DD but affects women and their families at a higher percentage.* I am also here because Commissions like this one can and do have influence on policy and legislation.

The issue is safety. Safety for these individuals and families has not improved over time but has gotten worse.

The Facts:

Based on statistics provided by the Disabled Persons Protection Commission in there were 54 million American with disabilities.

According to a study done in 2000 approximately 5 million crimes were committed against people with developmental disabilities (60-70% women) in comparison to 1.4 million child abuse cases and 1 million elder abuse cases.

More than 90% of people with ID/DD (both male and female) will experience sexual abuse in their life times. 49% of those individuals will experience ten or more sexual abuse incidents.

62% of women with physical disabilities reported experiencing emotional, physical or sexual abuse.

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Only 3% of sexual abuse cases involving people with developmental disabilities will ever be reported.

Adults with developmental disabilities are at risk of being physically or sexually assaulted at rates 4 to 10 times greater than other adults.

68% to 83% of women with developmental disabilities will be sexually assaulted in their lifetime. . This represents a 50% higher rate than the rest of population.

Violence that women with disabilities experience includes verbal, forced segregation, intimidation, abandonment, neglect...withholding of medications, transportation, equipment, personal assistant services along with physical and sexual violence.

Women with disabilities are raped, assaulted and abused at rates of more than 2 times greater than women without disabilities.

In NY State Operated Group Homes there have been over 1200 deaths without any or minimal investigation more than half were women.

In MA US Attorney for Massachusetts Michael Sullivan stated that there was a 30% greater chance of abuse and neglect in the developmental disability community system than the state run Developmental Centers.

According to the most recent published DPPC Quarterly Reports from Oct 2011- Sept 2012 there were over 10, 300 complaints filed on behalf of or by people with disabilities. Over 8500 of these complaints were filed by people with Mental Illness, Physical Disability or Intellectual / Developmental disabilities. Over 4000 of those 8500 complaints were filed either by or on behalf of people with ID/DD.

Assault & Battery, Larceny, Domestic A&B, Rape and Indecent A&B and Caretakers Negligence are the predominant crimes being reported.

What can be done:

The Disabled Persons Protection Commission (DPPC) can no longer be level funded. When originally formed the Commission had 17 investigators, today they have 3. The annual budget is 2.3 million dollars not much more than when it first formed. With a better-funded DPPC there would be less Agency Self investigation.

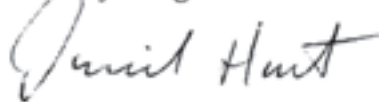
A National Standard of Care for all Health and Human Service workers needs to be developed and instituted by all 50 states. Proper training, and oversight would be the focus.

Massachusetts needs to require National CORI and SORI background checks for all Health and Human Service workers. The current law requires a check of MA only. Within the community of Human Service workers MA is considered a haven for workers with questionable backgrounds because MA only requires a MA check.

Train Police, District Attorneys, and Victim Advocates, that victims with ID/DD can be good witnesses and not dismiss the crimes against them based because of their disabilities.

I thank you for your time you have taken to listen. The population that I speak for are some of our most easily victimized citizens in MA. They need your help and your voice because many due to their disability cannot speak for themselves.

Thank you again

A handwritten signature in cursive script that reads "David Hart". The signature is written in black ink and is positioned below the text "Thank you again".

David Hart
President, CCMR, Inc.



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February 27, 2013

To the Commission:

Funding for early education and care is more important now than ever before. We are working at professionalizing the field of Early Education. Science is now validating what most quality early educators have always known: appropriate stimulation and strong nurturing is what every child needs. Infants, toddlers and preschoolers need more than babysitting while their parents are working. They need to be with people who can start them on a lifelong journey of education.

Some amazing things are happening in the field of early ed right now! We have a scholarship that can be used by educators to earn their degrees. For some this is the first opportunity they have received that will enable them to pursue higher education. I have a staff person who has worked for me for a dozen years. She comes from a family that did not value education. No one in her family graduated from high school. She not only graduated from high school, this past June she received her Associate's Degree in Early Education. To watch the pride not only in her face, but the faces of her four children is not something I will ever forget. Although she took this year off from school, she is ready to begin the scholarship process again so she can complete her Bachelor's Degree. She is an example of one of the dedicated professionals who is juggling a full time job, parenting, and school work so she can provide high quality care to the families in the city of Boston.

