



February 8, 2022

U.S. Equal Employment Opportunity Commission
Dallas District Office
207 S. Houston Street
3rd Floor
Dallas, TX 75202

Re: Charge of Discrimination against CVS Pharmacy, Inc.

To Whom It May Concern,

We represent Robyn Strader, RN, FNP, PHD, MBA, who worked as a nurse practitioner for 6.5 years at a CVS Pharmacy MinuteClinic in Keller, Texas.

Before her first day on the job, Ms. Strader asked for a religious accommodation not to prescribe contraception, and upon hiring her, CVS agreed to accommodate her religious beliefs. For the next 6.5 years, CVS accommodated Ms. Strader with no issues. On the rare occasions someone requested contraception, Ms. Strader referred them to the other nurse practitioner at her location or to another CVS MinuteClinic located 2 miles away. However, on August 26, 2021, CVS announced that all nurses must perform essential services related to pregnancy prevention. Soon after that, on or about August 28, 2021, Ms. Strader's manager suddenly informed Ms. Strader that her supervisor said CVS would no longer honor religious accommodations regarding pregnancy prevention services and that Ms. Strader had no religious accommodation on file with CVS. On September 23, 2021, Ms. Strader's manager said that, if Ms. Strader did not change her beliefs about contraception, CVS would fire her on October 31, 2021. Ms. Strader's manager repeatedly pressured Ms. Strader to change her beliefs. CVS failed to timely respond to the three letters Ms. Strader wrote requesting a religious accommodation, and on October 31, 2021, it terminated her. After firing her, CVS claimed that she never requested a religious accommodation and that accommodating her would cause CVS an undue hardship.

CVS discriminated against Ms. Strader on the basis of religion when it prospectively preempted all requests for religious accommodations related to contraception prescription, derided her religious beliefs and pressured her to abandon them, discontinued a six-year religious accommodation without cause, refused to consider her request for an ongoing religious accommodation, failed to engage with her about possible accommodations, and terminated her because of her religious beliefs. In these ways, CVS violated Title VII of the Civil Rights Act.

We have enclosed two copies of Ms. Strader's EEOC Charge and the EEOC Intake Questionnaire. Please date-stamp one of the copies and return it in the enclosed self-addressed stamped envelope.

If you have any questions, please feel free to contact me at 972-941-4444 or
[REDACTED]

Sincerely,



Christine K. Pratt
Counsel

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge presented to: _____ Agency (es): _____ Charge type:

- FEPA
- EEOC

Texas Workforce Commission

and EEOC

State or local Agency, if any

Name (Indicate Mr., Ms., Mrs.)

Ms. Joe Robyn Strader

Home Phone (Incl. Area Code)

[REDACTED]

Date of Birth

01/15/1955

Street Address

[REDACTED] Fort Worth, Texas, 76244

City, State and ZIP Code

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two are named, list under PARTICULARS below.)

Name

CVS Pharmacy, Inc.

No. Employees, Members

300,000

Phone No. (Incl. Area Code)

8007467287

Street Address

1 CVS Drive, Woonsocket, RI, 02895

City, State and ZIP Code

Name

No. Employees, Members

Phone No. (Incl. Area Code)

Street Address

City, State and ZIP Code

DISCRIMINATION BASED ON (Check appropriate box(es).)

- RACE
- COLOR
- SEX
- RELIGION
- NATIONAL ORIGIN
- RETALIATION
- AGE
- DISABILITY
- GENETIC INFORMATION
- OTHER (Specify)

DATE(S) DISCRIMINATION TOOK PLACE

Earliest: 8/28/21
Latest: 10/31/21

CONTINUING ACTION

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

CVS Pharmacy, Inc., my former employer, discriminated against me because of my Christian beliefs and religious exercise. For the last 6.5 years, I worked for CVS as a nurse practitioner in a MinuteClinic in Keller, Texas. From the outset of my employment in 2015, CVS granted me a religious accommodation due to my sincerely held religious beliefs about prescribing contraception.

I am a Christian and longtime member of a Baptist Church. I believe that all human life is created in God's image and should be protected. For this reason, I cannot participate in facilitating an abortion or participate in facilitating contraceptive use that could prevent the implantation of an embryo, cause an abortion, or contribute to infertility.

On August 26, 2021, CVS announced that it was changing its policies about pregnancy prevention services. On or about August 28, 2021, my manager, Dana Young, called and informed me that her supervisor, Laura Lambert, said that CVS would no longer honor religious accommodations related to pregnancy prevention services. Ms. Young also said that Ms. Lambert informed her that I had no religious accommodation on file with CVS, which surprised and alarmed me. I wrote CVS in August, September, and October to ask for confirmation that it would continue to honor my existing religious accommodation and to ask for a second religious accommodation to not receive the COVID vaccine.

