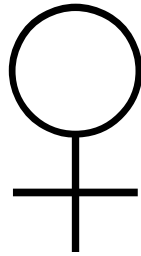


NC Women United Draft Women's Agenda 2008-2009



20th Anniversary (1988-2008)

Adolescent Pregnancy Prevention Coalition of NC • American Association of University Women NC • Buncombe County Women's Commission • Business and Professional Women of NC • Carteret County Women's Resource Center • Democracy NC • Equality NC • General Federation of Women's Clubs of NC • Greensboro Commission on the Status of Women • Interact • Ipas • League of Women Voters of NC • NARAL Pro-Choice NC • National Association of Social Workers NC • NC Association of Women Attorneys • NC Coalition Against Domestic Violence • NC Coalition Against Sexual Assault • NC Justice Center • NC National Organization for Women • Onslow County Council for Women • Planned Parenthood Health Systems • Planned Parenthood of Central NC • Triangle Moms Rising • Triangle Older Women's League • The Women's Center (Chapel Hill) • Women's Forum of NC • Women's Resource Center (Burlington) • Women's Resource Center (Hickory) • and our Individual Supporters

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INTRODUCTION

NCWU Celebrating 20 Years since the First Local Agenda Assembly

We at NC Women United (NCWU) are honored to celebrate our 20 year anniversary of Women's Agenda Assemblies in North Carolina this year. NCWU is a nonprofit coalition of over 25 local and statewide progressive organizations and individuals working to achieve the full political, social, and economic equality of all women across North Carolina. Its mission is to build women's social and political power through grassroots activism, community organizing, legislative advocacy, and engagement in the political process. Founded in 2000, it built upon the early collaborative work of women's organizations in the 1980s, which created The NC Women's Legislative Agenda in 1987, and later involved NC Equity, Inc. NCWU continues the legacy of women's participation in social justice and the political process through its involvement with NC Women's Agenda Assemblies in counties across the State, and coordination of Women's Advocacy Day, the annual event at the Legislature highlighting the legislative initiatives supported by NCWU member organizations in that year. For more information about NCWU, please visit our website at www.ncwu.org.

Since 1987 Women's Agenda Assemblies have been organized in counties across North Carolina. In 1988 they were incorporated as part of The NC Women's Legislative Agenda, and then as a program of NC Equity, Inc. when the Agenda Program became part of NC Equity in 1990. According to Anne Mackie, one of NCWU's founding mothers, the assemblies "were made a reality by a wide coalition of women who were involved in its development from the beginning, and who had a voice in its Agenda from the grassroots level." Even when NC Equity eventually closed its doors, it was this grassroots effort of The Agenda Program in North Carolina that was resurrected quickly into NCWU in the new millennium, and which we all continue to benefit from. Although several states implemented Women's Agenda Assemblies in the 1980s, it has been said that North Carolina is the only state in the country to have successfully continued this women's democratic process. From the mountains to the beaches, a range of 10 to 36 counties in North Carolina have held Women's Agenda Assemblies since 1988. This year we have over 10 counties participating from Buncombe to Carteret County, and Fayetteville to Guilford County, creating agenda assemblies in which local women can raise their voices on issues of concern to them.

An Overview of NCWU and the Agenda Assemblies

The agenda assemblies are organized locally, with NCWU monitoring and assistance, and take place every other year in the Fall season before the Long Session of the Legislature. At the assemblies women from all corners of the community have an opportunity to express and share their views, prioritize their issues and ultimately have their voices and community interests heard by voting on the issues. The results of the assembly small group votes create a county vote prioritizing women's issues in that county or region that can be shared with local and state government immediately after the assembly in preparation for the Long Session and throughout the year. The local assembly votes also provide an excellent opportunity for greater lobbying of local legislators during the NCWU Women's Advocacy Day at the Legislative Building in the following Spring. This is an exciting contribution to the democratic process, and we welcome you to it and thank you for your participation providing greater empowerment of women in your community and across the State.

What is the Draft Women's Agenda?

The Draft Women's Agenda is a resource book prepared for the agenda assemblies on issues of relevance this year by member organizations of NCWU. It is designed to be used by participants in the assemblies as an introduction to some of the issues of concern to women, divided among the same four broad categories as the categories voted on in the assemblies: Access to Healthcare; Civic Participation and Equality; Economic Self-Sufficiency; and Violence Against Women.

Although each local community's priorities and concerns will be unique, the Draft Agenda may help spark discussion during the small group voting. The categories are broad and many issues could fall within more than one category. The issue papers are representative of the concerns, hard work and evidence collected by member organizations, but by no means represent the only views or voices on these issues, or the only issues that matter to North Carolina women. However, this diversity of concern and interest is what makes the Women's Agenda Assemblies so dynamic and relevant, empowering women not only on larger political level but directly within their home communities, reflecting real life and the voices of real women.

When women's organizations and individuals agree, their collective voices are strengthened; when they do not agree, they are also strengthened for the discussion only improves our understanding of the

issues. Thank you for participating in this historic year as NCWU celebrates 20 years of the agenda assembly process in North Carolina.

By Jenny Brobst, 2007-2008 NCWU Agenda Assembly Statewide Coordinator
(with thanks to Anne Mackie for her review and support of this 20 year celebration edition and to all of the position paper authors who generously volunteered their time and knowledge)

A Message from NCWU Founder Anne Mackie

Women Organizing for our Communities

Women founded the first schools and libraries in our state. Women organized aid to poor people and immigrants. Women organized for quilting and social interchange. Some North Carolina women engaged in the battle to abolish slavery and for the rights of black men to vote, and many followed in the long struggle for the right of all women to vote. Following that, groups such as the National Association of Negro Women, the League of Women Voters, the American Association of University Women, Young Women's Christian Association (YWCA), Business and Professional Women, Women's Clubs, and many other groups developed. As women arrived from other countries, they created key ethnic, religious and cultural organizations. In the 1960s, groups organized to assist survivors of domestic violence and sexual assault. When the campaign to pass an Equal Rights Amendment (ERA) began in the 1970s, a remarkable effort took place in North Carolina to ratify the ERA. Although the ERA ratification campaign was defeated in 1981 by some legislators who went back on their promises to support the ERA, women built lasting friendships, lists, and skills, aspirations and commitments to improve the status of women. After that campaign many more women ran for public office or exerted leadership in the business and non-profit world.

Beginnings of NC Women United

The Reagan Administration initiated a policy to shift spending from the federal to the state level. Members of about 15 major women's groups met in 1987 to discuss the need to focus on state legislation in response to this change, many of which continue to serve as members of NCWU. They created a new organization called the NC Women's Legislative Agenda. Beginning efforts focused on the 1987-1988 session of the NC General Assembly, but soon planning began to prepare for the next. In February 1989 at Meredith College, over 225 women gathered in Raleigh to consider "The Initial Draft Women's Agenda," a document describing 42 issues of concern to women. In the Fall of 1989, the Task Force organized 10 Regional Women's Agenda Assemblies, which engaged

over 800 North Carolina women in determining the Women's Agenda for the 1990-1991 legislative session. Initial grassroots lobbying during that session won full time scholarship aid for poor women to attend NC Community Colleges.

In 1990, The NC Women's Legislative Agenda joined NC Equity, Inc., a statewide women's advocacy group, forming the "Women's Agenda Program of NC Equity." The Program grew from over 1,250 women participants at 21 agenda assemblies across the state in 1990, to over 1,800 women participants in 36 assemblies by 1996. NC Equity closed its doors in 1999, but NCWU, which had formed as a women's organization collective in 1994, agreed to take on leadership of the agenda assemblies. Through NCWU, representatives of groups that formed the first "NC Women's Legislative Agenda" came together again to sponsor the agenda assemblies on a purely grassroots level. In 2000, solely through the work of volunteers, NCWU helped organize 1,135 women participants at 21 assemblies, including 29 listening sessions. NCWU has become one of the strongest statewide women's coalitions in the nation, celebrating our 20th anniversary of the agenda assemblies in North Carolina this year.