I applaud the Governor for standing up for the parents in our state and working towards finding a solution to the crisis they face in finding affordable, high quality care for the children in our Commonwealth. As much as people already feel is invested, trust me when I tell you it is not enough. Every day, I send people away telling them they do not qualify for a subsidy because they make too much money. A working family of two parents and one child is not likely to qualify for a subsidy for an infant or preschool program. Subsidies are based on a parent's income, before taxes. What a parent pays for health care and rent are not taken into consideration. At the end of the day there is rarely enough left over for child care. It frightens me to think about who is watching those children.

Commissioner Killins has been instrumental in bringing change to the field of early education in Massachusetts. She has brought us a Quality Rating and Improvement System, and a Race to the Top Challenge Grant. But to fully implement what our children deserve we need to invest more money. Top economists have publicly stated that every dollar invested in early education and care will bring a return on about \$17.00. Now, this is not something I clearly understand as it has to do with numbers, but what I do understand is that providing high quality early education, I am helping to prevent teen pregnancy, lowering the rates of incarceration and helping increase the chances of low income children going to college, all because I love working with kids.

All of you have heard the horror stories of child care that was not high quality. We have heard the horror stories of children left with nannies who were inexperienced and undereducated. We rarely hear the stories of success because the successes are not as newsworthy or "sensational". But I can tell success stories of children who were involved in DCF but because of high quality child care and family support, they have stayed together, learned skills that will help them stay together and maintain a life as a family without DCF involvement. We have seen parents who would bring their children to child care in their jammies (the parent not the child) and seen them go on to finish school and get jobs and be successful because their children were well cared for. I have seen middle class families able to stay in their homes because both parents could afford to work because they qualified for subsidy that would make child care affordable.

We are on the right road, but it is a long road. We need to keep fueling the people who are providing love, acceptance and knowledge to our most vulnerable beings. We need to pay teachers a livable wage so they can stop living in public housing. We need to invest in the children who will ultimately be taking care of us.

Respectfully submitted by,



Director of Nazareth Child Care Center

Brenda Powers

President of Boston Association of the Education of Young Children

*11 Robert Wilson
4836 Sponsor Rep R474 BUISEY

Guest Column: Focus on Disability Insurance Inequalities

By Eliza

In the year 2013, people in the United States of America are protected against age discrimination, genetic discrimination, racial discrimination, and sexual harassment, and yet discrimination against the biologic and trauma-based diseases of mental illness in private employer short and long term disability policies is still allowed to ruin many Americans lives.

While health care parity has been successful in leveling the playing field between health care benefits for mental illness and physical diseases, it has cost insurers a minimum increase in premiums: 1.4%. There are stop gaps built into the system that if the increase is too high the benefit does not have to be offered.

Working as a professional Pharmacist and then in the Pharmaceutical industry for over 15 years, my own depression was able to be successfully treated, and I functioned as a highly productive individual for years. Mental illness is treatable. However, there is a small percentage of patients for whom the medication stops working. This is called treatment resistant or refractory depression. As time went on, my illness worsened to the point that I feared I would not be able to continue to work. My career was a highlight of my life so I desperately tried to find a solution to this dilemma. I even participated in a clinical trial, allowing a medical device to be implanted in me, so that I could continue to function effectively. At the point in my life when I was enrolled with 1 credit remaining for my Masters in Regulatory Affairs in Biologics, Drugs and Pharmaceuticals at Northeastern University and doing an independent project at the Federal Drug Administration Agency in Woburn, MA, I could no longer function at work.

Having a psychiatric illness in the workplace is not protected like other disabilities by the American with Disabilities Act passed in 1990. I tried to be aware of my rights and to protect myself by asking for a job accommodation of a flexible schedule with a doctor's note before leaving my job. Unfortunately, my supervisor told me that other employees would see this accommodation as preferential treatment. Job accommodations are not preferential treatment, but are supposed to protect those people struggling with disabilities to continue performing their jobs. I did everything possible to try to continue to work, but was finally forced by circumstances to leave my job.

The most disturbing fact I discovered while trying to retain employment, aside from the lack of protection job accommodations offer to those suffering from mental illness, was that private short-term and long-term disability policies may exclude psychiatric disabilities altogether or limit these benefits to shorter time periods than those offered to people with a physical illness. Although I had paid the same premium as those with a physical illness and were granted benefits, I would receive less protection because I suffered from a mental illness.

