Black Reproductive Justice Policy Agenda · June 2021

Contributors

Organizations

Abortion Care Network

Access Reproductive Care (ARC) – Southeast

Black Alliance for Just Immigration

Black Feminist Future

Black Girl's Guide to Surviving Menopause

Black Mama's Matter Alliance

Black Women's Blueprint

Black Women's Health Imperative

Black Women for Wellness Action Project

Feminist Women's Health Center

GirlTrek

In Our Own Voice: National Black Women's Reproductive Justice Agenda

Interfaith Voices for Reproductive Justice (IVRJ)

National Birth Equity Collaborative

National Network of Abortion Funds

New Voices for Reproductive Justice

SisterLove, Inc.

SisterReach

SisterSong National Women of Color Reproductive Justice Collective

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The Afiya Center

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From the Co-Conveners

Reproductive Justice (RJ) is a collective framework grounded in human rights and Black Feminist theory that centers the intersectional impact of race and gender in one's ability to live free from individual-, community-, and state-sanctioned oppression so that we can create and nurture the family of their choosing and achieve optimum mental, physical, community, and economic health.

This theory was birthed by 12 Black women in 1994 as the United States (U.S.) contemplated a plan for universal health care without acknowledging or rectifying the dual health care system in place that failed to address racial and gender health disparities. Since that time, RJ has grown to include countless unrelenting advocates and activists who fight not only for the right to health care and equity in housing, education, and employment practices, but also for access to these social, economic, political, and cultural supports. Black women, femmes, girls, and gender-expansive people in the U.S. have been marginalized for too long—often fighting for our lives and that of our families' very survival while others stood by and watched.

These past 14 months have revealed all too clearly that our work is not done. COVID-19 has devastated Black and Brown communities; Black and Latino people make up nearly 43 percent of coronavirus deaths.* This disparity reflects the long-term and on-going lack of healthy food options, safe green spaces, access to culturally responsive health care services, over-crowded communities**—as well as our over-representation as "essential" workers who have continued to go to work, despite the risks, so we can provide for our families and ultimately continue to serve the masses so they are not overly inconvenienced.

Adding to the crisis the pandemic has created for Black and Brown people, we continue to see our children, brothers, sisters, mothers, fathers, and loved ones senselessly killed by the very people who are sworn to protect us. We are not able to recover from the trauma of seeing or learning about one murder or brutalization by police or vigilantes before another one occurs. We are not safe in our homes, our neighborhoods, commercial establishments, or churches. The U.S. is having a [another] moment of reckoning and the Black community is holding law enforcement, politicians, corporations, voters, and all people living in America to account. People of all hues are

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** Gold JA, Rossen LM, Ahmad FB, et al., "Race, Ethnicity, and Age Trends in Persons Who Died from COVID-19 — United States, May–August 2020,"* MMWR Morb Mortal Wkly Rep, *2020; 69: 1517–1521. DOI:* http://dx.doi.org/10.15585/mmwr.mm6942e1.

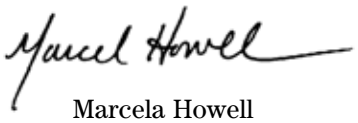
*** Ray R, Why are Blacks dying at higher rates from COVID-19?, Washington (DC): Brookings Institute, April 9, 2020. https://www.brookings.edu/blog/fixgov/2020/04/09/why-are-blacks-dying-at-higher-rates-from-covid-19/*

demanding that the subjugation and oppression of Black and Brown people end. These demands have been met with further violence, objectification, and divisiveness largely because it scares people to think that they will no longer have power—they only see an "us" and a "them." But, we see an "us" where we all thrive, which is why we will not back down or relent.

With these social and political issues as our backdrop, more than 30 Black RJ organizations and activists came together to create this Black Reproductive Justice Agenda. It is a well-thought-out and expertly informed compilation of 25 issue areas, each with several policy recommendations. We believe that the Agenda will aid the hard work of addressing the social, economic, political, and health needs of Black women, femmes, girls, and gender-expansive people so we can live our human right to decide for ourselves if, when, and how to have and raise our families. This is but a snapshot of all the things that Congress, the Administration, and state legislators must do to right historical wrongs and address institutional racism, anti-Blackness, and white supremacy that continues to cripple our nation and is literally killing Black people.

It is our hope that the U.S. Congress will receive and embrace these recommendations and work with us in partnership to make the necessary legislative changes so that Black women, femmes, girls, and gender-expansive people can live in full autonomy to achieve full economic, political, and cultural freedom.