Chapter I: Access to Health Care

♀ Aging

The elderly population in North Carolina is growing rapidly. Of the more than one million citizens over 65, 60 percent are women, and of those over 85, 72 percent are women. Aging issues therefore, are women's issues. And many of these women live in poverty, 13 percent of white women over 75 and 35 percent of black women over 75. Their choices in long term care are limited. Families, whatever their incomes, should be able to care for elderly relatives in their own homes if possible. When institutional care is the only option, the facility should be staffed by well-trained caregivers and provide excellent care.

Unfortunately, there is an "institutional bias" in funding for long term care. That is, elderly and disabled people prefer to remain at home, but funding is lacking for home care although available for care in adult care homes and nursing homes. The Community Alternatives Program for Disabled Adults (CAP/DA), which provides funds for home care, is limited in the number of persons that can be accepted, as is the Special Assistance In-Home Project, which provides some funding for persons eligible for care in adult care homes. The Home and Community Care Block Grant, which is used to provide various services such as Meals on Wheels, personal care, and transportation, without regard to income (those who can pay are expected to assist with the cost of their care), has a waiting list of approximately 11,000 persons. Increases in appropriations for this fund are never adequate to make substantial reductions in the waiting list—which continues to grow along with the elderly population in the state. Adult Day and Adult Day Health Centers, which offer care and stimulating activities during the day for elderly and disabled persons, constantly struggle with inadequate payments and difficult costs for transportation. Yet they offer working families significant help in keeping elderly or disabled relatives at home.

Problems in the state's inadequate mental health system spill over into the long term care system. Mentally ill residents placed in adult care homes do not have the care and programs they need, nor do younger persons fit in with frail and disabled elderly residents. Aides need more training to anticipate and deal with disruptive behavior. A comprehensive screening, assessment, and care plan for placement and care for those being admitted to adult care homes is badly needed, as is more housing designed for the mentally ill.

RECOMMENDATIONS FOR ACTION...

- Help North Carolina's older citizens live independent lives by increasing funding for the Home and Community Care Block Grant for services to elderly persons living at home.
- Provide for screening, assessment, and care plans for new admissions to adult care homes and require increased training for aides who work with mentally ill residents.

♀ Emergency Contraception

An estimated 25,000 women become pregnant as a result of rape each year in the United States. Approximately 88 percent, or 22,000 of these unintended pregnancies could be prevented if victims are provided access to emergency contraception (EC). In NCWU's 2004-2005 study regarding the dispensation of EC to victims of sexual assault in emergency rooms, one in four hospitals in North Carolina do not provide EC to survivors of sexual assault. With 5,000 sexual assault victims seeking help at emergency rooms in North Carolina each year, this results in 1,000 rape victims who are sent away without being provided emergency contraception. Sexual assault victims living in rural counties will disproportionately encounter hospitals which do not have a standard policy to dispense EC. Also relevant to the administration of EC is the availability of a SANE program. According to NCWU's research, hospitals with a SANE program are more likely to offer information and provide EC than hospitals without a program.

The Federal Drug Administration has found Plan B, the brand name for emergency contraception, to be a safe, effective, and approved method of preventing pregnancy after unprotected intercourse. Emergency contraception is a high dose of birth control that does not affect an already established pregnancy, but instead prevents an impending pregnancy by inhibiting ovulation, fertilization, or by preventing implantation of a fertilized egg. Providing EC in emergency rooms to sexual assault victims is imperative because EC is time sensitive. EC greatly reduces the likelihood of pregnancy if taken within 72 hours of intercourse (although it can be effective up to even 120 hours).

Thirteen states – California, Connecticut, Massachusetts, Minnesota, New Jersey, New Mexico, New York, Ohio, Oregon, Pennsylvania, South Carolina, Washington, and Wisconsin – mandate that hospital providers offer EC to women after sexual assault. In 2006, NC General Assembly

introduced two bills (HB 961 and SB 968) which would require hospitals to offer EC to victims of sexual assault.

The American College of Emergency Physicians, American College of Obstetrics and Gynecology, and the American Medical Association all support making EC available in emergency rooms. The American College of Emergency Physicians includes dispensation of EC to rape victims in its standard protocol. All hospitals in North Carolina should provide EC in their standard ER care for survivors of sexual assault regardless of the physician on duty.

RECOMMENDATIONS FOR ACTION...

The General Assembly should pass HB 961 and SB 968 that require hospitals to provide EC to survivors of sexual assault on-site regardless of the physician on duty.

♀ Mental Health

It is estimated that one in five persons will, over their lifetime, experience a mental illness. However, according to the Surgeon General's report on mental health released in 1999, less than one third of adults with a diagnosable mental disorder and even a smaller proportion of children, receive any mental health services in a given year. Studies have shown that mental disorders are treatable: the 80% successful treatment rate is higher than for illnesses like heart disease. Why then the disparity? The stigma attached to mental illness, the cost of treatment, and the fragmentation and lack of service availability are major factors which prevent people from getting treatment. The Surgeon General's report also reminds us of the impact of mental illness: "Untreated, mental disorders can lead to lost productivity, unsuccessful relationships, and significant stress and dysfunction. Mental illness in adults can have a significant and continuing effect on children in their care."

Mood disorders, including depression, will affect 7 percent of Americans in a given year. For women, depression may be of particular concern. Recent studies have shown that women are two and a half times more likely to experience depression and that depression has a chromosomal link creating this disparity. Two thirds of those getting treatment for depression do so in primary health care settings and primary care doctors see most patients whose depression goes undiagnosed as they come in for routine care.

What many of those with private insurance find however is that treatment for mental disorders is treated differently than that for 'physical' disorders. Mental health treatment, when included in health plans, is often limited by lifetime caps on dollar amounts, caps on the number of annual visits, and or higher co-payments to visit a mental health professional. In the face of mounting evidence that mental illness is biologically based, with genetic and chromosomal links, and despite evidence of the higher effective treatment rates for mental health disorders when compared to many physical disorders, insurance companies continue to discriminate against persons with mental illness seeking treatment.

Those uninsured, or on Medicaid, are dependent on the public mental health system in North Carolina. In March of 2000, in response to a call for reform of North Carolina's public mental health system, the Division of Mental Health, Developmental disabilities and Substance Abuse Services presented to a Legislative Study Committee some staggering estimates of deficits in the mental health system; based on epidemiological studies, waiting lists, and statewide surveys, 670,000 adults and children in North Carolina were in need of mental health, developmental disability and substance abuse services estimated at a cost of 2.5 billion dollars. Recent figures from the Fiscal Research Division at the Legislature estimated that 598,780 adults and children in North Carolina have a serious mental illness and that 44% of those will seek help from the public funded system due to their level of disability and lack of health coverage.

Factoring in federal funding, state appropriations, and local funding, current financing of this system is estimated to serve only the most severely in need. Note that 250,000 people in North Carolina would be left with unmet mental health service needs and more than likely a large percentage of the 425,000 served would be left without some of the needed services. In our current health care system the disabled population is dependent on institutions and government support. Those with mental illness are at high risk for homelessness and incarceration, and are less able to fulfill their potential.

