

This is the second in a series of informational sheets on our campaign calling on the University of Michigan to expand health insurance to include fertility treatments. Here, we address common misconceptions about fertility justice as well as how GEO selects and supports our caucus campaigns.

The Women's Caucus is composed of members who have children, members struggling to conceive, and members who do not plan to have children. This includes straight and queer individuals.



GEO works diligently to empower and support all members, including those who face hardships or barriers to entering and successfully completing graduate programs. In addition to supporting parents (those who enter as parents or become parents during graduate school), our issues campaigns have expanded rights for international students, transgender individuals, people with disabilities, the queer community, and more. This is what makes our union strong and it should be celebrated.

Perception: This campaign is “individualistic,” “entitled,” or a “first world problem.”

Reality: Traditionally, individuals who have had access to fertility treatments have been in positions of privilege, so assistive reproductive technology has generally been a “first world solution” but not a “first world problem.” By seeking insurance coverage for fertility treatments, we are seeking to extend availability of services to people who would not be able to access it otherwise – we are trying to create more equitable access and break down another area in which many graduate students face economic segregation. Passing judgment that people shouldn’t have kids unless they can afford it is ambiguous and discriminatory. Where you live (for example, states that don’t mandate any form of fertility treatment coverage – this includes Michigan) and how much money you make should not determine whether you can have a child.

Perception: Infertility is a “wellness” or “cosmetic issue,” not a serious health concern.

Reality: The World Health Organization, The Center for Disease Control, and The American Society of Reproductive Medicine all recognize infertility as a disease.


Perception: Having a child is a want, not a need, or

People should not be encouraged to expand the population.

Reality: We strongly believe that no one gets to decide for anybody else if or how they start a family, just as we strongly believe no one gets to decide for anybody else whether to keep or terminate a pregnancy. Both issues are an important part of the movement for reproductive justice, along with access to birth control and freedom from forced sterilization. It is not anyone’s place to police who has children or how they have them. The fact is, most people do decide they want to have children and they should be able to do so in the way that is the best for them. Why should people facing fertility challenges be forced to make different decisions from those who conceived easily if they are able to benefit from assisted reproductive technologies?

Perception: The University already covers some form of fertility treatment; this campaign is about IVF.

Reality: The University does not cover ANY form of fertility treatment. We are open to conversations about what type of services might be included in our health care coverage, and have offered the University several examples of the types of coverage included in plans at other Universities and in other states.




Perception: Anyone who cannot have children can/should adopt.

Reality: Many people do choose adoption and the Women's Caucus is continuing to discuss how we can support this process and these parents as well (our parental leave covers those who become parents by adoption). But this is not necessarily an easier or more affordable option. Nor is it equally available to all people. Adoption can cost as much, if not more, than fertility treatments and in many places certain groups of people, such as queers or individuals, face discrimination or legal barriers to adoption.

Perception: This campaign suggests that all women should have children or that they should do so now.

Reality: We are **not** telling people they ought to have children or that they should choose grad school as the time to do so. We are also **not** assuming that everyone is going on to traditional careers in academia. GEO supports the right of every member to make the life choices that work best for them, including not having children. *This campaign is meant to support those members who choose to have children while in graduate school because they believe it best serves their personal and professional goals.* In the event members decide to have children during graduate school and need fertility assistance to conceive, they should have health care coverage that addresses all medical needs. While some people may question this timing (especially if pursuing an academic career), there are any number of reasons why members may choose this timing, including age (not everyone enters graduate school in their early 20s) and health (such as declining fertility).



Perception: GEO is wasting my membership dues on this campaign, or

It will end up costing me money, or

It will increase my health care costs.

Reality: This campaign (as are all GEO campaigns) is entirely run by volunteers. We have made a few posters for the a Regents meeting and about 40 campaign buttons, meaning total cost of the campaign over six months is under \$20.00. In the event that the University does add some form of fertility treatments coverage to our insurance, it will not affect your dues or your health care costs.

Perception: GEO is wasting time and political capital on an issue that affects only a small number of members.

Reality: The people working on this campaign include longtime GEO activists and people who have become involved specifically to work on this issue (meaning that it has served to keep old activists involved and draw new people to the union). All are volunteering their time, which means this takes nothing away from the other work GEO does. This is how all issues campaigns work: they begin when members raise an issue they believe GEO should address. These member ideas become campaigns when approved by the Stewards Council. To be approved, the issue must have a champion (an activist member willing to see the campaign through), have relevance to some segment of members, and have the possibility of being accomplished through the scope of GEO activity.

The big asks we make of the University happen during bargaining, which we won't do again until 2016-2017. Because we don't need to wait to address this issue at the bargaining table, it is exactly the type of campaign we should be working on right now.

For those who question the relevance of this campaign, what do you think we should be doing? What issues do you want to see addressed? We are as strong as our member involvement. If we are missing something, get involved and share your energy and ideas.