The discrimination toward those employees with mental illness shifts the economic burden of paying benefits from the insurance companies to the government. Shifting this financial burden is a windfall for the private, for-profit insurance companies. I am left to wonder why this situation does not upset more Americans, or is it just a well-kept secret maintained by the insurance companies because those with mental illness have a hard time advocating for themselves?

I very much want to work and hope to be healthy enough to return to work someday. But, for now, the wage replacement that I thought I could depend on is not there to pay for my shelter, food, health care treatments. It is not there to sustain life's basic needs. I receive social security, and once I lost my private disability insurance, I needed to apply for food stamps, heating assistance, and free medical care and I had to begin relying on local food pantries for food. At this point, I do not know how long I will be able to stay in my home; my car is old and I could not possibly replace it. I have learned that most people with a mental disability end up going through their life savings and eventually need to sell their homes.

The financial distress caused by these discriminatory policies is not just difficult to face, it exacerbate the very illness for which I am claiming benefits. My depression has worsened, and it is now affecting my physical health. I have had to increase treatments. I suffer from feelings of abandonment, fear, sleeplessness, isolation, hopelessness, and the frustration brought on by stress of loss of income. Discrimination by disability insurers due to the nature of one's disability needs to stop.

When the insurance companies were finally forced to provide mental health parity, they said that it would increase premiums to an unsustainable level. This did not happen, but it is reasoning the companies use to allow this discrimination to occur. Because mental health conditions overall are successfully treated, the only individuals who need these policies are the small percentage of individuals with treatment-resistant conditions.

Last year Representative Ruth Baiser, Newton, filed a bill that sought parity for mental illness in disability policies. She will file the legislation again this year and currently is identified as HD 836. People have until February 1st to contact their legislators to request they cosponsor this bill. I urge League members to follow this legislation.

The Massachusetts Commission on the Status of Women

Public Hearing

February 27, 2013

The Boston Area Rape Crisis Center's (BARCC's) mission is to end sexual violence through healing and social change. BARCC was founded in 1973 by a small group of women dedicated to building a hotline to answer calls from rape survivors. The agency is the oldest and largest rape crisis center in Massachusetts and the second oldest in the country. BARCC has a staff of 29 and over 100 active volunteers—our program serves as a model for other agencies looking to develop civic engagement in their organizations. We provide multidisciplinary direct services to thousands of survivors each year, advocate for systemic change in institutions, offer professional education, and we work to mobilize communities in the intervention and prevention of sexual violence. BARCC provides free and confidential services to survivors ages 12 and up as well as their friends, families, and service providers.

Rape crisis centers provide something unique to the Commonwealth with our history of volunteerism, the philosophy of strengths-based services, and a focus on system and community, rather than individual, change. Rape crisis centers operate quickly, responsively, and across the disciplinary lines of social work, legal assistance, case management, medical information and support, education, and social action. We focus on the needs of survivors and fight for their rights. We are entrepreneurial in our program development and partnerships, and we are on the cutting edge of prevention.

I am the Coordinator of Community Mobilization at BARCC. I work with communities, like Waltham, to transform our ideas, responses, and actions surrounding sexual violence. While the majority of survivors are women, we know that women are not the only ones affected by sexual violence. While they may be at higher risk, college students are not the only population victimized at alarming rates. Sexual violence is a lifespan issue, affecting people from early childhood to elders.

Sexual violence has a long-reaching impact when experienced in childhood. Approximately 1 in 4 girls and 1 in 6 boys experience sexual violence before the age of eighteen. We know that children who experience adverse childhood experiences like sexual abuse suffer long term health consequences, such as increased risk of substance abuse, unwanted pregnancy, depression, and suicidality. This is a local issue as well. From the 2012 Youth Risk Behavior Survey (YRBS) data, 7% of Waltham High School students report being hurt physically or sexually by a date. Sexual violence is not limited to dating relationships. About 40% of youth who experience sexual assault are assaulted by another youth under the age of 18. In Waltham, we've seen increased reports of bullying: 27% of WHS students report being bullied in their lifetime—a rise from 22% in 2010. Young women are especially affected at 30%. Cyber bullying is also on the rise: 25% of WHS students have experienced cyber bullying. Young women are also most affected at 30%. Perhaps most disturbingly, 15.1% of WHS students report having actually attempted suicide—more than double the statewide rate of 7%. Sexual violence has significant ramifications on a youth's physiological and mental health, impacting their ability to succeed in school and later in their careers.