In light of research, best practices for mental health care, and the "Olmstead decision" that calls for care in the least restrictive setting, North Carolina has begun shifting from an institutional focus in providing care to providing care in community based settings. This shift requires not only a change in where services are provided but calls for services to be provided with an emphasis on supporting the needs and desires of consumers. A system in the process of reform requires not only the dedication of consumers and professionals to making the transition but the commitment of state appropriations to bridge the shift of dollars from

the current institutional care to the development of needed supports and services in the community.

RECOMMENDATIONS FOR ACTION...

- Expand comprehensive mental health parity legislation in health coverage ending discriminatory difference between mental and physical health care and add addictive disease to this coverage.
- Urge lawmakers to build on the recent increases in community-based mental health funding to ensure services to those in need- especially in the area of crisis services.
- Support polices and programs that connect primary care and mental health services-especially for returning veterans, specifically those in the guard and reserve.

♀ Comprehensive Sex Education

The Case for Restoring Comprehensive Sex Education to NC Schools

FACTS:

- ✓ Every day in North Carolina 53 teenage girls, 15 to 19 years of age, become pregnant. (N.C. Dept. of Health & Human Services, State Center for Health Statistics, NC Reported Pregnancies-2006)
- ✓ In 2006, 405 young girls in North Carolina, ages ten to fourteen, became pregnant. (N.C. Dept. of Health & Human Services, State Center for Health Statistics, NC Reported Pregnancies-2006))
- ✓ According to the Silent Epidemic, a 2006 national survey, 33% of female high school students and 19% of male students who dropped out of high school did so because they became parents. (Civic Enterprises, Peter D. Hart Research Associates, produced for the Bill and Melinda Gates Foundation)
- ✓ In 2005, 48% of female high school students and 54% of male high school students in NC reported ever having sexual intercourse. (Youth Risk Surveillance –United States, 2005, Danice K. Eaton, et al., Surveillance Summaries, Morbidity and Mortality Weekly Report, vol. 55, no ss-5, June 2006))
- ✓ Roughly 50% of all new sexually transmitted infections occur among youth ages 15 to 24. (Weinstock H, Berman S, Cates W, Jr. (2004). Sexually transmitted diseases among American youth: Incidence and prevalence estimates, 2000. Perspectives on Sexual and Reproductive Health, 36, 6-10)

- ✓ 17 states, ranging from Iowa to Virginia, have rejected Title V, the federal government's Abstinence-Until-Marriage-Only funding because it fails kids. (The Daily Iowan, March 8, 2008)

Lifelong Responsible Decisions Begin with Education

Until 1996, North Carolina recognized and understood the need to teach students about the benefits of birth control and prevention of sexually transmitted infections. Most North Carolinians, who attended middle school or high school prior to 1996, remember receiving comprehensive sex education.

In 1995, the NC General Assembly passed legislation to do away with comprehensive sex education and to replace it with an "abstinence-until-marriage-only" curriculum. In 1996, the Federal government created Title V, a \$50 million per year entitlement program to fund "abstinence-only" programs. Title V grants may not be used to "promote birth control or condom use" even in HIV/AIDS education.

Recently, several major studies have demonstrated that abstinence-only programs are ineffective in changing teenagers' sexual behavior. Most notably, a 10-year federally funded evaluation initiated by Congress proved abstinence-only education makes little difference in the lives of young people.

In today's world of highly sexualized media and rising rates of sexually transmitted infections, including HIV, it makes no sense to deny young people access to medically accurate information that will equip them to make lifelong responsible decisions. The average age of marriage today is in the mid-to late 20s for both females and males. Abstinence-until-marriage-only is an ideal with no real basis in the 21st Century.

Roughly one-half of high school students in North Carolina admit to having sex even after receiving "abstinence until marriage only" sex education. Other statistics point to the dire consequences of this gap.

According to a newly released study by the Center for Disease Control, one in four (26 percent) young women between the ages of 14 and 19 in the United States – or 3.2 million teenage girls – is infected with at least one of the most common sexually transmitted diseases (human papillomavirus (HPV), chlamydia, herpes simplex virus, and trichomoniasis). The rates are disproportionately higher for young girls of

color.

A third of young people in North Carolina do not receive their high school diploma. Nationally, on average 26% of those who drop out do so because they become a parent.

When a young person drops out of school before graduating, we all lose. We lose the contributions these students could make as productive and educated workers and we end up paying more for public assistance and prisons. Studies show students who drop out of high school are more likely to rely on public assistance and become involved in the criminal justice system.

But the real cost is borne by the teenager who in all likelihood will live a life mired in poverty, and reduced potential. This is particularly true for young women who give birth as teenagers and do not finish high school. Girls who drop out are less likely than their male counterparts to be gainfully employed and more likely to rely on public assistance.

Comprehensive sex education helps young people delay sexually activity while also providing them with information they need to make lifelong responsible decisions. All young deserve the opportunity to succeed.

RECOMMENDATIONS FOR ACTION...

- The NC General Assembly must restore medically accurate, unbiased comprehensive sex education to North Carolina schools.
- The next governor of North Carolina must have reject Title V, federal "abstinence-until-marriage" funding. No school in North Carolina must be allowed to accept funds that deny young people lifesaving information.
- The NC General Assembly must include comprehensive sex education in their high school drop out initiatives in order to address the disproportionate effect that teenage pregnancy has on girls completing high school education.

Chapter 2: Civic Participation and Equality

♀ Equal Educational Opportunity

Background: In 1994 North Carolina Superior Court Judge Howard Manning Jr. handed down his controversial decision in the Leandro Case, which forces the state to provide equal amounts of money to all school systems. For a discussion of NC public school financing go to the website: <http://www.nccare.org/schoolfinance.htm>

Update: In spite of recent improvements, North Carolina schools are not yet providing all students with their constitutionally required "sound basic education." According to the NC Justice Center website the following needs to be accomplished.

- Increase funding for the Disadvantaged Student Supplemental Fund and implement criteria defining allowable fund purposes and accountability procedures.
- Ensure that all students who are at risk of academic failure have a written personal education plan that is implemented and monitored regularly.
- Reduce the high suspension and drop-out rates for all students, with particular focus on the needs of minority students, who disproportionately are suspended or drop out.
- Ensure all students are academically prepared to meet the state's new graduation standards by providing them with the resources necessary to be successful.

In March 2007 Action for Children North Carolina and the UNC-Chapel Hill School of Law's Center for Civil Rights jointly released a new report entitled What Stands Between North Carolina Students and A Sound Basic Education? The report also documents the wide variations in school system resources and outcomes, and details policy options to improve outcomes statewide. Data for North Carolina's most disadvantaged school systems are included in the report. Information on all North Carolina school districts — and the report itself — are available online at <http://www.ncchild.org> or at <http://www.law.unc.edu/civilrights>.

Without a doubt, the "hottest" education issue of 2008 is whether to continue to allow undocumented immigrants to attend NC community colleges. In November 2007 the system instituted a policy that required all campuses to admit undocumented immigrants at the out-of-state tuition rate, bringing consistency to a system that had been allowing local campuses to decide this issue. In May 2008, after the advisory letter from the Attorney General's office, the November 2007 policy was reversed, so that none of the campuses will admit undocumented immigrants into curriculum degree programs. It appears that the federal law leaves this decision up to the states. The community college system says that only 112 of 297,000 degree-seeking students were undocumented immigrants. Those already admitted to curriculum programs will be allowed to finish and earn their degree, the system says. The announcement does not affect high school students taking any community college classes or any adult who seeks non-college level courses which include GED, Adult High School, ESL, and continuing education classes. Most of those who are college age arrived in the U.S. as children with their parents. The students are required to pay out of state tuition and the state actually makes money on their education at the community college level. For more information see the following websites: <http://www.ncccs.cc.nc.us> and www.ncjustice.org and www.elpueblo.org and www.newsobserver.com/news/higher_education

The University system will continue to allow undocumented immigrants to enroll at out of state tuition rates. The UNC system says 27 of its more than 200,000 students are undocumented immigrants.

