

Falling

When Needs Bring Families Down

Some turning points announce themselves clearly. With the snap of a spine or the reading of a good-bye note, everything is suddenly transformed. Other crossroads register only after they've passed. Such was the case for Bob and Devorah Gartner. Their troubles mounted gradually and steadily until, at some moment—no one can remember when, exactly—they realized they no longer inhabited their former life. Somehow, their financial comfort—indeed, most comforts—had slipped away.

There was a time when the Gartners had money, not a lot, just enough so they rarely thought about it. Devorah likes to call it their “yuppie phase,” an era that peaked around 2000. As Devorah tells it, the couple practically rode into the twenty-first century on a gilded chariot, or at least a roomy, newish sedan, of which Devorah and Bob then had two. They

lived in a co-op they owned in a wealthy Long Island suburb of New York City. Both worked full-time: Bob managed the library of a major law firm, and Devorah maintained computer software for another big firm. The two had a combined income of more than \$100,000 and substantial retirement accounts, took regular vacations, bought clothes when they wanted them, and frequently indulged their appetite for nouvelle cuisine.

Almost nine years later, Devorah can recall the details of her former life as if it were yesterday. A voluble woman with a quick wit, straight light-brown hair, and a velvety voice, she squints into the middle distance as she works to remember, as if she could actually see back in time to the pleasant rhythm of their lives, the occasional nights spent out in a jazz bar or lingering over trout almondine and good wine in one of their favorite restaurants. Sitting beside her, Bob, a stocky man with a heavy beard and glasses, nods at the memory. “We were comfortable,” he says. They agree, too, that whenever the exact moment their downward slide began, it was sometime after they got the best of news.

Having survived ovarian cancer when she was twenty-three and then cervical cancer thirteen years later, Devorah had virtually no chance of getting pregnant. One of her ovaries had been removed with the first cancer, and afterward she had undergone both chemotherapy and radiation, all of which had reduced her chances of conceiving. The only reason her doctors had held off performing a radical hysterectomy when they removed her tumors was that they feared she was too frail to withstand the operation. Yet at thirty-seven, while she and Bob were exploring the adoption process and trying to make peace with infertility, Devorah was astounded to discover that she was somehow pregnant.

She didn't tell Bob the news at first because she couldn't believe it herself. Even after a late period, several positive home tests, and a visit with her doctor, during which he reassured her several times that she was indeed pregnant, it took a while for the fact to sink in. Once it did, Devorah was overwhelmed with the immediate need to tell Bob in person, and she bounded giddily out of their Long Island apartment, onto the commuter train to New York City, and into Bob's office—wearing two different shoes. Bob was similarly overjoyed.

But the Gartners' elation was soon tempered by the sobering knowledge that as a two-time cancer survivor, Devorah could have serious problems carrying a healthy baby to term. As they feared, the pregnancy was difficult almost from the beginning. Devorah had asthma as a result of her cancer treatment, and, within weeks of her trip to the city in mismatched shoes, the condition severely worsened. One night, in the middle of a severe hurricane, she had a major attack. As the rain hammered down outside her window, Devorah, who was then four months along, desperately struggled to breathe. Her asthma meds gave little relief, and her wheezing and gasping were soon accompanied by spotting. Although such bleeding can sometimes signal the beginning of a miscarriage, her obstetrician suggested that Devorah wait out the storm before going to the hospital.

She spent that night fighting for breath and fretting over the fate of her pregnancy. When the morning finally dawned and Devorah made her way through the flooded roads to the hospital, she rejoiced in the pulsing light on the ultrasound monitor. Somehow, the tiny being within her had survived the night. Her doctor was still worried, though, and from that point on insisted on weekly sonograms. The tests revealed

unsettlingly slow fetal growth, and eventually Devorah was put on bed rest, forbidden to get up even to go to the bathroom.

Devorah followed her doctor's orders, lying still in bed for months, but the baby came early anyway, six weeks before her due date. In the first few moments after Bethanie emerged into the world, tiny and, as is typical for premature babies, without eyebrows or eyelashes, she seemed miraculously free of serious health problems. But within twenty minutes, as Devorah was still counting and recounting her daughter's fingers and toes, Bethanie suffered a dramatic loss of blood pressure and stopped breathing. The doctors realized that she had a hole in her heart and rushed her to surgery.