As adults, experiencing sexual violence disrupts your life, education, career, family, and housing. Our case management team at BARCC assists survivors impacted by sexual violence. The sexual violence in these families may have been inflicted by a family member, acquaintance, or partner. Many of the clients we work with are facing various housing and economic hardships that disrupt their access to basic needs and services. Over the past

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year, the case management program saw over 150 clients with housing and financial related stability concerns; the majority of these clients are/were Boston residents.

Families affected by sexual violence are faced with a risk of becoming homeless. Some in fact do become homeless. If the perpetrator knows where the client lives or if the client was living with the perpetrator and economically dependent on them, the client usually has limited or no means to support themselves in an independent living situation when they decide to leave the unsafe housing situation. Access to emergency shelters is limited and increasingly difficult to obtain. When a survivor has lost stable housing, they are at increased risk of being sexually assaulted; thus a vicious cycle between accessing safe housing and sexual violence forms.

Lastly, elders are also at risk of sexual abuse. Elders who have been sexually abused are even less likely than other populations to report—only 30% of those assaulted choose to report. This under-reporting is the product of many factors. Elders may not report because they do not consider the assault worthy of reporting. Our legal and cultural norms around rape and sexual violence have changed dramatically over the past 50 years. Only in 1993 was marital rape made illegal in all 50 states. Elders may also choose not to report because of the identity of their perpetrator. 80% of sexual abuse of elders is perpetrated by a caretaker. The resulting shame, confusion, as well as limited access impact elders' decisions to not report the abuse.

Sexual violence cannot be contained to one population or age group. Because sexual violence occurs across people's lifespan, we must provide comprehensive services to support survivors at all stages of their lives. BARCC does excellent work, but we do not, and cannot, do it alone. Sexual violence is not a stand alone issue. Ending sexual violence is also a matter of mental health, education, substance abuse, housing, medical care, etc. Supporting survivors of sexual violence requires integration. We need trained educators and service providers who can recognize and respond to survivors effectively. We need people at multiple access points to create an environment where sexual violence will not be tolerated. I hope you continue to support the work of BARCC & other organizations who strive create this environment. Thank you for your time and support.

Lee Doyle

Coordinator of Community Mobilization

Executive Director, Boston Area Rape Crisis Center

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Housing*

My name is Mary Gianakis, I am the Director of Voices Against Violence, a program of the South Middlesex Opportunity Council (SMOC) that provides . . . and I am here today representing SMOC to speak to our experience working on critically important issues affecting the status and well being of women here in the Commonwealth of Massachusetts.

SMOC, established in 1966, is a private nonprofit 501 c (3) corporation that operates a comprehensive array of human services programs targeted to meet the needs and improve the quality of life of low-income individuals and families. SMOC operates these programs in the greater MetroWest area with various satellite operations in the Worcester region and Springfield. SMOC has an annual budget of over \$70M and employs over 600 individuals.

Our mission is to improve the quality of life of low-income and disadvantaged individuals and families by advocating for their needs and rights; providing services that assist people to reach and sustain independent successful community based living; educating the community; building a community of support; participating in coalitions with other advocates and searching for new resources and partnerships.

All of our services are developed and delivered in a manner that reflects the following values that guide our work and help us to set meaningful program goals. We believe that the Commission, in reviewing these values, can take them as guidance also in determining some basic human needs and the possible governmental responses to meet them.

- We respect the dignity and inherent value in all individuals. We relate to each other, to community partners, and to those we serve with respect, kindness, sincerity, and compassion.
- We embrace and value diversity. We strive to reflect the diversity of those we serve and the communities we serve by providing employment, board, and volunteer opportunities.
- We recognize that racism and other forms of oppression are critical barriers to social change and economic justice.
- We believe every person has a right to be free from violence, including domestic violence and sexual assault, and is entitled to safety in their own homes and neighborhoods.
- We believe housing is a right, not a privilege and that homelessness should be abolished. Every person has a fundamental right to a decent, safe, healthy and stable home. We also believe that any person without a permanent, habitable housing situation is homeless.
- We believe health care is a right and not a privilege. Every person has a fundamental right to quality, affordable and accessible health care.
- We believe that hunger is an early warning signal of poverty and when food is so plentiful in the United States, everyone should have enough nutritious food to eat.