On September 23, Ms. Young informed me that I would be fired on October 31, 2021 if I did not change my religious beliefs about prescribing contraception. On October 21, 2021, CVS granted my accommodation request regarding the COVID vaccine, but CVS did not respond to my request about my longstanding religious accommodation not to prescribe contraception.

No one from CVS ever discussed with me how they could accommodate me. Instead, Ms. Young repeatedly pressured me to abandon my religious beliefs. She would say of my impending termination, "You are doing this to yourself." She also remarked disapprovingly that I had "strong beliefs."

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.

Feb 7, 2022

Date

Robyn Strader

Robyn Strader (Feb 7, 2022 18:45 CST)

Charging Party Signature

NOTARY - When necessary for State or Local Agency Requirements

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(month, day, year)

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge presented to: _____ Agency (es), Charge filed: _____

FEPA

EEOC

Texas Workforce Commission

and EEOC

State or local Agency, if any

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

Finally, when October 31 arrived and I had still not heard back from CVS, my manager terminated me.

Shortly after that, on November 3, 2021, CVS responded that it was investigating the claims in my letter. The following week, I received notice that CVS had terminated my employment benefits. Then, on November 22, 2021, CVS informed me that it had concluded its investigation. CVS found that I had failed to properly request my religious accommodation and that accommodating me would cause CVS undue hardship.

CVS violated Title VII of the Civil Rights Act when it prospectively preempted all requests for religious accommodations related to contraception prescription, derided my religious beliefs and pressured me to abandon them, discontinued a six-year religious accommodation without cause, refused to consider my request for an ongoing religious accommodation, failed to engage with me about possible accommodations, and terminated me because of my religious beliefs.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

NOTARY – When necessary for State or Local Agency Requirements

I declare under penalty of perjury that the above is true and correct.

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

Feb 7, 2022

Robyn Strader

Robyn Strader (Feb 7, 2022 18:45 CST)

Date

Charging Party Signature

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(month, day, year)



U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
INTAKE QUESTIONNAIRE

Please immediately complete this entire form and return it to the U.S. Equal Employment Opportunity Commission ("EEOC"). REMEMBER, a charge of employment discrimination must be filed within the time limits imposed by law, within 180 days or in some places within 300 days of the alleged discrimination. When we receive this form, we will review it to determine EEOC coverage. Answer all questions completely, and attach additional pages if needed to complete your responses. If you do not know the answer to a question, answer by stating "not known." If a question is not applicable, write "N/A." (PLEASE PRINT)

1. Personal Information

Last Name: Strader First Name: Joe MI: Robyn
Street or Mailing Address: [Redacted] Apt or Unit #:
City: Fort Worth County: Tarrant State: TX Zip: 76244
Phone Numbers: Home: () Work: ()
Cell: [Redacted] Email Address: [Redacted]
Date of Birth: [Redacted] Sex: [] Male [X] Female Do You Have a Disability? [] Yes [X] No

Please answer each of the next three questions. i. Are you Hispanic or Latino? [] Yes [X] No
ii. What is your Race? Please choose all that apply. [] American Indian or Alaskan Native [] Asian [X] White
[] Black or African American [] Native Hawaiian or Other Pacific Islander
iii. What is your National Origin (country of origin or ancestry)? USA

Please Provide The Name Of A Person We Can Contact If We Are Unable To Reach You:

Name: [Redacted] Relationship: [Redacted]
Address: [Redacted] City: Plano State: TX Zip Code: 75024
Home Phone: () Other Phone: [Redacted]

2. I believe that I was discriminated against by the following organization(s): (Check those that apply)

[X] Employer [] Union [] Employment Agency [] Other (Please Specify)

Organization Contact Information (If the organization is an employer, provide the address where you actually worked. If you work from home, check here [] and provide the address of the office to which you reported.) If more than one employer is involved, attach additional sheets.