RECOMMENDATIONS FOR ACTION...

Ensure equity in community college admissions and enforcement of state mandates for equal educational opportunity.

♀ Educational Rights

One of the most pressing issues facing the state of North Carolina today is how to provide every student with a quality education as required by the state Constitution. In Leandro, the NC Supreme Court decreed that "the State of North Carolina is ultimately responsible for providing each child with access to a sound basic education and that this ultimate responsibility cannot be abdicated." Yet in spite of this Constitutional mandate, thousands of students in North Carolina continue to be denied their right to a quality education.

In 2006-2007, over 23,000 students dropped out of North Carolina public schools. This number represents a four-year high and the largest number of dropouts in approximately six years. Minority students (Black, Hispanic and Native American) accounted for the vast majority of the dropouts even though white students are the majority population in NC schools. The achievement gap between minority and non-minority students is narrowing but there still remains a 30 point gap between the performance of minority and non-minority students on state test. And even though minority students make up less than half of the overall student population, they account for more than 50% of all short and long-term suspensions. These facts detail the current crisis in education in NC.

If North Carolina is to remain on the cutting edge of advancement in regards to education and economics, it is imperative that the state conduct an assessment of its current system of education. It must identify the resources required to meet the needs of all children and chart a well planned course to ensure that every child is prepared to meet the challenges of the future.

ALL CHILDREN NEED HIGH QUALITY, WELL FUNDED, DIVERSE SCHOOLS

The Leandro decision demands that the state prepare its children for success in the 21st century. According to the Supreme Court, every student is entitled to a qualified teacher, needed resources and every school must be lead by a competent principal. In order to provide a sound basic education for all of North Carolina's children, the State must determine the human and capital resources needed to ensure academic success for every child. NC must fulfill its constitutional mandate to all students, by increasing funds for teacher pay, low-wealth schools and all disadvantaged students. Local schools must also ensure that targeted funds are used to benefit at-risk students.

REDUCE THE SUSPENSION AND DROPOUT RATES

NC must protect the due process rights of every student. However when a student is suspended, appropriate education and support services must be provided for all students recommended for short and long term suspension. The State must also address the alarming suspension and dropout crisis by providing funding for dropout prevention, establishing positive discipline interventions and creating policies and practices that encourage students to stay in school.

RECOMMENDATIONS FOR ACTION...

Education is at the heart of NC Women United's mission of providing full empowerment and opportunity for all women. NC Women United must demand that all students be provided the resources necessary to learn and encouraged to remain in school. NC must meet its constitutional requirement to provide every student with a quality education. In order to end the racial achievement gap and ensure that all students are not excluded from the education process, well paid high quality teachers and adequate funding are all necessary.

♀ Equal Political Representation

TOWARD A MORE REPRESENTATIVE GOVERNMENT

Women have a great deal at stake in our current political system. Policy decisions about issues like education, childcare, violence against women, and pay equity all directly impact women and their families. However, even though women are participating in our democracy and currently make up more than half of registered North Carolina voters, we are sorely underrepresented among the political leadership in our state. Currently, women hold less than one-sixth of all elected offices in North Carolina, and just over a quarter of the seats in the NC General Assembly. These numbers tell us that voting is not enough. Women need to be at the table, making decisions and making the laws about the issues that affect their lives, as research demonstrates a strong relationship between women's representation and women friendly policies.

OVERCOMING THE BARRIERS TO EQUAL REPRESENTATION

We can remove barriers to political leadership by leveling the playing field and modernizing our electoral process. For example, expanding "Voter-Owned Elections" programs and increasing voter participation by making voting more convenient would both help accomplish this goal.

In our political system, money determines who can run for office and who wins. Men have an advantage over women in campaigns simply because they traditionally have more access to money. In North Carolina, female candidates raise 85% of the funds male candidates raise, and candidates who raise the most money win 90% of the time, leaving women with difficult odds.

"Voter-Owned Elections," also called "clean elections," were adopted in 2000 by Maine and Arizona. They provide an alternative to the money chase and level the playing field for women candidates. The programs offer optional public funding to candidates who demonstrate broad community support and accept spending and donation limits. States with Voter-Owned Elections have more women legislative candidates, many of whom say they would not have run and won without the public financing option. North Carolina has "Voter Owned Elections" for statewide judicial and selected Council of State races and has authorized a local public financing program for the town of Chapel Hill. If we want to increase the number of women holding office in North Carolina, it's time to expand the program to other NC races.

As women, we must also increase our role as voters. Although statewide 86% of women are registered (compared to 75% of men) only 55% of us make it to the polls. Overall, North Carolina ranks among the worst 15 states in terms of voter turnout. We can do better! The state's new Same Day Registration law, which allows people who miss the 25 day registration deadline to register during early voting, is making a difference. Adding more early voting sites in all counties would also increase the opportunity to vote, especially for single and working mothers who are underrepresented in voter turnout. We must do more to protect the right to vote and encourage voter participation in the state.

RECOMMENDATIONS FOR ACTION...

- The General Assembly should expand Voter Owned Elections to include state legislative and more Council of State races (including the gubernatorial race) and authorize more cities to sponsor their own VOE programs, while at the same time working to uniformly regulate the money affecting campaigns from 527 and bogus issue-advocacy committees.
- The General Assembly should extend the opportunity to register and vote on the same day to Election Day itself and take other steps to make voting more convenient, such as piloting "super-voting" centers in high growth areas without cutting polling places in low-density areas, and making Election Day a state holiday.

♀ Driver's License Identification

Before 2006, the state allowed people to use either their Social Security number or federal Individual Taxpayer Identification Number, ITIN, and some foreign documents as proof of identity. The idea was to encourage a surging immigrant population to get insurance and learn driving laws.

The 2005 Technical Corrections Act was signed in Aug 2006, making it harder for documented immigrants to get a driver's license and impossible for undocumented immigrants to get them. This law also made it impossible for undocumented immigrants to renew their driver's licenses. This change [to NC State Law] allows only people who have a Social Security number or a valid unexpired visa to obtain a driver's license or a state identification card. Without a driver's license, a person is unable to register a car or get car insurance.

The change was talked about mostly as a tool to combat terrorism -- several of the perpetrators of the Sept. 11 attacks had licenses -- but it has created a crisis in the immigrant community and a potential hazard on the roads.

The consequences of this short-sighted policy decision will be felt by everyone including native North Carolinians and immigrants alike. It makes it impossible for undocumented immigrants to drive legally, impossible for them to get car insurance. This means that if an immigrant driving without a license or an expired license is involved in any car crash, they will not have any insurance and therefore anyone else involved (either as the perpetrator or victim) will not be covered by their insurance protection. But more than that, in the current political environment where Congress has placed the burden on local and state government to grapple with the immigration issue due to its inaction last year on Comprehensive Immigration Reform, this change puts undocumented immigrants at risk for detention and deportation, particularly in counties that have entered into a formal agreement with Immigration and Customs Enforcement (ICE) through one of the nine ICE ACCESS programs. The most implemented of these is the 287(g) program. The purpose of the 287(g) program is to deputize local law enforcement into doing the work of an immigration officer. They undergo a 4 week training on immigration law and are subsequently charged with the duty of detaining and deporting criminals. Each law enforcement agency signs a Memorandum of Understanding (MOU) with ICE in which the details of the program are delineated. So far, none of these MOUs ask local law enforcement to detain and deport undocumented persons for

misdemeanors, yet the great majority of those deported from most of the 287(g) counties have been deported for misdemeanor infractions, including, driving without a license. In some communities, local law enforcement agencies are setting up license checkpoints. A criminal lawyer in Alamance County, also a 287(g) county, said many people are being deported, no matter how minor the offense.

