

**Report of the
National Women's Committee
to the
75th Convention**



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75th International CWA Convention

It seems redundant to keep repeating it year after year, but women are still treated as second-class citizens both on the job and in society. Even at a time when women are earning college degrees at a higher rate than men and voting in higher numbers, there remains a glass ceiling that appears stubbornly unbreakable. Whether it's legislation and regulations directly attacking a woman's right to choose or broad "religious" and right-wing economic bills that disproportionately impact women, it is impossible to ignore the constant effort to limit the rights of women in our country and around the globe.

TPP

In 2015, CWA's primary fight is against Fast Track and the Trans-Pacific Partnership. While this deal as a whole will continue to destroy our already shrinking middle class, we, yet again, have another bill that will disproportionately hurt women. Corporate handouts such as the TPP make it easier to offshore customer service jobs such as call center work. Hundreds of thousands of call center jobs have already been lost since 2006. And, two-thirds of these jobs were held by women. This simply puts women out of work and drives down their wages.

The TPP would also make it more difficult to raise the minimum wage. Previous trade deals with similar provisions were already utilized to sue countries that increased their minimum wage, and that would happen here, too. And, yet again, this would disproportionately impact women. Women make up 60 percent of the low-wage workforce. Preventing wage increases at that level would only make it even more difficult for hard-working women to support their families while trying to move into the middle-class.

Even women employed in high earning jobs are at risk. Sectors vulnerable to off-shoring include five of the top 20 highest paying occupations for women. Despite efforts to reduce the pay gap between men and women, deals like this only move all of us two steps back. Furthermore, cutting jobs that put women in the higher echelons of organizations only makes it more difficult for women to break into leadership roles, where they are already drastically underrepresented.

And, it's not just women in the United States who are hurt. The TPP includes countries such as Vietnam, where the minimum wage averages just 52 cents an hour, where women and children are repeatedly exploited for labor, and where discrimination against

women is common place. When the United States opens doors for countries like this it is simply morally unjust and only creates a path that undermines protections for working women here.

Our activism against TPP and Fast Track must continue. We cannot let up for even a second. We must pressure Republicans and Democrats alike. It is shameful that many of our “allies” have decided to support this horrendous bill. We must show them that if they turn their back on us now, we will no longer have their back when they need it. And, we must remind them that we are all for fair trade, but we will not sit idly by as they allow corporations to determine how America trades with the world.

Women’s Issues on the Job

But, even as we look at Vietnam, where discrimination against pregnant women is rampant, we must also look at our own country, where women’s rights on the job are continually attacked. Even just this year, in 2015, the Supreme Court had to hear a case in which a company refused to provide a pregnant woman with basic accommodations that her doctor ordered, even though they provided similar accommodations to other workers who faced medical limitations. Despite legislation passed in the 1960s protecting pregnant women from discrimination, we are still fighting to fully secure those rights.

It is not only pregnant women who face discrimination when it comes to their health care needs. In the infamous Hobby Lobby case of 2014, the Supreme Court allowed an employer to deny women certain forms of health care if the employer felt that form of health care violated the employer’s religious beliefs. Not only did the Supreme Court rely on junk science to give the power to employers to dictate how employees may use the health care that they earn, it also represents another example of how phony “religious liberty” claims are used to circumvent discrimination protections and undermine the basic human rights of individuals. (See: Attachment I: The Erosion of Women’s Reproductive Rights)

The healthcare system is already tilted against women. Up until recently, insurance companies charged women more for health insurance, just because of their gender. Women, who, again, fill a disproportionate number of low wage jobs, are often left without insurance because it’s not even offered by their employer. With such low wages, women are unable to afford private plans but, in many states, they are still unable to qualify for Medicaid (See: Attachment II: Medicaid Expansion in the States). Moves to further deny women the ability to make their own healthcare decisions on the job only

make it more difficult for women to provide for their families, with few alternative choices available.

Women work hard for the benefits they earn on the job, and they must be allowed to use those benefits as they see fit, not according to their employer's religious interpretation of the day. As a union, we must ensure that all of our contracts make it clear that women's health issues are a priority and that they will not be compromised. As a movement, we must make it clear to our political leaders that we will not accept laws that use disingenuous religious argument to discriminate. The national pushback against the recent Indiana law that was an obvious attempt to permit anti-LGBTQ discrimination shows that much of the public abhors these efforts to impose restrictions on certain groups. We must continue to speak out and join with other groups when the rights of our brothers and sisters are trampled.