Organization Name: CVS Pharmacy, Inc.
Address: 1 CVS Drive County: Providence
City: Woonsocket State: RI Zip: 02895 Phone: (800) 746-7287
Type of Business: retail corporation Job Location if different from Org. Address: 801 N. Tarrant Pkwy, Keller, TX 76248
Human Resources Director or Owner Name: Sharon Vitti, President of MinuteClinic Phone: (800) 746-7287

Number of Employees in the Organization at All Locations: Please Check (J) One
[] Fewer Than 15 [] 15 - 100 [] 101 - 200 [] 201 - 500 [X] More than 500

3. Your Employment Data (Complete as many items as you are able.) Are you a federal employee? [] Yes [X] No

Date Hired: Feb 2015 Job Title At Hire: Nurse Practitioner
Pay Rate When Hired: [Redacted] Last or Current Pay Rate: [Redacted]
Job Title at Time of Alleged Discrimination: Nurse Practitioner Date Quit/Discharged: Fired on 10/31/21
Name and Title of Immediate Supervisor: Dana Young, Senior Practice Manager
If Job Applicant, Date You Applied for Job Job Title Applied For

4. What is the reason (basis) for your claim of employment discrimination?

FOR EXAMPLE, if you feel that you were treated worse than someone else because of race, you should check the box next to Race. If you feel you were treated worse for several reasons, such as your sex, religion and national origin, you should check all that apply. If you complained about discrimination, participated in someone else's complaint, or filed a charge of discrimination, and a negative action was threatened or taken, you should check the box next to Retaliation.

Race Sex Age Disability National Origin Religion Retaliation Pregnancy Color (typically a difference in skin shade within the same race) Genetic Information; circle which type(s) of genetic information is involved:
i. genetic testing ii. family medical history iii. genetic services (genetic services means counseling, education or testing)

If you checked color, religion or national origin, please specify: CVS discontinued my religious accommodation without cause after six years.

If you checked genetic information, how did the employer obtain the genetic information? _____

Other reason (basis) for discrimination (Explain): _____

5. What happened to you that you believe was discriminatory? Include the date(s) of harm, the action(s), and the name(s) and title(s) of the person(s) who you believe discriminated against you. Please attach additional pages if needed.

(Example: 10/02/06 – Discharged by Mr. John Soto, Production Supervisor)

A. Date: 10/31/2021 **Action:** After accommodating my religious beliefs for 6.5 years, CVS reversed course and fired me without answering my requests for an accommodation.

Name and Title of Person(s) Responsible: Dana Young, Senior Practice Manager; Laura Lambert, Area 5 Director; Angela Patterson, CNO

B. Date: _____ **Action:** _____

Name and Title of Person(s) Responsible _____

6. Why do you believe these actions were discriminatory? Please attach additional pages if needed.

CVS prospectively preempted all requests for religious accommodations related to contraception prescription, derided my religious beliefs and pressured me to abandon them, discontinued a six-year religious accommodation without cause, refused to consider my request for an ongoing religious accommodation, failed to engage with me about possible accommodations, and terminated me because of my religious beliefs.

7. What reason(s) were given to you for the acts you consider discriminatory? By whom? His or Her Job Title?

CVS ignored my numerous requests that it honor my existing religious accommodation. After CVS fired me, it claimed that I failed to properly request an accommodation and that it would be an undue hardship to accommodate me.

8. Describe who was in the same or similar situation as you and how they were treated. For example, who else applied for the same job you did, who else had the same attendance record, or who else had the same performance? Provide the race, sex, age, national origin, religion, or disability of these individuals, if known, and if it relates to your claim of discrimination. For example, if your complaint alleges race discrimination, provide the race of each person; if it alleges sex discrimination, provide the sex of each person; and so on. Use additional sheets if needed.

Of the persons in the same or similar situation as you, who was treated better than you?

Full Name Race, Sex, Age, National Origin, Religion or Disability Job Title Description of Treatment

A. Linda Piatt former nurse practitioner at the Lantana MinuteClinic [REDACTED] Linda received an RA for the COVID vaccine that did not expire in 6 months, according to Ms. Young.

B. _____

Of the persons in the same or similar situation as you, who was treated worse than you?

Full Name Race, Sex, Age, National Origin, Religion or Disability Job Title Description of Treatment

A. _____

B. _____

Of the persons in the same or similar situation as you, who was treated the same as you?

Full Name Race, Sex, Age, National Origin, Religion or Disability Job Title Description of Treatment

A. _____

B. _____

Answer questions 9-12 only if you are claiming discrimination based on disability. If not, skip to question 13. Please tell us if you have more than one disability. Please add additional pages if needed.

9. Please check all that apply:
- Yes, I have a disability
 - I do not have a disability now but I did have one
 - No disability but the organization treats me as if I am disabled

10. What is the disability that you believe is the reason for the adverse action taken against you? Does this disability prevent or limit you from doing anything? (e.g., lifting, sleeping, breathing, walking, caring for yourself, working, etc.).

