

Defending Reproductive Rights at Work

At Local 911, Chief Steward Emma woke up to an angry text from member Jane about having her time off request refused by the boss. Emma followed up with Jane at work later that day. “Look, Emma, this isn’t just a request to go have fun,” Jane said. “I need to take my daughter over to Pennsylvania to get an abortion, and we have to wait there for 24 hours before she can have the procedure. You know my kid—she’s got big hopes and dreams, and she doesn’t want to have a kid right now. I’ve got to go with her, but I don’t want to lose my job over this.” Emma confirmed that Jane was eligible for paid time off, the boss had simply refused to grant the time off request.

Emma confronted the boss about his denial. “Hyde, Jane needs this time off to help a family member with a medical procedure,” Emma said. “You gave Bruce time off to stay home with his daughter Jody when she needed her appendix out. How is this any different?”

“It’s different because I say it is,” grumbled Hyde.

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Following the Supreme Court decision overturning *Roe v. Wade*, many states across the country have enacted new legal barriers to accessing abortion and other reproductive healthcare. UE

stewards and leaders must be proactive in protecting these rights for all our members, and do their best to put our union’s policies into practice, through whatever mechanisms are available to them.

The right to an abortion now varies by state. At the time of publication, more than half of U.S. states still offer safe and legal abortions, though some have restrictions such as mandatory waiting periods or counseling that make it difficult to obtain abortion care. Visit abortionfinder.org/abortion-guides-by-state

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UE: A Consistent Defender of Abortion Access

UE has a long history of fighting for equal rights for women at work, including equal pay for the same jobs and the right to be hired for jobs considered to be “men’s” work, as well as fighting for paid maternity leave and disability accommodations during pregnancy. In the 1976 resolution “Full Equality for Women Workers,” convention delegates adopted the union’s first official stance on abortion, calling for, “Full coverage of medical and hospital expenses for childbirth or abortion for employee and dependents.”

In later years, the union advocated for public funding of abortion so that all workers could have access to this healthcare without financial burden. As delegate Carole Delavingne, Local 262, shared in support of the resolution in 1979, “I would like to remind us all that the wives and daughters of our Supreme Court justices and our senators, and congressmen will never have to die from illegal abortion because they can afford safe, legal ones. Denying Medicaid funding for abortion will not put an end to abortions. Women who can afford to

pay for abortions will continue to have them and the poor will die again as they did in the past.”

Though this topic sometimes led to robust discussion during conventions, a majority of delegates consistently agreed that the union supports the rights of all workers to choose what is best for their own bodies, and not have their choices be limited by governments or employers.

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to find up-to-date summaries of what care is and isn't allowed in your state.

Why This is a Union Issue

UE policy recognizes that we must push back against all attempts to divide the working class, including those that force people out of work to have or care for children. In the women's rights resolution passed at the last convention, delegates affirmed that the union "supports the right of all those seeking reproductive healthcare, regardless of economic status, to choose whether to continue or terminate a pregnancy, to have access to free, confidential, and effective birth control and family planning services, to be protected against forced sterilization, and not be discriminated against because of reproductive health issues, and demands that state legislatures end all restrictions on these rights."

UE's officers made clear in their statement regarding the Dobbs Supreme Court decision that without the right to control their own bodies, women and pregnant people will face increased barriers to participating fully in society, including in their unions. Without their full participation, the unity that is essential to winning gains for workers and the working class will be weakened.

Reproductive healthcare affects members, spouses, and children of members at every local, and should be a priority for UE stewards.

What to Do

All UE locals should review your health insurance and time off provisions that might impact access to reproductive healthcare, as outlined below. There are a lot of details to clarify for each specific shop. Consider forming a union committee or working group to investigate the options in your area and make recommendations to the local's leadership. Invite interested members to participate—it may be an opportunity to develop new leaders who are passionate about this topic.

- Make sure that reproductive healthcare is **covered under the employer's insurance** for everyone, including spouses and dependents in addition to employees, even if this means traveling out of state to receive care. Demand that this care will be covered at "in network" rates, even if someone has to travel out of the area to receive the care they need. Be sure to check that medication abortions are covered by the plan's prescription benefits.
- This is a good time to **demand paid family leave**, or more of it if you already have it. It can be used for the worker's care, or for the worker to care for anyone in their family who might need it. This should include time off to recover from reproductive healthcare services. This is something that should interest all members, regardless of their personal stance on abortion.
- Many states require mandatory waiting periods between a consultation with an abortion provider and actually receiving

abortion care. Mandatory waiting periods range from 24-72 hours. Because of this, many people seeking abortion care will need to take more than one day off work. Locals should make sure members are able to get time off to travel and wait for care if necessary, both for themselves as well as other family members.

- Investigate the reproductive healthcare services that are available in your area and under your health insurance. In some places, the closest medical providers may not offer these services because of religious or other reasons. If that is the case, the local will need to **advocate for out-of-area options** to be fully covered.
- Now is an important time to **expand anti-discrimination clauses**, or to demand them if you do not have them. Within the *Dobbs* ruling, the Supreme Court has made it clear they will reconsider other rights, like same-sex marriage. Make sure your contract includes "domestic partner" benefits. If you are in a local that does not have a contract, demand that this be incorporated into your employers' policies.
- Use this as an opportunity to talk about the need for **single-payer healthcare**. Workers should not have to rely on our employers for access to healthcare of any kind.

In states where access to abortion has been taken away, locals should bargain for paid time off and funds to travel to receive care in a providing state.

What is "reproductive healthcare"?

This category includes healthcare that affects the reproductive organs in people's bodies, regardless of gender. It includes all types of birth control, including use of medications, implanted devices, surgical procedures (including vasectomies), and the abortion of a fetus, either through medication or surgery. Decisions about healthcare in this part of people's bodies should be made the same way that other healthcare decisions are made: through personal choice in consultation with an informed medical provider.

Though *Roe v. Wade* was overturned, safe and legal abortions are still available in many states. In addition, under the Affordable Care Act, most health plans are required to provide birth control and family planning counseling with no out-of-pocket costs. This includes:

- Hormonal methods, like birth control pills and vaginal rings
- Implanted devices, like intrauterine devices (IUDs)

- Emergency contraception, like Plan B® and ella®
- Barrier methods, like diaphragms and sponges
- Patient education and counseling
- Sterilization procedures.