- We believe every person has a right to be free from poverty. SMOC believes that poverty reflects the declining number of jobs paying decent living wages, an increasingly inequitable distribution of wealth, continuing racial divisions and the absence of low-income people from the political resolution of the problem.
- We support the right of all people to work, be employed and earn a living wage.
- We believe low-income and disadvantaged people are best served when services they rely on to meet complex human needs are integrated, concentrated, and co-located in their communities.
- We recognize that our employees are our most valuable asset and value their contribution to the success of our mission. We also help and encourage our employees to realize their potential, individually and as a team, and recognize that each and every one can and does make a difference.

What we know from our experience in providing services that target low-income populations is that women and children are disproportionately impacted by poverty. In 2012, SMOC provided a wide array of services to 54,576 individuals and nearly 60% or 31,914 were women. (Our testimony also includes an addendum that provides some important demographic material.) The services constitute a continuum of care that includes: housing, child care and preschool education, adult education, job training and placement, emergency shelter, substance abuse and mental health treatment and counseling, substance abuse residential programs for individuals and families, domestic violence and sexual assault services, nutrition, including the Women Infant and Child (WIC) program, fuel assistance, rental assistance and many more. SMOC's housing programs provides over 1400 units of its own housing and many hundreds of contracted units, target meeting the needs of special populations including the homeless, people exiting the criminal justice system, veterans, people with HIV/AIDS, people with disabilities, families seeking safety from violence, and individuals and families seeking to sustain recovery from past addiction.

While there are programs and services that respond to basic human needs of low-income individuals and families, many gaps in critical areas continue to exist. Child care services and after-school programs, transportation, community based recreational opportunities, nutrition programs, workforce development focused on single parent households, adult education, English as a Second Language (ESL) availability, skills training, (what about DV stuff???), affordable housing, etc.

We urge the Commission to explore these issues and others that need to be addressed so that low-income women and their families will have the tools necessary to help them move forward to successful independent living in the community.

ADDENDUM

We know the following about the women receiving one or more services from SMOC:

- 60% were between the ages of 24-44
 - 18% were between the ages of 55-69; 20% were children under the age of 17
- 43% identified as Hispanic, 57% identified as non-Hispanic
 - Of those identifying as non-Hispanic, 41% identified as white
- 33% graduated from high school but did not continue on
 - 20% attended school between the 9th and 12th grades, but did not graduate
 - 15% did not advance beyond the 8th grade
- 45% identified as single head of household; 32% as single
- 26% identified as having a disability
 - 41% were at or below 50% of the poverty line
 - 25% were between 50% and 100%
 - Another 28% were between 100-200% of the poverty line

(The federal government puts the poverty line for a single individual at \$11,170 and for family of two at \$15,130 annually)

- 53% are receiving food stamps
- 32% are receiving social security disability benefits
- 30% are receiving wages or wages and other income



**MASSACHUSETTS COMMISSION ON THE STATUS OF WOMEN
The Charles F. Hurley Building
19 Staniford Street
Boston, MA 02114**

**Regional Public Hearing: Waltham, Massachusetts
February 27, 2013**

Thank you for the opportunity to submit written testimony on behalf of the Massachusetts Coalition for Domestic Workers (MCDW) to bring to the Commission's attention the current situation facing domestic workers and why we need your support to protect domestic workers in this state.

Domestic workers are excluded from the most basic state and federal labor protections with no good reason. These exclusions reflect the historical undervaluing of domestic work because it involves services performed mostly by low-income and migrant women for other women.¹ It is viewed as work that housewives traditionally shouldered without pay. It is viewed as work falling outside of the productive economy.²

¹ Lisa Diaz-Ordaz, *Real Work: Domestic Workers' Exclusion from the Protections of Labor Laws*, 19 *BUFF. J. GENDER, L. & SOC. POL'Y* 107-08 (2011).