Bethanie survived the operation, but the two weeks afterward, which her parents spent almost entirely in the neonatal intensive care unit, were an emotional roller coaster. Devorah and Bob watched helplessly as their small, frail daughter seemed to be improving one day, only to suffer a major setback the next. She struggled just to maintain her temperature, nurse, and breathe. Because she was skinny, Bethanie's eyes appeared far too big for her face. The incubator, with its mess of wires, tubes, and beeping devices, made her look even smaller.

When Bethanie began to stabilize, Bob and Devorah experienced a disorienting mix of emotions. First and foremost, there was profound relief that their daughter finally seemed to be on the road to survival. They felt as if they could breathe freely for the first time in weeks. But once they let their singular focus on Bethanie's well-being soften, anxiety about their mounting medical bills began to creep in. Because the health insurance Devorah had through Bob's job didn't cover weekly sonograms (and coverage through

her own job hadn't kicked in yet), the couple had already put more than \$200 a week on their credit cards for the prenatal tests. Now, on top of that debt were the hospital costs. Having exceeded the \$80,000 cap on their major medical insurance, they owed \$23,000 in medical bills even before leaving the hospital, most of which was the cost of intensive care for tiny Bethanie.

Out of cash and having maxed out their credit cards, they covered some bills with bad checks. Others they simply ignored. Unable to keep up with their monthly mortgage payments, they decided that they had no choice but to sell their apartment when Bethanie was only two months old. Partly because of their urgent need for cash, they did so quickly, at a considerable loss.

With medical debt quickly swallowing up their income and savings, the Gartners were badly in need of a stroke of good luck. It came from a synagogue in upstate New York, where Devorah had volunteered on weekends for almost ten years. The congregation owned a house that had recently become vacant, and, after hearing the Gartners' saga, the temple's director offered a temporary solution: the family could stay in the house rent free if, in exchange, Devorah would teach religious school. The welcome act of generosity might have allowed the family to pull out of their financial crisis, if not for a new crop of medical problems that arose just as they began to settle in their new home.

Bethanie was just eight months old at the time and already behind the developmental curve. Up until this point, although she had yet to sit up or even roll over, her parents and doctors had attributed the delays to prematurity. Babies born before their due dates often lag in terms of walking, talking, and the precursors to those milestones. But more than half a year

after Bethanie was born, as she should have been learning to crawl, it became apparent that she was developing motor skills even later than most preemies did. She was trying, that much was clear. But even when she scrunched up her face with the effort of attempting to get around, only her left side moved and she managed a strange sideways slither.

The sideways motion was what ultimately led Bethanie's doctors to deduce that the baby was partially paralyzed, most likely as a result of a stroke she had experienced in the uterus during Gartner's severe asthma attack. Her diagnosis—a lesion in the motor-planning area of her brain—helped explain the slither, as well as difficulties she had in learning to swallow, reach for things, and crawl. It also meant that she would need immediate long-term intensive therapy. Even then, there was no guarantee that she'd reach the physical milestones easily attained by most other children.

At this point, both Devorah and Bob were back at work full-time, trying to chip away at the family's debt. Bob worked the day shift, while Devorah, who had previously worked as a consultant to the firm that now directly employed her, spent her nights updating the company's word-processing software. She went into the office at eleven o'clock at night and emerged at seven the next morning, as the first rays of sun were hitting midtown Manhattan. The couple would meet at Grand Central Station on the way to and from work so that one parent could hand the baby off to the other before a shift. The pace was so exhausting that Gartner often fell asleep both at her job and while she was taking care of the baby. "If I slept two or three hours at a stretch those days, I was lucky," she recalls. "I was dozing off constantly, but I had to do things during the day, so I risked driving off the side of the road."

Between work and infant care, the Gartners didn't have a moment to spare. Yet after Bethanie's brain damage was confirmed, the doctors told them that the best hope for their daughter lay in frequent, intensive sessions of physical therapy. Six times a day, Bethanie was supposed to undergo a routine in which someone moved her arms and legs, brushed her body to stimulate her nerves, and massaged the inside and outside of her cheeks. This was on top of all the other things babies need: diaper changes and cuddling, naps and baths. Devorah still remembers the caretaking routine as "the hardest physical work I've done in my life."

As the consequences of Bethanie's stroke and the finite window of time they had to address them became more pronounced, Devorah realized that she had to take time off from work as soon as possible. She needed to consult with specialists, learn how to help and care for her baby, and train anyone else who would be looking after her. But she also needed and wanted to keep working. Despite the evening hours, she loved her job. She enjoyed the responsibility of keeping a large computer system humming. And the income was a crucial part of her plan to pull the family out of debt. Yet even though she earned \$65,000 a year (almost twice what her husband made at the time), it would have taken years to pay off the more than \$100,000 the family then owed.