These changes have many effects on the population at large. First of all, N.C. can no longer track a segment of the population who is driving. A News and Observer article, from 6/1/08, used an estimate of 300,000 undocumented immigrants in North Carolina. Secondly, the immigrants don't study the driving rules because they are not allowed to take the test. Without driver's licenses, they can't get car insurance. More than that, insured drivers need to compensate for the uninsured. The restrictions create circumstances that force untrained, unlicensed, and uninsured drivers onto the road, making highways less safe for all North Carolinians.

Recommendations for action:

- Revoke the 2005 Technical Corrections Act which makes it impossible for undocumented immigrants to get driver's licenses, impossible to register cars, and impossible to get car insurance. Go back to the original criteria of identification required to get a valid NC driver's license.

Chapter 3: Economic Self-Sufficiency

♀ Affordable Child Care

High quality, affordable childcare is hard to come by for many North Carolina families. According to the North Carolina Division of Child Development, there are currently 27,000 children on the waiting list for childcare subsidies in North Carolina. These subsidies are necessary for low-income families: the average, annual cost for childcare for an infant is \$7,800. In North Carolina, twenty percent of children under age five live in poverty. The National Association of Childcare Resource & Referral Agencies (NACCRRA) says that two-thirds of mothers with children under age six are in the workforce, and 50% of childcare requests in North Carolina are for infants and toddlers. In addition to insufficient funding for childcare subsidies, due to state budget shortfalls, North Carolina reduced all childcare programs by 4%, including Smart Start, a program that provides services to children and their families from birth to age 5 and the More at Four Program that offers a half-day preschool program for disadvantaged four-year olds.

With increasing costs of providing childcare, including increasing regulations, licensing fees, and higher every day costs of running a facility, childcare providers are also not receiving the funding needed to continue running a successful facility. The average income for full-time year-round childcare providers is \$18,120. The reimbursement rates paid to childcare providers are so insufficient that many centers and daycare homes across the state have closed. The T.E.A.C.H. program provides scholarships to childcare providers to help cover the cost of higher education and has helped providers meet the educational standards required for licensure and to receive a higher star-rating. However, this program is also under-funded and should be expanded.

Studies show that high quality childcare from early infancy improves scholastic success, educational attainments, and can even reduce the risk of depression later in life. The North Carolina-based Abecedarian Early Childhood Intervention Project found that adults that received high quality childcare, at age 21, were twice as likely to still be in school or to have attended a four-year college. They were also more advanced socially, cognitively, and grammatically and less likely to need special education, receive welfare, or to be arrested. Employers also experience benefits such as more reliable employees: when employees have access

to reliable, safe, high-quality childcare they are able to focus more on their work duties, which, in turn, increases their productivity. All of these issues directly impact the bottom-line of the company by boosting recruitment, reducing turnover, lowering absenteeism, and increasing productivity.

Quality, affordable childcare is an issue that affects each and every one of us in some way or another. Quality childcare programs help prepare young children for opportunities in the new economy and attract business to North Carolina's skilled workforce. It is time that we, as North Carolinians, make funding childcare a priority, and start fighting for affordable quality childcare for our children. Investing in our children from the very start will ensure a bright and prosperous future for North Carolina.

RECOMMENDATIONS FOR ACTION...

- Increase appropriations for subsidized childcare enough to eliminate the waiting list and invest in early childhood educational programs.
- Provide increased reimbursement and funding to childcare centers to promote better educated child-care providers and to keep them in business.

♀ Displaced Homemakers

According to the North Carolina Council for Women and Domestic Violence Commission, a DISPLACED HOMEMAKER is defined as "an adult who has worked primarily without remuneration to care for the home and family and who, therefore has few or no marketable skills." There are many issues and barriers affecting displaced homemakers in North Carolina, including poverty, health care, child care, employment opportunities, education/training, legal aid, transportation, housing, and mental health. The North Carolina Legislature acknowledged the issues and concerns of displaced homemakers in 1993 by passing legislation creating a Fund for Displaced Homemakers and assigned the administration of this fund to the North Carolina Council for Women. Since that time much has been done to assist displaced homemakers yet their plight continues and their numbers continue to grow.

According to the North Carolina Council for Women and Domestic Violence Commission, 2006/2007 statistics from July 1, 2006 through June 30, 2007 reveal the following:

- There were 35 Displaced Homemaker Programs in the state funded by the Council.
- 4,896 displaced homemakers were served.
- Although there is much diversity among displaced homemakers, the average Displaced Homemaker client served by programs was white (46%), female (93%), 34-44 years of age (29%).
- 1611 (33%) of the clients were employed either full (20%) or part time (13%) as a result of going through the program and gaining needed skills.
- 1133 (23%) enrolled in an education/training program of which 60% enrolled in a community college.

According to Women Work! The National Network for Women's Employment, in America...

- Women continue to earn less than men and are nearly twice as likely to be poor than men.
- Women remain segregated in the lowest-paying jobs in our country.
- Employment that offers family-supporting wages, good benefits, job stability and prospects for advancement is the key to women's economic self-sufficiency. Research consistently demonstrates that to succeed in these jobs, women must have access to education, training and job readiness programs that address their specific needs and barriers to employment.
- On average mothers earn 10 percent less than childless women and an alarming 27 percent less than men, who do not experience a similar financial penalty for fatherhood.
- 37 percent of all single mothers and 42 percent of displaced homemakers (widowed or divorced women who must re-enter the workforce after many years at home caring for their families) live in poverty.
- Single mothers, already disproportionately affected by the economic downturn, experience an unemployment rate that has risen from 6.7% in March 2007 to 7.1% in April 2008 - far eclipsing the national average.

Welfare caseloads can be reduced and tax revenue can be increased for state and federal governments by removing the challenges women face that slide them into low-wage jobs and limited access to education and training and by creating policies and practices lead to economic self-sufficiency. Such policies and practices include:

- Flexible work schedules for all employees
- Benefits for part-time employees
- Increased federal and state funding for education and training

- Expanded family-related leave policies
- Social Security reform that addresses the needs of female workers

RECOMMENDATIONS FOR ACTION...

- Provide adequate wages and benefits for aides in long term care facilities that would not only benefit the aging, but would also provide an avenue for living wage employment for displaced homemakers. The CNA program is an accessible education opportunity throughout the state, and provides an avenue to the workforce in less than six months.
- Guarantee health care as a fundamental right especially to children at and below the poverty level and the working poor. Many displaced homemakers would be able to accept a smaller living wage if they knew that health care for their children would always be provided.
- Expand the funding for the North Carolina Housing Trust Fund to \$50 million yearly to expand affordable housing for low income families. One of the most critical and immediate challenges for a displaced homemaker is securing affordable and safe housing for herself and her family after a separation or divorce.
- Raise the minimum wage
- Establish a state Earned Income Tax Credit
- Increase cash assistance for low-income families, public assistance and child care subsidies for families while the head of household is completing job retraining or education.

All of these financial benefits will greatly increase the odds of a displaced homemaker becoming a successful wage earner and taxpayer who can afford to support a family and end reliance on social services.