² Manuela Tomei, *Decent Work for Domestic Workers: An Achievable Goal or Wishful Thinking?* in *Regulating for Decent Work: New Directions in Labour Market Regulation* 255, 261, 279 (Sangheon Lee & Dierdre McCann eds. 2011); see also ILO, *DOMESTIC WORKERS ACROSS THE WORLD*, supra note 1, at 69 ("To a large extent, domestic work involves tasks

These views ignore the fact that domestic work is the work that makes all other work possible. Many lawyers, doctors, teachers, and other professionals could not be productive without domestic workers to care for their homes and children. It is time that we all recognize that domestic work as work like any other, and work like no other.

Domestic workers, 83% of whom are women across the world, face significant hardships.³ Next to farm workers they are the most unprotected groups of workers in the country. Domestic workers enable other women to improve balance of work and family obligations, but they are excluded from such crucial protections as maternity leave. There is no good explanation for why domestic work done outside of private households is protected, but domestic workers for private households are not. Private domestic workers actually need more protection because work alone, are so isolated from other workers and are largely invisible from the public eye.

Employers often see domestic workers as “one of the family.”⁴ This personal relationship can be a positive working experience, but it can also lead to serious abuse and mistreatment. A 2012 national study of domestic workers, across fourteen cities including Boston, found that 36 percent of live-in workers report that they were verbally harassed in the

that women have traditionally shouldered in the home without pay, such as cleaning, cooking, shopping and laundry, as well as caring for children, the elderly, disabled, and other household members in need of care. Perceptions about the innate nature, as opposed to the formal acquisition, of skills and competencies required to perform these tasks persist. Such attitudes and perceptions tend to result in the undervaluation of domestic work in comparison with jobs that are predominately performed by men that require skills of a similar level acquired in a formal setting.”).

³ INT’L LABOUR ORG., DOMESTIC WORKERS ACROSS THE WORLD: GLOBAL AND REGIONAL STATISTICS AND THE EXTENT OF LEGAL PROTECTION 70, 85 (Jan. 2013) [hereinafter ILO, DOMESTIC WORKERS ACROSS THE WORLD].

⁴ Diaz-Ordaz, *supra* note 1, at 113.

past 12 months.⁵ Many others are threatened, subjected to racial slurs, or sexually abused. More often than not these workers do not report abuse and mistreatment. Ninety-one percent did not complain because they were afraid they would lose their job.⁶ Meanwhile, Massachusetts discrimination and sexual harassment laws expressly exclude domestic workers from their protections.⁷

National and international studies demonstrate that the hazards of domestic work include working long hours without rest breaks, the “job creep” where more and more duties and responsibilities are added on without increases in pay or time off, and injuries from heavy lifting and toxic household chemicals.⁸ Domestic workers, who enable their employers to have a work-life balance, also need time for their own families and labor standards that protect their health and safety. While state wage and hour laws do provide minimum wage and overtime protections, these protections are meaningless because working time is not defined or regulated and 35 percent of domestic workers reported working long hours with no breaks. Twenty-five

⁵ LINDA BURNHAM & NIK THEODORE, NAT’L DOMESTIC WORKERS ALLIANCE, HOME ECONOMICS: THE INVISIBLE AND UNREGULATED WORLD OF DOMESTIC WORK (2012), available at <http://www.domesticworkers.org/pdfs/HomeEconomicsEnglish.pdf>. [hereinafter HOME ECONOMICS].

⁶ Id. at 28, 34 (“Other fears of retaliation for contesting substandard conditions include: (1) concerns that complaints will damage the relationship with the employer (78%); (2) needing the employer as a reference for future job opportunities (60%); (3) worries that pay or hours will be reduced (59%); and (4) fears of employer violence (42%).”).

⁷ The Massachusetts Fair Employment Law, G.L. c. 151B, sec. 1, specifically excludes from its protections against discrimination individuals “in the domestic service of any person.” Moreover, the Massachusetts Commission Against Discrimination enforces discrimination laws including protections against sexual harassment only on behalf of workers who work for employers with 6 or more employees. For both reasons, domestic workers are excluded from these protections.