Devorah hoped that she might take a month or so off to bring Bethanie's health crisis under control and then return to her assignment. So she sat down with the personnel director of her company, told her about her travails, and spelled out her request: she wanted six weeks off but would try to make do with three, if necessary. Devorah thought that she was being reasonable, accommodating even. But her higher-up flatly refused, noting that Devorah had already

used up her sick and vacation time. As Devorah recalls, the woman said the firm simply couldn't "spare her."

What really stung was the personnel director's apparent annoyance with her request; Gartner remembers the woman calling it "inconvenient." A pet peeing on the rug is inconvenient. Having to reschedule a doctor's appointment is inconvenient. Uninvited houseguests can be inconvenient. But as both a mother and someone who had supported herself throughout her adult life up to this point, Devorah resented having that word applied to her situation. She was far beyond inconvenienced. She was desperate: frantic, exhausted, and always worried about money and her daughter. So, when her first request for time off was denied, she begged. After her second, groveling, and slightly teary plea for time off was rejected, Devorah took a deep breath and quit, knowing that she had no choice and that, without even unemployment coverage to tide her over, she was heading further into a terrifying financial hole.

There's nothing unusual about families teetering on and over the edge. The birth of a baby is one of the leading causes of poverty spells in the United States.¹ In addition, at last count, some 72 million people were struggling to pay their medical bills, so it's hard to imagine a family that wouldn't be destabilized by the combination of illness and infancy.² Indeed, Bob and Devorah Gartner can seem lucky—relatively, anyway. Unlike so many others, they at least had a roof over their head, health insurance, enough to eat, and each other to rely on. Their good fortune even extended to a caring community, their temple, which helped out when government, insurers, health-care providers, and employers did not.

Yet the family still wound up in the financial abyss as a direct consequence of basic needs. Despite being insured, educated, employed, and having a deep desire to be fiscally responsible, the Gartners simply couldn't stave off soaring debt. A difficult pregnancy and a sick baby were all it took to tear a family-size hole in the seemingly solid financial ground beneath them. Devorah had wanted so badly to have a baby, but now that she had one, it was as if the rest of her life was disintegrating. She felt under siege—and, in a way, she was.

People talk about work and life competing, but the truth is that life almost always wins. And, at least in terms of jobs and money, women almost always lose. Even the most obstinate personnel manager is no match for a sick baby. Although Devorah had had every intention of being a career mom and earned considerably more than her husband, she found herself edged out of the workplace. By way of explanation, she says first that Bob had better benefits and later that "Bethanie was very tiny and needed her mommy."

Once Devorah let go of her job, her descent began in earnest. Despite the fact that she had just joined the ranks of the unemployed, her days were full, with her time split between the tremendously consuming job of caring for her baby and the perhaps even more stressful task of financial triage. "If there was a choice between prescription drugs and groceries, we bought prescription drugs," says Gartner. "If there was a choice between groceries and the phone bill, we went without a phone." When she did have phone service, she spent hours on it, negotiating with utility companies and other creditors and pleading daily with her insurance company to cover disputed claims.

Despite her efforts, the process of becoming a have-not was fairly quick. Even living rent free, the Gartners were

unable to cover many of their expenses, and their credit rating slipped from impeccable to below 500, the equivalent of a D. Although they liquidated their retirement accounts and borrowed from friends to help pay for essentials, there were several occasions on which Devorah found herself without enough cash for milk and diapers. Had she the time to think about it as she was scrounging around for change under the couch in their temporary quarters, Gartner might have realized that her yuppie phase was officially over.

While Devorah Gartner was free falling, David Cotter was sitting in a cramped, hot office in Columbia, Missouri, surrounded by precarious stacks of paper and empty coffee cups. It was the summer of 2003, a hot one, and the sociologist was holed up in a drab cinder-block building, slogging through what was supposed to be a routine exercise. Cotter and two of his colleagues, Joan Hermsen and Reeve Vanneman, were sifting through huge national surveys to see how women were faring in the economy, politics, and public opinion. All three were used to the consistent advancement of women in these realms; indeed, much of their academic careers had been spent mapping women's continuous, mountainous ascent. But as they were plotting the most recent data points, they stumbled on what Cotter describes as the most important discovery of his career. For the first time in four decades, the lines weren't headed upward anymore. Everywhere they looked, what had not long ago been hopeful inclines were inexplicably leveling off or even pointing down.