♀ Housing

One of the most severe problems facing hard-working but low-income North Carolinians is finding affordable housing. They may have to live with relatives or friends, do without necessities to pay their rent, or stay in homes that are in poor condition and sometimes even unsafe. Across North Carolina the cost of housing has risen faster than wages, especially since manufacturing jobs have given way to lower-paying service jobs. According to the North Carolina Housing Coalition, two million residents have a housing problem of too-high rent, inadequate facilities, or overcrowding (too-high rent being the problem for over 90 percent of them).

Almost half of low-income households pay over 30 percent of family income for housing. The Fair Market Rent for a two-bedroom apartment is \$656, the hourly wage needed to pay this rent is \$12.61, and 41 percent of renters earn less than this wage. The number of residents in homeless shelters has been increasing, with homeless children being the fastest-growing segment of this population.

Women make up a disproportionate share of those who live in low-income housing. They are the largest group of those in federally subsidized housing in North Carolina. Subsidized housing for the elderly includes a high percentage of women, since females tend to outlive males and have lower incomes.

Foreclosure problems are not new to the state, owing to job losses and predatory lending practices. Between 1998 and 2004, foreclosure filings increased 189 percent. More recently, according to Realty Trac, filings were up 26 per cent in the first quarter of 2008, with over 10,000 filings, one for every 392 households. One measure the state has taken is the creation of a North Carolina Home Protection pilot program which allows homeowners who have lost their jobs through layoffs to apply for a bridge loan to help them make mortgage payments while they look for new employment.

The best help in this difficult time comes from the North Carolina Housing Trust Fund, which receives public funds to support affordable housing. An ongoing campaign to provide \$50 million to the Trust Fund has successfully increased allotments, though they have been far less than \$50 million. In the 2007 legislative session, an additional \$5 million in recurring funds was provided for the Housing Trust Fund.

RECOMMENDATIONS FOR ACTION...

- Provide annual funding of \$50 million to the NC Housing Trust Fund to increase availability of affordable housing.
- Expand the NC Home Protection Pilot Program to help displaced workers avoid home foreclosure.

♀ Paid Family Leave

In 2005, the National Partnership for Women and Families gave North Carolina a grade of "F" for failing to provide a single program to help support families before and after the birth of a child. In the United States 51% of new mothers do not receive paid leave. Most mothers must either take unpaid leave or quit their jobs. Sometimes mothers even lose their jobs in order to care for a new baby. Low-income families are the most severely affected because they have little or no savings to help them through the transition into parenthood. The birth of a child is one of the leading causes of "poverty spells" in the United States.

Under the Family & Medical Leave Act (FMLA) working men and women can take up to 12 weeks of unpaid leave during an illness or the birth of a child. However, employees must have worked for their employer for at least one year and must have worked for 1250 hours or more during that year. The FMLA does not apply to employers who have less than 50 employees. Due to these limitations, only approximately 60 percent of the workforce is covered by the FMLA and many of those covered cannot afford to take the unpaid leave. With 78% of families having both parents employed, the United States' policy of FMLA is simply insufficient. The United States is nearly alone among industrialized countries in failing to provide paid family leave to new parents. In 2004, a Harvard University study found only 5 out of 168 countries failed to guarantee paid leave for new mothers. Paid paternity leave was guaranteed in 45 of these countries.

Studies show that paid family leave results in better prenatal and postnatal care, lower accident rates in the first year of life, and more intense parental bonding over a child's lifetime. The United States is ranked 37th in the world for the infant mortality rate. Paid family leave may reduce infant mortality up to 20%. Paid family leave is also good for the economy. It can decrease turn-over, recruitment, and training costs for businesses. It helps increase employee satisfaction and promotes company loyalty. Studies show employees with paid family leave also have increased productivity and better job satisfaction. Many employers not covered under FMLA have started offering family leave to their employees because of these benefits.

Several states have drafted and implemented family leave policies which may serve as models for North Carolina. California's paid family leave program is funded through employer contributions with a minimal cost to employees (about \$2.25 per month) and new parents can receive up to

60 percent of their income for up to six weeks. In Hawaii, employees can take up to 26 weeks of temporary disability benefits for pregnancy and recovery from childbirth and use their accrued sick leave. North Carolina's parents and babies can no longer afford to wait for national politicians or individual employers to address this problem. Grassroots advocates are coming together in states across the country to push for state legislation to support families during what is for too many a particularly vulnerable time, and they are beginning to see results. With your help, North Carolina can also make this important change for families.

RECOMMENDATIONS FOR ACTION...

- The General Assembly should support legislation that requires employers to provide paid family leave for parents with a new child in the home.
- New mothers should receive short-term disability leave for childbirth recovery comparable in scope to other developed nations.

♀ Living Wage

Work is a fundamental human activity. For a sizable number of North Carolina families, however, work falls far short of its promise. One-third of North Carolina's working families earn low incomes, and the number and proportion of such families has risen since 2000. That increase, in turn, is linked to trends in the labor market, most disturbingly the growth of low-wage work. In 2006, some 24 percent of working Tar Heels earned less than \$9.12 per hour. Moreover, low-wage jobs are less likely to provide basic workplace benefits and advancement opportunities, thereby increasing the odds that people will be unable to move ahead, no matter how hard they work.

Restoring the promise of work for families earning low wages is a central challenge confronting North Carolina. The NC Justice Center's 2008 Report, Making Ends Meet on Low Wages: The 2008 North Carolina Living Income Standard found that the typical North Carolina family with children must earn \$41,184 annually – an amount equal to 201 percent of the federal poverty level – to afford the actual costs of seven essential expenses: housing, food, childcare, health care, transportation, other necessities and taxes. To meet that level, the adults in the average family would need to earn a combined \$19.80 per hour for every working hour of every week of the year. Yet 37 percent of the families included in this study fall below that modest income threshold. Women, African

Americans, Hispanics and immigrants are disproportionately likely to live in families below the LIS. And 60 percent of the adults in those families work full-time.

INCREASING AND INDEXING THE MINIMUM WAGE

North Carolina's minimum wage will rise from \$5.15 to \$6.15 an hour in 2007, thanks to a formidable lobbying effort by some dedicated legislators and by grassroots supporters throughout the state. This significant effort to restore the value of fair pay for hard work will benefit 139,000 workers, the bulk of whom are women. Despite the victory, the minimum wage still buys less than it did in 1968 and is not a living wage. The campaign must begin all over again for an additional raise—and equally important, for indexing the wage to inflation so that its value is maintained over time.

ESTABLISHING A STANDARD FOR PAID SICK DAYS

An estimated 1.6 million North Carolinians – 42 percent of the state's total workforce – lack paid sick days to use when a short-term illness touches them or their families. The absence of paid sick days is ill-suited to the realities of a world in which working adults juggling the demands of work, parenting and, increasingly, elder care are the norm.

As is the case nationally, the lack of paid sick days in North Carolina is intertwined with the problem of low-wage work. Today, roughly a quarter of all jobs in North Carolina are in occupations that pay extremely low wages. Many of these occupations are in the fast-growing retail trade and accommodation/food service industries - industries that rarely offer paid sick time. In North Carolina, nearly eight out of every ten accommodation/food service employees and over half of all retail employees do not earn a single day of paid sick leave.

Guaranteeing all North Carolina workers a minimum of seven paid sick days per year would represent a straightforward way of improving the quality of existing jobs, particularly those that pay low wages. Firms also stand to benefit from reduced turnover costs.

EARNED INCOME TAX CREDIT (EITC)

The EITC is a federal tax credit designed to "make work pay" by providing low-wage workers with additional income to help them close the gap between what they earn and what they need to meet their basic needs. The EITC, which can put more than \$4,700 in the pockets of those who qualify, is available to workers earning less than \$39,783 annually. The EITC

is a refundable credit, so after offsetting any federal taxes owed, the remaining credit is received as a refund. EITC refunds enhance working families' immediate well-being and improve their long-term economic mobility. Considerable research shows that families use the refund to purchase basic necessities, pay down debts, finance education and obtain decent housing.