11. Do you use medications, medical equipment or anything else to lessen or eliminate the symptoms of your disability?
 Yes No

If "Yes," what medication, medical equipment or other assistance do you use?

12. Did you ask your employer for any changes or assistance to do your job because of your disability?
 Yes No

If "Yes," when did you ask? _____ How did you ask (verbally or in writing)? _____

Who did you ask? (Provide full name and job title of person)

Describe the changes or assistance that you asked for: _____

How did your employer respond to your request? _____

13. Are there any witnesses to the alleged discriminatory incidents? If yes, please identify them below and tell us what they will say. (Please attach additional pages if needed to complete your response)

Full Name	Job Title	Address & Phone Number	What do you believe this person will tell us?
A. Dana Young, Senior Practice Manager			Ms. Young will tell you that CVS informed her on or around 8/26/21 that CVS would no longer grant religious accomm. requests for pregnancy prevention services, that CVS officials such as Ms. Lambert knew of my pending accommodation request about prescribing contraception but did not speak with me about it, and that Ms. Lambert said to fire me on 10/31/21.
B. Laura Lambert, Area 5 Director			Ms. Lambert will tell you that on or about 8/26/21, CVS said it would stop offering relig. accommodations for pregnancy prevention services, she knew of my religious accomm. request about prescribing contraception but did not speak with me about it, and directed Ms. Young to terminate me on 10/31/21

14. Have you filed a charge previously on this matter with the EEOC or another agency? Yes No

15. If you filed a complaint with another agency, provide the name of agency and the date of filing: _____

16. Have you sought help about this situation from a union, an attorney, or any other source? Yes No
Provide name of organization, name of person you spoke with and date of contact. Results, if any?

First Liberty Institute, attorney Christine Pratt.

Please check one of the boxes below to tell us what you would like us to do with the information you are providing on this questionnaire. If you would like to file a charge of job discrimination, you must do so either within 180 days from the day you knew about the discrimination, or within 300 days from the day you knew about the discrimination if the employer is located in a place where a state or local government agency enforces laws similar to the EEOC's laws. **If you do not file a charge of discrimination within the time limits, you will lose your rights. If you would like more information before filing a charge or you have concerns about EEOC's notifying the employer, union, or employment agency about your charge, you may wish to check Box 1. If you want to file a charge, you should check Box 2.**

BOX 1 I want to talk to an EEOC employee before deciding whether to file a charge. I understand that by checking this box, I have not filed a charge with the EEOC. **I also understand that I could lose my rights if I do not file a charge in time.**

BOX 2 I want to file a charge of discrimination, and I authorize the EEOC to look into the discrimination I described above. I understand that **the EEOC must give the employer, union, or employment agency that I accuse of discrimination information about the charge, including my name.** I also understand that the EEOC can only accept charges of job discrimination based on race, color, religion, sex, national origin, disability, age, genetic information, or retaliation for opposing discrimination.

Robyn Strader
Robyn Strader (Feb 7, 2022 18:44 CST)

Signature

Feb 7, 2022

Today's Date

PRIVACY ACT STATEMENT: This form is covered by the Privacy Act of 1974: Public Law 93-579. Authority for requesting personal data and the uses thereof are:

- 1) FORM NUMBER/TITLE/DATE. EEOC Intake Questionnaire (9/20/08).
- 2) AUTHORITY. 42 U.S.C. § 2000e-5(b), 29 U.S.C. § 211, 29 U.S.C. § 626, 42 U.S.C. 12117(a)
- 3) PRINCIPAL PURPOSE. The purpose of this questionnaire is to solicit information about claims of employment discrimination, determine whether the EEOC has jurisdiction over those claims, and provide charge filing counseling, as appropriate. Consistent with 29 CFR 1601.12(b) and 29 CFR 1626.8(c), this questionnaire may serve as a charge if it meets the elements of a charge.
- 4) ROUTINE USES. EEOC may disclose information from this form to other state, local and federal agencies as appropriate or necessary to carry out the Commission's functions, or if EEOC becomes aware of a civil or criminal law violation. EEOC may also disclose information to respondents in litigation, to congressional offices in response to inquiries from parties to the charge, to disciplinary committees investigating complaints against attorneys representing the parties to the charge, or to federal agencies inquiring about hiring or security clearance matters.
- 5) WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION. Providing this information is voluntary but the failure to do so may hamper the Commission's investigation of a charge. It is not mandatory that this form be used to provide the requested information.