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Adventures of the Viagra Lady
by Sheila McClear

Kathy Black didn't think it was fair that while 80 percent of employers in Pennsylvania covered Viagra, men's "little helper," only 29 percent fully covered all five forms of women's contraception. As president of the Philadelphia chapter of the Coalition of Labor Union Women (CLUW), she began to voice her frustration at area union halls. Some of the unions, many of them a majority men, grew so accustomed to her speech that they began to call her the "Viagra lady."

The nickname was something of a misnomer, however. It wasn't Viagra but "contraceptive equity" that Black was fired up about. CLUW, working with a coalition that included local chapters of the National Organization for Women, Pro-Choice America, Planned Parenthood, and others, simply wanted a vital type of health coverage for women workers: if a health plan covered other prescription drugs and devices, it should cover contraception, too. While most health plans in Pennsylvania covered Viagra, only 43 percent offered partial coverage for contraceptives (usually just the Pill), while 21 percent didn't cover any.

As it stands, women already pay 68 percent more than men for out-of-pocket health-care costs, largely because they pay for contraceptives and related doctor visits. But Black says that "there's no financial argument [against adding contraceptive coverage]. This is a very cost-effective benefit, very inexpensive." That is, coverage for contraceptives ends up costing much less than maternity benefits and less than the cost of abortions or of providing coverage for children that result from unplanned pregnancies. In fact, many plans cover the cost of an abortion, but not the Pill.

Black was backed up by a ruling from the Equal Opportunity Employment Commission: if employers are already providing benefits for drugs and devices for other medical uses, they may not discriminate against women in their health insurance plans by denying them benefits for contraceptives. Philadelphia CLUW "seeks out workplaces where coverage is not provided and works up an internal campaign to get coverage there," says Black. "You don't have to wait until your next contract to have contraceptives put in.

Usually, benefits can be added anytime." For example, when the group brought the issue to the attention of Laborers Local 332, they added coverage to their plan immediately.

The coalition's biggest victory was at Philadelphia's Temple University in June 2002, where 4,000 union and non-union campus workers and their families--including graduate employees, security guards, food service workers, and faculty--won full contraceptive coverage.

"We started a petition to the university to ask that it be added. That didn't work, so we threatened to sue, and then all of a sudden they decided that it would be a good idea after all," Black explains.

The Campaign

Gary Kapanowski of AFSCME Local 1723, which represents many Temple workers, says that he talked to labor relations people and to the faculty union, an American Federation of Teachers affiliate. "What we did was a campaign of sorts," says Kapanowski. We sent letters to the university, and meanwhile members were calling them up and asking for coverage. With the [Philadelphia-based] Women's Law Project representing us, acting as our surrogate, we threatened to file a lawsuit if they didn't give us coverage. "We worked with the other unions to find people to be complainants in the lawsuit. The Women's Law Project spearheaded, funded, and coordinated the campaign. Temple studied the issue for a couple months and finally agreed to it. After a four- or five-month struggle, we won coverage effective June 1, 2002."

Although the coverage was originally requested by the faculty union and AFSCME, which together represented about 2,000 members, it ended up reaching 4,000 campus workers. "As always, the non-union workers also benefited from the struggle," says Kapanowski.

David S. Cohen, a staff attorney at the Law Project, says, "Writing that first letter, either from an individual or an organization like us, usually is enough to change policy. Often they don't even realize that they didn't offer a type of coverage." He suggests that readers get in touch with the Project to be referred to similar organizations in their town, or look for women's groups in their own areas.

A happy result of this coalition has been better relationships among the women's groups. "Originally, CLUW was the only labor participant in the coalition," Black says. However, the cross-pollination was "also a way to organize with other women's groups in town. Now, we come to each other's events, and we've helped each other out, made sure their literature was printed in union shops. Good relationships were built out of this struggle." Contraceptive equity affects men workers too, since coverage includes their wives. Black says that although men are supportive, some find it embarrassing to talk about. Also, Black says, "it's tough to get women to speak up about it in mostly male unions." But, she adds, "the men come over to our side pretty quickly. It's always a huge surprise to them. They've never thought of this before."