Starting in 2009, all low- and moderate-income North Carolinians who qualify for the federal credit will be eligible for a new refundable state EITC. Their state credit will be 3.5 percent of what they receive under the federal program. In the near future, North Carolina's leaders should consider increasing the percentage of the state EITC to at least 15 percent of the federal program. Rising costs of basic necessities, stagnant wages, and a regressive tax system underscore the need for an even stronger investment in North Carolina's low-wage families. A 15 percent state EITC would return an average of \$245 to eligible workers, a significant amount that can help make ends meet.

COLLECTIVE BARGAINING

Collective bargaining allows workers through their union or association to bargain a binding contract with their employer that specifies wages, benefits, grievance procedures and other terms of employment. Under current North Carolina law, public employees can join a union, but they cannot collectively bargain a contract. Since 1935, the federal National Labor Relations Act has guaranteed almost all private sector employees the right to collectively bargain.

Most private employees in the United States and public employees in every state but North Carolina and Virginia already have this right. Moreover, it is considered a basic right in most democracies and a fundamental human right by the United Nation's International Labor Organization (ILO).

Through collective bargaining, union workers are able to negotiate higher wages and better benefits than nonunion workers. On average, union workers earn 30% more than nonunion workers. They are 63% more likely to have employer provided health insurance and 28% more likely to have a paid vacation.

Research shows that states with public sector collective bargaining have lower employee turnover and thus reduced training costs. This means more money for important government programs, increased efficiency in government services and better customer care for children and families

who depend on public services. Most importantly, public sector collective bargaining would allow state and local government employees—many of whom are low wage workers—to negotiate family-sustaining wages, dependent health insurance coverage, flex time, child care subsidies, and other benefits critical to family well-being. Through collective bargaining, public employees can improve their families' standard of living.

RECOMMENDATIONS FOR ACTION...

- Increase the state Minimum Wage to at least \$8.15 per hour and index it to inflation
- Enact legislation to provide workers with up to seven paid sick days annually to care for themselves or a family member
- Increase the percentage of the state Earned Income Tax Credit to at least 15% of the federal program
- Repeal NC's ban on collective bargaining for public employees

♀ Immigration and Citizenship

The immigration situation in the United State is complex. There are so many barriers to becoming a U.S. citizen that it is hard to decide where to begin. Many proposed solutions to undocumented immigrants have been punitive. This article looks at the scope of female immigrants (documented and undocumented) and what would improve their lives and the lives of their children.

The National Organization for Women believes that comprehensive immigration reform must include fair and non-discriminatory implementation of our immigration and enforcement policies, and that must include economic, legal and social justice for immigrant women.

Equality for immigrant women can only be attained when immigrant women can live free from discrimination, oppression and violence in all their forms. It is imperative that policies promoting comprehensive immigration reform also support fair and just policies that protect the rights of immigrant women.

There are 14.2 million foreign born women in the United States. Five and a half million are naturalized citizens, another five and a half million are documented and 3.2 million are undocumented. Women make up over 30% of the over 10 million undocumented immigrants in the United States

today. Another 1.6 million are children under 18. And HALF of all undocumented immigrants originally came here with legitimate paperwork or visas and they have simply overstayed their time and are now undocumented, many lined up to renew their paperwork while they work at our colleges, in our businesses and pay taxes in our communities.

Each year, half of all immigrants entering the United States are female -- women and girls. However, public policies regarding immigrants do not reflect the impact that being female has on immigrants' lives in the United States. This applies to both documented and undocumented women.

The economic issues affecting undocumented immigrant women are basic: their work is not valued or counted. That is why NOW strongly supports the inclusion of provisions in any immigration reform legislation that would offer a path to residency and citizenship for the undocumented living in the United States. Undocumented women will benefit significantly economically, and be less subject to exploitation, if they can come out of hiding, apply for residency and seek employment in the general labor market, earn at least the federal minimum hourly wage and be eligible to contribute to and receive social security and unemployment benefits as other workers do.

The economic reality of immigrant women and children today is disheartening. According to the Pew Hispanic Center, 31% of family households headed by foreign-born women live in poverty today as compared to 27% of native born women-led households. 16% of all those who are foreign born live in poverty compared to 11.8% of the native born. One of the reasons for the higher number of foreign-born women in poverty is the fact that foreign-born women who are full time workers make less than their native born counterparts. For example, the median income for foreign-born women age 16 and over who are year-round, full time workers is \$22,106 while the median income for native born women is \$26,640.

Among the factors affecting low wages is the high percentage of immigrant women, both documented and undocumented, working in the service industry, primarily in domestic work. Forty-two percent of private household services are provided by immigrants under arrangements that are often informal, prone to abuse and exploitation. Domestic workers are the lowest paid of all major occupational groups tracked by the US Census. The true numbers are unknown for the most part due to the fact that many of these workers are not reported by employers, are not on anyone's official payroll, and are paid "under the table."

Protections for domestic workers must be included in any immigration reform legislation. Domestic workers, in particular undocumented immigrant women, are faced with extremely low wages, working 60-70 hours per week or more for as little as \$200 per week. This is exploitation, sometimes amounting to servitude or even slavery, under the most hostile conditions.

And yet, domestic service, in particular for those living in private households, remains excluded from and unregulated by our country's employment protections and labor laws. These women do not have the right to organize, strike or bargain for wages. The protections against sexual harassment in the workplace (through Title VII which applies to employers of 15 or more employees) are not available to domestic workers. They are similarly excluded from the Fair Labor Standards Act overtime provisions and from the Occupational Safety and Health Act. These omissions must be corrected through comprehensive immigration reform legislation. Domestic service is a category of work that must be addressed, not ignored and excluded from labor standards and protections afforded to other workers.

RECOMMENDATIONS FOR ACTION...

Any "reform" legislation dealing with immigrants must be inclusive and contain provisions that address the specific needs and challenges specific to immigrant women and their children who work and live in the United States.

Fair, comprehensive immigration reform legislation must include:¹

- A legalization program that will allow undocumented immigrants living in the United States to apply for residency. This should be a process free of unreasonable fines, penalties, and without the need to leave a job and family and return to one's native country for the purposes of being issued a re-entry visa. Temporary workers, including agricultural workers, should be issued worker's permits that would count towards permanent residency. Those that want to work without becoming permanent residents should be allowed to apply for temporary work permits. "Guest workers" should have a path to citizenship and not be indentured to their employers or treated as second-class residents and sent home when their usefulness is over.

¹ From <http://www.nowfoundation.org/issues/economic/071108immigrationtestimony.html>

- Enforcement of existing federal labor laws for all workers, including domestic workers, most of whom are female. Domestic service is a category of work that must be addressed, not ignored and excluded from labor standards afforded to other workers. Immigrant workers must be protected from exploitation, servitude and hostile working conditions.
- Improvements in the family reunification program. The 1996 immigration provisions in the Personal Responsibility and Work Opportunity Reconciliation Act (welfare bill) raised sponsorship requirements to 125% of poverty level. These financial tests must be reformed to allow families to bring relatives to the U.S. who could help immigrant families with financial and care-giving obligations.
- Adequate health care for children — all children — including U.S. born children of the undocumented. Currently, children born in the U.S. to an undocumented parent or parents have the right to one year of Medicaid benefits, but under the current anti-immigrant atmosphere in the country, many of those in the undocumented community are fearful of reprisals, criminal penalties and deportation if they expose themselves through their U.S. born children and seek health care coverage
- Reproductive health care coverage must be provided to all immigrant women regardless of legal and economic status. This includes comprehensive sex and sexuality education, access to family planning, birth control and Emergency Contraception, and linguistically and culturally competent information about reproductive health.
- Adoption of the provision of the WISH Act which provides safe harbor and safety net benefits to immigrants victims of sexual and domestic violence.