Violence against Women

Not only are women relegated to a second class on the economic ladder, women still face a staggering degree of physical violence with insufficient legal or societal recourse. The recent cases of a superstar athlete caught physically abusing his partner has pulled this epidemic into the national conversation. However, these singular episodes are representative of a widespread issue that's impossible to ignore.

The statistics tell the story. On average, three women are murdered every day by their current or former partner. One in four women will suffer from domestic violence during her lifetime. One in six women will suffer from sexual assault in her lifetime. Hundreds of thousands of women suffer domestic violence and sexual assault each year. We all know a woman who either is, has, or will suffer from violence, most often at the hands of someone she knows.

Despite these gruesome figures, the perpetrators of these attacks often go unpunished and the victims continue to suffer and all too often suffer in silence for fear of more violence. Only one-third of sexual assaults and one-fourth of domestic assaults are reported. With domestic violence as the third-leading cause of homelessness, it is not surprising that women rarely report domestic violence. Victims of sexual assault face the threat of not being taken seriously by police, suffering humiliating treatment, and waiting through complicated investigations that are difficult to prosecute. This lack of reporting and the difficulty of prosecution results in the horrifying reality that 98 percent of rapists will never spend a day in jail.

It is difficult to look at these numbers without concluding that we face an epidemic of violence against women—an epidemic that thrives on our inability to stand up to it. We certainly need greater institutional protections: improved resources for women seeking to escape a violent situation, standardized police procedures that encourage sexual assault reporting, and greater protections for women who do come forward to report domestic violence and sexual assault.

But, we cannot rely on institutions alone. The greatest weapon that perpetrators have is the knowledge that victims and bystanders will keep silent. We must all find the moral courage to speak out when we see violence against innocent people. Only when victims understand that there are others who are willing to stand up for them will they stand up for themselves.

Attachment I: Erosion of Women’s Reproductive Rights: The Hobby Lobby Case

Since our government chose to link our health care with employer benefits, it was inevitable that the rights of women to control their own fertility would compete with the “rights” of employers to avoid providing benefits.

Enter Hobby Lobby. The Green family owns and operates Hobby Lobby Stores Inc., a national arts and crafts chain with over 600 stores and over 28,000 employees¹. The Green family claims it is organized around the principles of their Christian faith, including a belief that the use of contraception is immoral.²

The Affordable Care Act requires employment-based group health care plans to provide for contraceptive methods approved by the Food and Drug Administration. In their lawsuit against the Secretary of the Department of Health and Human Services, Hobby Lobby Stores Inc. challenged the contraception requirement. The company said the requirement that the employment-based group health care plan cover contraception violated the Religious Freedom Restoration Act of 1993 (RFRA – pronounced “riff-rah”) and their 1st Amendment rights.³

The issue before the Supreme Court was, “Does the Religious Freedom Restoration Act of 1993 allow a for-profit company to deny to its employees, health coverage of contraception to which the employees would otherwise be entitled based on the religious objections of the company’s owners?”⁴

¹ http://www.hobbylobby.com/our_company/ accessed 5/5/15.

² <http://www.hobbylobbycase.com/the-case/> accessed 5/5/15.

³ http://www.oyez.org/cases/2010-2019/2013/2013_13_354 accessed 5/5/15.

⁴ http://www.oyez.org/cases/2010-2019/2013/2013_13_354 accessed 5/5/15.

In a 5-4 majority opinion, the Court held that Congress intended for the RFRA to preserve the rights of corporations to deny their employees choice in contraception. The court held that this ruling only applies to the contraceptive mandate in question rather than to all possible objections to the Affordable Care Act on religious grounds.⁵ But, once you accept the religious claim of an employer over one provision, all other provisions are put in jeopardy. The result is the further erosion of human rights.

Because of the obvious far-reaching effect of the decision, Justice Ruth Bader Ginsburg wrote a significant dissent from the majority opinion. Most employed persons in the United States work for closely held corporations. For-profit corporations should not be considered religious entities with 1st Amendment rights. By permitting health care to be linked to employment benefits, Hobby Lobby will be used as a sword to diminish the right of privacy that belongs to all humans.⁶

Not only did the Supreme Court get it wrong, but they also discriminated against a huge portion of the population—women.

The Court's decision permits corporations to challenge medical procedures or medicines in the future. The New York Times noted that the Hobby Lobby ruling may extend beyond health care, "open[ing] the door to many challenges from corporations over laws that they claim violate their religious liberty." The decision would permit the owner of a closely held corporation to pay women less "on religious grounds" because equal pay for women empowers and challenges man's superiority in the home.