⁸ ILO, Domestic Workers Across the World at note 1; Home Economics at note 7.

percent of live-in workers were not able to get 5 hours of interrupted sleep. Low pay is also a systematic problem --- 23 percent are paid below minimum wage and 84 percent are not guaranteed overtime pay. In fact, many domestic workers are unable to meet basic needs for themselves and their families: 20 percent said there were times in the past month when there was no food to eat in their homes because there was no money to buy any.⁹

Because there are no guidelines for employers, domestic workers are often asked to work longer and harder without additional material reward. Even “good” employers with the best intentions may end up treating domestic workers unfairly because they do not have any baseline for decent working conditions.¹⁰ This is a heavy burden for employers to bear. Studies have also found that low wages and unpredictable hours cause turnover and result in inadequate training of domestic workers.¹¹ The promotion of decent working conditions for domestic

⁹ *Id.*, note 9; Peggie R. Smith, *Regulating Paid Household Work: Class, Gender, Race, and Agendas of Reform*, 48 AM. U.L. REV. 851, 923 (Apr. 1999) [hereinafter *Smith, Regulating Paid Household Work*] (“it is time to stop concentrating on the ability of poor women to improve the lives of others and begin to consider how to help them improve their own lives”).

¹⁰ ILO, 2010 Report, *supra* note 7, at 12 ¶ 45 (“It can, however, divert attention from the existence of an employment relationship, in favour of a form of paternalism that is thought to justify domestic workers being asked to work harder and longer for a ‘considerate’ employer without material reward. In fact, these arrangements are the vestiges of the master–servant relationship, wherein domestic work is a ‘status’ which attaches to the person performing the work, defines him or her and limits all future options. Informal norms and some entitlements do develop, but they are subject to a power imbalance that leaves domestic workers without the kind of protection that other workers enjoy in the formal economy.”)

¹¹ See *id.* at 8 ¶ 25 (“In the absence of effectively enforced labour legislation, domestic workers remain dependent on their employers’ sense of fairness rather than on an accepted legal norm that recognizes their dignity as human beings.”); *id.* at 13 ¶ 49 (“But the balance of power remains overwhelmingly in favour of the employer, who has to take decisions that are of fundamental relevance to conditions of employment: fixing an appropriate wage in the absence of tripartite wage-fixing machinery; making arrangements for rest periods when the worker takes care of a child or elderly member of the family; finding an ethical response when a pregnant migrant worker is ineligible for state maternity benefits; determining whether a product used in domestic work constitutes an occupational risk, and so on.”).

workers will therefore not only improve the quality of their lives, but the quality of the services they offer, and therefore the lives of those for whom they care. If we better protect domestic workers' health and safety, we will enable those workers to provide better quality services to their employers.

As a result of this reality, the MCDW formed to give domestic workers a voice and secure rights and dignity on the job. The campaign is headed by women leaders of the Brazilian Immigrant Center, Women's Institute for Leadership Development, Dominican Development Center, Brazilian Women's Group/Vida Verde Coop, and Matahari: Eye of the Day. A conference of over 100 domestic workers this past summer led to the drafting of the Domestic Workers' Bill of Rights, Senate Bill 882, House Bill 1750, filed this session to address many of the problems articulated by domestic workers at the conference. The Bill extends existing parental leave protections of 8 weeks unpaid leave to domestic workers. It provides for up to 40 hours of paid sick time per year and 1 day of rest per 7-day calendar week. It also provides that domestic workers working over 16 hours a week must have a contract with their employer laying out working hours and other conditions. Importantly, it repeals the exclusion of domestic workers from anti-discrimination and sexual harassment laws. These are basic protections afforded to all other workers in the state, and there is no just reason for the continued exclusion of our most vulnerable workers.

We ask that the Massachusetts Commission on the Status of Women exercise its authority conferred under chapter 138 of the Acts and Resolves of 1998, G.L. c. 3, sec. 66 (3) (g) to advise the executive and the Massachusetts legislature on the importance of this bill which is in keeping with its mission to protect the "fundamental rights, basic human rights and the full

enjoyment of life for all women --- [including those who are employed as domestic workers]"
and thereby "advance [domestic workers] toward full equality in all areas of life and to promote
[their] rights and opportunities ..." Thank you.

Respectfully submitted
Massachusetts Coalition for Domestic Workers
On its behalf

Monica Halas

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Enc: Domestic Workers' Bill of Rights, SB 882, HB 1750

Fact Sheet, Section by Section Summary, Questions and Answers

February 27, 2013

Dear Members of the Massachusetts Commission on the Status of Women:

Thank you for the opportunity to testify on behalf of the role that a strong system of high-quality early education and care can play on the well-being of women in Massachusetts. As an early education advocate and a former preschool teacher in Springfield, I am greatly encouraged by the governor's FY14 state budget proposal, which includes \$131 million in new investments in early education and care.