You don't need a graph to know that the last half century has been defined by a rapid-fire series of achievements

for women in almost every aspect of public life. Until very recently, these historic leaps forward have made parity with men seem inevitable. How could it end otherwise? The idea that women were biologically destined for less had given way under a mountain of milestones reached by female pioneers. When Cotter and crew were digging through their data, Oprah was already the top earner on television. Madeline Albright had already served as the first female secretary of state. A majority of college and medical school graduates were female. And countless women had muscled their way into the once gated professional communities of business, politics, and the military. It was no longer remarkable that women wrote and directed, choreographed and conducted, and, more and more, were viewed by both themselves and men as capable beings with relevant ideas. Equals.

Yet as Cotter's national data revealed, Devorah Gartner wasn't the only one losing her foothold. Women as a group appeared to be in the process of losing their momentum toward equality. Once virtually airborne, American women across racial, economic, and ethnic categories were apparently no longer catapulting forward. While many people already viewed the women's revolution as a mission accomplished or perhaps soon to be accomplished, the sociologists' numbers suggested otherwise. If their information was to be believed—and Cotter and his incredulous colleagues rechecked it several times—women were poised for a startling change.

Progress hadn't ceased all at once or even in the same way in various arenas of life. In some cases, women's giant steps forward had simply shrunk to small mincing ones. Women were still making inroads into traditionally male-dominated professions, for instance, but just much more slowly than they

had been.³ Ever since women have done paid work, they have always had different kinds of jobs than men had—most often, lower-paying ones. The huge numbers of women working in low-paid “pink collar” jobs as waitresses, secretaries, cashiers, elementary-school teachers, and child-care workers does a lot to explain the historic gender wage gap. For their part, men tend to be clumped in their own gender-specific lines of work, with some, such as airline pilot (98 percent male, according to the 2000 U.S. census), conferring considerable status, as well as relatively high salaries.⁴ The country had been moving toward closing the occupational segregation gap over the last few decades. According to the best measure, occupational segregation dropped by about a fifth between 1960 and 1990.⁵ Yet since then, movement toward integration had apparently ground to a near halt.

Women’s advancement was also slowing in one of the most visible spheres: politics. The female presence in public office had by some measures continued to head back to earlier, lower levels. The number of women in the U.S. Congress has climbed steadily since 1950, when women made up 2 percent of the House of Representatives and zero percent of the Senate.⁶ Yet as Cotter and his crew noted, the female presence in state legislatures, which had been dramatically growing since the 1970s, began to level off around 2000.⁷ At the same time, the number of female state executives also headed south, dropping from around 28 percent in 2000 to 23 percent nine years later.⁸

Around the same time, progress on the wage gap had also come to a mysterious standstill of sorts. In 1963, women on average made 59 cents for every dollar earned by a man, a difference so appalling that feminists began to sport “59 cent” buttons.⁹ That year, the Equal Pay Act was passed, which made

it illegal for employers to pay men and women differently if they held the same jobs, and, partly as a result, the gender wage gap began to shrink. By 2001, the ratio of women's to men's median annual earnings for full-time, full-year workers was 76.¹⁰ In other words, women made 76 cents for every dollar that men earned, still an inexcusable difference, but a vast improvement over a 41-cent one. Although that was clearly an improvement, the gap has stayed the same size for the last few years.

On closer inspection, it became clear that rather than simply closing, the pay gap was morphing in two big ways. First, the difference between men's and women's pay was getting smaller largely because men's wages were dropping, rather than women's rising.¹¹ And although the gap had gotten particularly small for women without children, who were finally earning almost as much as men who had a similar education, a new gap appeared to be opening. Once women had children, their earnings flattened or headed downward. Giving birth was the new financial turning point in many women's lives.¹²

In perhaps the most contentious and closely watched of all areas, participation in the workforce, women seemed to be moving backward. In 2000, 75 percent of women did paid work; by 2003, it had dropped to 72 percent.¹³ While some challenged the idea that women overall were undergoing a shift, certain segments of women, especially mothers of young children, had clearly changed their work patterns. More married mothers of infants and preschool age children were staying out of the paid job market.¹⁴

Cotter mapped out the full, startling array of parallel trends in a 2006 paper he called "The End of the U.S. Gender Revolution." Depending on where it was printed, the title