Since health care coverage is overwhelmingly tied to employment status, allowing an employer to refuse to cover certain forms of contraception will reduce women's access to these health services. In the U.S. nine out of 10 corporations are classified as closely held.⁷ This decision has the potential to affect millions of female employees.⁸

And, such decisions foster other forms of discrimination. Following this decision, Hobby Lobby Stores Inc. was shown to be discriminating against other religions in New Jersey by refusing to carry holiday products.⁹ To be fair, Mr. Green has a right to stock what he

⁵ http://www.supremecourt.gov/opinions/13pdf/13-354_olp1.pdf page 2, accessed 4/30/15.

⁶ http://www.supremecourt.gov/opinions/13pdf/13-354_olp1.pdf page 60, accessed 4/30/15.

⁷ <http://www.inc.com/encyclopedia/closely-held-corporations.html> accessed 4/21/15.

⁸ <http://www.aauw.org/2014/07/03/what-hobby-lobby-means/> Lisa Maatz, American Association of University Women (AAUW)

⁹ http://www.huffingtonpost.com/2013/10/02/hobby-lobby-jewish-boycott-steve-green_n_4032295.html accessed 5/5/15.

wants to stock in his stores, but it does highlight the direction the Court decision is heading.

This is a women's issue. Women have less disposable income to spend on health care services due to the gender pay gap. College-educated women are especially burdened by higher levels of student loan debt.¹⁰

According to the dissent, the Hobby Lobby decision will hurt low-income women — whose access to health care is typically limited to begin with — and black women, who make up almost 16 percent of the minimum-wage female workforce. Justice Ginsburg pointed out “the cost of an IUD is nearly equivalent to a month's full-time pay for workers earning the minimum wage.” Hobby Lobby specifically objected to two intrauterine devices so the decision directly affects those women who are unable to use oral contraceptives, and the right of employers to discriminate against female employees based on a “sincerely held religious belief” is now the law of the land.

Attachment II: Medicaid Expansion in the States

As part of the Affordable Care Act, or “Obamacare,” many states developed and implemented their own healthcare marketplace while others defaulted to the federal government system. Additionally, within the new plan for health care coverage, about half the states have decided to expand Medicaid eligibility.

The question then is: how effective is Medicaid expansion? As designed, the expansion raises the income limit to increase the number of individuals covered by Medicaid. This also eases the burden on hospitals that must provide care even to the uninsured.

Even before anyone could judge the effectiveness of the program, a debacle prevented individuals from even applying for coverage using the federal system. The system was clearly not ready for the number of inquiries and applications, and managers proved to be an Achilles heel to effective implementation due to their inability to properly prepare the website. Had managers accurately determined the overwhelming demand for health care, they may have better anticipated the initial strains that would be placed on the infrastructure. Eventually, infrastructure issues were addressed, and individuals were able to apply for and receive health insurance.

The need for expanded coverage is huge because people without health insurance are a major burden on providers, and they also affect those who already have health

¹⁰ <http://www.washingtonpost.com/blogs/she-the-people/wp/2014/06/11/student-loans-emerge-as-womens-issue-and-midterm-theme-among-democrats/> Elizabeth Warren accessed 5/5/15

insurance. About 75 percent of people going to emergency rooms—the most expensive form of health care—for basic care are in states that have not expanded Medicaid. The Urban Institute estimates that under the ACA states will save between \$26 billion and \$52 billion in uncompensated care costs between 2014 and 2019. The American Academy of Actuaries has found that states that expanded Medicaid saw lower health care premiums in the private market as a result of providers not having to cover the losses from treating uninsured patients. The uninsured often overuse emergency rooms for basic care since they cannot be turned away. Or, they use it as a last resort to treat a lingering problem that could have easily been solved with preventive care. Both of these cases drive up expenses for hospitals, which pass on those costs to insurers.

The debate over state exchanges and the federal exchange will continue; however, a larger issue for the poor and the middle class lies with the disparities of the coverage between states that expanded Medicaid and those that refused to expand it for political reasons. The federal government now covers the costs for expanding Medicaid in the states. While states will eventually have to cover some of the costs themselves, those that refuse to expand Medicaid are missing out on billions of dollars in federal money.

Let's look at some of the positives of the expanded Medicaid system. Governors and legislators in primarily red states that have refused the expanded Medicaid programs are now realizing that there is a fiscal cost to the state, and some hospitals are closing as a result. The federal government has agreed to cover one hundred percent of the cost of newly eligible enrollees in expanded Medicaid through 2016; it then covers a significant portion through 2020. With expanded Medicaid and the ACA, hospitals across the country will save \$5.7 billion in uncompensated care costs in 2014 because of increased health care coverage. These savings helps keep hospitals open and allows them to continue to serve those in the most vulnerable communities. So far, 27 states and the District of Columbia have expanded Medicaid, while 23 have not.