Chapter 4: Violence Against Women

♀ Domestic Violence

Domestic violence is a serious, widespread social problem in our country and in our state. Nearly 25% of American women report being raped and/or physically assaulted by a current or former spouse, cohabiting partner, or date at some time in their lifetime, according to the National Violence Against Women Survey.² Women of all races and socioeconomic backgrounds are vulnerable to violence by an intimate partner. In North Carolina, local domestic violence programs responded to over 119,000 crisis calls and provided services to over 47,000 victims in FY 06-07.³ Without appropriate intervention and services, domestic violence often escalates into homicide. On average, more than three women are murdered by their husbands or boyfriends in this country every day.⁴ The North Carolina Coalition Against Domestic Violence (NCCADV) reported 82 domestic violence related homicides in NC for 2007, including 41, or 50%, which were committed with firearms.⁵ In addition, NC ranked 11th in the nation for the number of per capita homicides committed by men against women in 2005, up from a ranking of 15th the year before, according to the Violence Policy Center.⁶

NC has made tremendous progress in recent years, including landmark domestic violence legislation passed in 2004 through the efforts of the House Select Committee on Domestic Violence.⁷ This legislation created a new felony crime of non-fatal strangulation, mandated abuser treatment for offenders placed on probation, and mandated training for law enforcement. In 2005, NC became the 2nd state in the nation to pass comprehensive tenancy laws to protect victims.⁸ These important efforts

² The Centers for Disease Control and Prevention and The National Institute of Justice, Extent, Nature, and Consequences of Intimate Partner Violence, July 2000.

³ North Carolina Council for Women/Domestic Violence Commission, Domestic Violence Statistical Report, 2006-07.

⁴ In 2000, approximately 1,687 murders were attributed to intimates, and 1,247 victims were women. US Department of Justice, Intimate Partner Violence, 1993-2001, <http://www.ojp.usdoj.gov/bjs/abstract/ipv01.htm>.

⁵ Data collected by the NC Coalition Against Domestic Violence based on news reports across the state. From January 1, 2002 through December 31, 2007, NCCADV collected information on 462 homicides. www.nccadv.org.

⁶ Violence Policy Center, When Men Murder Women: An Analysis of 2005 Homicide Data, September 2007.

⁷ NC Session Law 2004-186. www.ncleg.net.

⁸ NC Session Law 2005-423. www.ncleg.net.

continue through the work of the Joint Legislative Committee on Domestic Violence, which was appointed in 2006. For example, in 2007 the General Assembly passed legislation creating a felony crime for violation of a domestic violence protective order when the offender is armed with a deadly weapon, as well as legislation requiring that the Attorney General's office develop a domestic violence homicide database.⁹ Despite these accomplishments, we still have much work to do to ensure that offenders are held accountable and victims have more resources that will increase safety and options.

Current efforts of NCCADV and the Joint Legislative Committee on Domestic Violence include increasing funding for domestic violence programs and supervised visitation centers, as well as strengthening the enforcement of domestic violence protective orders. Additional issues that we hope to address in the 2009 session include: equal access and protection under Chapter 50B for all victims of domestic violence; inclusion of pets in domestic violence protective orders; strengthening criminal penalties for repeat offenders; and requiring probationary sentences for offenders to be supervised.

RECOMMENDATIONS FOR ACTION...

- Support the recommendations of the Joint Legislative Committee on Domestic Violence.
- Support the Legislative Agenda of the North Carolina Coalition Against Domestic Violence, (www.nccadv.org).

♀ Sexual Assault

Violence against women is a term that is used to describe specific forms of violence, according to the Violence Against Women Act. It includes sexual violence, domestic violence, stalking and teen dating violence. However, that definition continues to expand, as we see more cases of trafficking in the United States.

Sexual violence is a pervasive global health and human rights problem. Sexual violence includes a spectrum of crimes. Sexual violence is not merely limited to forced physical contact, but also includes crimes such as

⁹ NC Session Laws 2007-190 and 2007-14. www.ncleg.net.

peeping, fondling, indecent liberties with a minor, and cyber stalking. In NC during calendar year 2007, there were 420 charges of 1st degree rape against a child and 55 convictions. In the same timeframe there were 383 charges of 1st degree rape and 43 convictions.¹⁰ These statistics speak to the need for advanced training and education related to sexual assault in NC.

North Carolina has taken measures to address sexual violence by increasing funding to rape crisis centers as well as being one of a few states to create a protective order for victims of sexual violence and stalking (i.e., the 50C protective order). However, sexual violence is perpetuated by dehumanizing women in society and the media. Sexual violence, like many forms of violence, is imbedded in the culture. Subsequently, to prevent sexual violence the root causes have to be addressed in homes, schools, and throughout the media and the community.

Sexual violence has a profound immediate and long-term impact on women's physical and mental health. The long term goal is to create a safe environment for women, children and men. In the interim, providing comprehensive victim centered services and response and offender accountability are all issues we hope to address during the 2008 and 2009 legislative sessions.

HEALTH AND MEDICAL RESPONSE

Although most hospitals provide compassionate and comprehensive care to rape victims, the rape victim assistance fund should be accessible to all victims of sexual violence.

CRIMINAL JUSTICE RESPONSE

Sexual violence consists of a continuum of criminal offenses and many perpetrators often escalate their offenses when they are not appropriately held accountable. For example, among cases of stalking, 81% of women who were stalked by a current or former husband or cohabiting partner were also physically assaulted, and 31% were sexually assaulted by that partner.¹¹

¹⁰ North Carolina Administrative Office of the Courts. Tally of Offense Codes used in the Criminal/Infraction Index in 2007.

¹¹ Patricia Tjaden and Nancy Thoennes, "Stalking in America: Findings from the National Violence Against Women Survey," (Washington, DC: National Institute of Justice, U.S. Department of Justice, 1998), 2, <http://www.ncjrs.gov/pdffiles/169592.pdf>

RECOMMENDATIONS FOR ACTION...

Increase the funding for the Rape Victim Assistance Program.

- Rape Victim Assistance Program (RVAP) only pays up to \$1,000 per survivor and is only a payment of last resort (leftover expenses are billed to survivor).
- Hospitals are billing survivor's private insurance first, RVAP will then pay remaining balance if it does not exceed \$1,000 – if it does exceed, survivor is responsible for the remaining balance.

Provide emergency contraceptives to all sexual assault victims presented in the Emergency Departments.

- Ensure that hospitals do not have exceptions such as refusal clauses to avoid giving EC to victims
- Provide EC readily at the hospital to avoid prescriptions that may not be filled by local pharmacies.

Clarify and strengthen stalking laws in North Carolina. Current North Carolina law is vague regarding what actions constitute stalking activity. NCCASA plans to work to ensure all activity that is harassing in nature is covered by the stalking statute.

- Provide accurate information and training to law enforcement on sexual violence and stalking.
- Create specific trainings for NC Judges on the intersection of sexual violence and stalking.
- Trainings designed to provide information and resources for both victims and sex offenders including treatment options as a term of probation.

Support HB 223 - Expand the Sex Offender Accountability and Responsibility (SOAR) program.

Support HB 688 – Increase criminal penalty for Computer Solicitation of a Child

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