The early childhood landscape in Massachusetts greatly affects the lives of the women who make up over 86% of the early education workforce, as well as the parents whose children often lack access to high-quality programs in their early years. Only one-quarter of preschool-aged children in Massachusetts currently benefit from public funding for early education – through child care subsidies, public school pre-kindergarten or Head Start. As a state, we invest very little in our youngest children, thus resulting in a system that provides low wages for early educators, and high fees for those parents who can afford to pay. Massachusetts has the most expensive child care in the nation, and because almost 90% of the state's early education and care funding comes from the federal government, access to child care is heavily tied to the work status of parents, and not to the need of the child.

We know that more than 31% of children in Massachusetts live in a single-parent household, and that more than half of our state's poorest children are living in families headed by women (2010 Census). We also know that there is nearly 30,000 children birth-age 5 currently on the waitlist to receive subsidies to access early childhood education programs across the state. When families cannot find safe and developmentally appropriate environments in which to place their children during the day, they are unable to pursue professional careers. Investing in early childhood education is not only a way to ensure that all children experience the cognitive and social-emotional benefits that are critical to later success as students and active citizens. It is also an **investment in economic development; this is about long term outcomes for our future generations.**

I support Governor Patrick's thoughtful and comprehensive FY14 state budget proposal for early childhood education, because it acts on what decades of research tell us – that high-quality early education is one of the most educationally effective and cost effective uses of the public dollar. I thank the MCSW for understanding that investments in early childhood education in Massachusetts will meet the needs of today's families and early educators – and tomorrow's economy.

Sincerely,

Emily Levine
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Dorchester, MA 02124
Emilyklevine@gmail.com



Massachusetts Commission on the Status of Women
The Charles F. Hurley Building
19 Staniford Street, 6th Floor
Boston, MA 02114-2502

February 26, 2013

Chairwoman Budson, Vice Chairwoman Everett and Members of the Commission,

On behalf of Wheelock College, thank you for the opportunity to submit testimony on such a critically important topic – the current and future wellbeing of women in the Commonwealth. I'm pleased to highlight important issues the Commission should consider based on Wheelock's 125 years of practice in serving children and families across Massachusetts and the globe, a milestone the College celebrates in 2013.

Wheelock College is a private institution with a public mission to improve the lives of children and families. To that end, Wheelock's students, alumni, faculty and staff support Massachusetts' children through direct care, research, program planning, advocacy and much more. We began 2013 with students already exceeding the 165,000 hours of service provided at 280 Massachusetts-based community partners last year. This work informs us of the barriers to improving the lives of women that still exist, yet are possible to remove in the immediate future. Of particular importance to women is access to high quality early education for young children.

Women are more often than not called on to bear the responsibilities of child rearing and income contribution. For many women, this is not a choice or simply a matter of balance, but a necessity to keep their families fed, housed and clothed. Too often, this comes at the expense of healthy child development. Access to high quality early education programs offer parents the assurance and consistency they need to work in support of their families while providing young children with opportunities for cognitive, social, emotional and biological development, gains necessary for lifelong learning. This benefits us all. In fact, investment in early childhood is one of the few social policy interventions that have proven to really work, in terms of both long-term learning and development outcomes, and economic benefits to society.

Governor Patrick recently proposed to increase funding for early education by \$131 million in FY14, and \$350 million over the next four years. Universal Pre-K for all children starting at age four is among the new initiatives these funds would support. I understand that the legislature will devise its own budget plan in the months ahead. I urge the Commission to impress upon the legislature the importance of funding for expanded early education programs to the lives of

WHEELLOCK COLLEGE

children, women, families and the Commonwealth of Massachusetts. Movement towards expansion would remove work-family life barriers for women and profoundly improve the social trajectories of countless young boys and girls.

Again, thank you for the opportunity to submit testimony on a topic at the heart of Wheelock College's mission and academic programs for the last 125 years. Please contact me at 617-879-2314 should you have any questions or require any further information regarding my testimony herein.

Sincerely,

A handwritten signature in black ink that reads "Jackie Jenkins-Scott". The signature is written in a cursive style with a large, looping initial "J".

Jackie Jenkins-Scott
President