The number of uninsured patients going to Harborview Medical Center in Washington state was cut in half due to expanded Medicaid. This was true also in Denver Health Colorado and the University of Arkansas for Medical Science. These “safety net hospitals” treat a disproportionate share of poor and uninsured people and, therefore, face billions in uncovered medical expenses. “This is really phenomenal,” stated Eileen Kugler, executive director of the National Association of Urban Hospitals, based in Sterling, Va. “This represents inner-city safety net hospitals. It shows the Affordable Care Act is working in these locations.” Such hospitals have typically struggled because of their locations and are now receiving Medicaid reimbursement, which, though less than standard insurance reimbursements, allow these hospitals to recover many of their costs. Even these limited payments allow these hospitals to continue to serve the most

vulnerable. Also, due to expanded Medicaid, the number of ER visits has declined. Those now covered are able to obtain preventive medicine and go to primary care physicians for minor issues, rather than rush to the much more expensive emergency room.

The ACA also included changes that improve the health care system for women. The private health care industry traditionally charged higher premiums for women, leaving many unable to afford health insurance. The ACA prevents private insurers from charging women more just because of their gender. Medicaid expansion also covers essential care from family planning and maternal health services all the way to nursing home care. With women making up three-quarters of the adult Medicaid population, improving access to Medicaid will help a large number of women get the care they need.

As of June 2014, 15 million Americans, including 7 million women, are eligible for Medicaid. According to the U.S. Department of Health and Human Services, 1.7 million African-Americans gained health insurance since the start of the ACA initial open enrollment in 2013—a 6.8 percentage point drop in the uninsured rate. And, many more have incomes that make them eligible for Medicaid. If all states took part in the expanded Medicaid program, 95 percent of eligible uninsured African-Americans might qualify for Medicaid, the Children's Health Insurance Program (CHIP), or programs that help lower the cost of their marketplace coverage. But, millions of women, minorities and young adults are ineligible for health insurance because their state opted not to expand Medicaid. States that refused to expand Medicaid cover 4.4 million Americans with a high school diploma or less; 3.1 million women; 1.6 million African-Americans; 1.5 million people under the age of 25; and 1.3 million Latinos.

Medicaid covers the full range of health care needs, including reproductive care and long-term care services. Long-term care services are critical for the elderly population, especially for those who worked minimum-wage jobs their whole life and, therefore, only receive a minimum in Social Security benefits. Furthermore, those benefits are eroded by \$100 or more per month Medicare premiums, which may only cover 70 to 80 percent of a medical bill and no prescriptions. Medicaid for this vulnerable population means not having to choose which medication to take, or taking medication once every few days that is meant to be daily simply due to the cost. Medicaid pays for prescriptions, pays the balance of medical bills after Medicare, and pays the Medicare premium. Medicaid not only covers more, it essentially saves individuals more than \$100 per month that they may be able to put toward a utility bill or rent.

Of course, there still remains the huge logistical problem of getting Medicaid expansion to this vulnerable population. Though the state and federal systems run the marketplaces, the states, counties, districts, and parishes that actually determine the eligibility for Medicaid are now overwhelmed with applications. The internal systems were not prepared for the millions of applications.

Agencies are understaffed, and buildings overcrowded, with people standing in long lines outside the buildings. It is not uncommon for workers to have a caseload of 500 to 700 cases to process every month. This is an impossible caseload for anyone to manage no matter what resources and computer systems are developed. Workers are doing everything humanly possible to help this population in need, the most vulnerable within communities. Many times clients have to come back for days, weeks, and months to find out the status of their applications, all the while not being able to access the health coverage they are eligible for.

Workers, including many CWA members, are doing their best to get the benefits out. But, elected officials, many of whom want to see the ACA and expanded Medicaid fail, have not adequately funded these agencies. Social service agencies are struggling to deliver much-needed services as they must focus on simply trying to keep up with the sheer numbers of applications. Politicians have put politics before the need of the citizens and prevented social service agencies from fulfilling their mission of serving the population in need, putting their well-being in jeopardy.

Medicaid is an effective program that can improve the health and economic well-being of millions of American women, while at the same time saving states money and creating jobs. Every man, woman, and child deserves access to the health care they need, and the CWA must stand up and fight to make sure that crucial benefits are delivered to all citizens.

Respectfully submitted,

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