In Solidarity,



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Introduction: A Reproductive Justice Lens on Policy Change

As the foremothers of the Reproductive Justice movement, Black women know what it means to struggle for equality, social justice, and human rights.

In 1994, 12 Black women came together to discuss the implications of a plan for universal health care and the two-tiered health care system between Black and white that existed in the U.S. We advanced a sexual and reproductive justice agenda that offered an intersectional analysis on the unique concerns and lived experiences of women of color, especially Black women, who face extensive health disparities like higher rates of infant and maternal mortality and morbidity, breast cancer, fibroids, intimate partner violence, and HIV/AIDS and other sexually transmitted infections (STIs).

We called for a health care plan that 1) was comprehensive; 2) included universal coverage and access; and 3) provided protection from discriminatory practices that deny health care based on race, class, gender, or sexual orientation. Finally, we demanded that Black women be represented on local, state, and national bodies involved in the planning, review, and decision-making processes about health care reform.

Black women coined the phrase "Reproductive Justice (RJ)" from the concepts of reproductive rights, social justice, and human rights as a way of centering the specific lived experiences of Black women. Grounded in a human rights framework and Black feminist theory, Reproductive Justice affirms the following four human rights values: 1) the right to not have a child; 2) the right to have a child; 3) the right to the social and economic supports to parent the child(ren) one already has, free from varying forms of interpersonal, community, and/or state-based violence; and 4) the right to sexual expression and sexual pleasure.[1] These four values also lay out the obligations of governments and society to ensure conditions exist for each individual to realize these RJ values.

Reproductive Justice sheds light on the multiple combined forms of oppression that contribute to the reproductive oppression of women of color. At the heart of RJ theory is the fact that interlocking systems of oppression (i.e., race, class, gender, etc.) make up the lives of women of color. These interlocking systems create a complex, integrative form of sexual and reproductive oppression that is the control and exploitation of women, femmes, girls, gender-expansive individuals, and others through their bodies, sexuality, labor, and/or reproduction.[2]

In this current moment of health, socio-economic, civil, and political crisis, Black women are again calling upon U.S. policymakers to affirm our human rights by implementing policies that enable us to achieve and maintain optimum mental, physical, and economic health for ourselves, our families, and our communities.

The novel coronavirus (COVID-19), economic downturn, and long-standing systemic racism have placed Black women, femmes, and gender-expansive individuals at the confluence of a triple pandemic. Many of us are frontline workers and first responders, placing our lives on the line to help care for the millions of people in the U.S. who have been infected with COVID-19. At the same time, we are risking our families' lives because we must remain employed to pay for housing, keep food on the table, and provide for some semblance of normalcy in our households. Many of us have lost loved ones to COVID-19 or have even been infected with the virus ourselves. But we still show up to care for the least of those, the sick, and the dying because we care about our fellow human beings.

Despite our commitment to caring for humanity, the very government for whom we place our lives on the line, time and again has shown us that Black lives have never mattered—as is evidenced by the police killings of unarmed Black men and women, such as George Floyd,

Reproductive Justice sheds light on the multiple combined forms of oppression that contribute to the reproductive oppression of women of color.

This Agenda presents proactive policy solutions grounded in a human rights and Black feminist theory framework, which we believe provide a clearer view of the lived experiences of Black women, femmes, girls, and gender-expansive individuals in the U.S.

Breonna Taylor, Elijah McClain, and far too many others to name, and without the semblance of justice. Data from the databases of Mapping Police Violence and *The Washington Post* show that police killed at least one Black woman or man each week in 2020 alone.[3] The peaceful protests regarding these deaths were met with "brute force, …cracked skulls and mass arrest"[4] and additional violence from the former administration and from police departments.

Twenty-six years after the founding of the Reproductive Justice movement, Black women, femmes, girls, and gender-expansive individuals in the U.S. still bear the brunt of health disparities, economic inequality, and challenges in accessing vital health care services. For example, an estimated 700 deaths occur each year from pregnancy-related complications. Pregnancy-related mortality is defined as death of the mother during pregnancy, delivery, or within one year postpartum. Black women are more than three times as likely to die as a result of pregnancy-related causes than white women.[5] While infertility affects an estimated 12 percent of women of childbearing age in the U.S., Black women experience infertility rates at more than double that rate.[6]

Black women, femmes, and gender-expansive individuals face unemployment discrimination, over-representation in poorly paid jobs, and a race-gender wage gap. The economic impact of the COVID-19 pandemic has meant that Black women and their families face a greater risk of financial insecurity—"as breadwinners, they are overrepresented among workers losing their jobs and as essential workers they are risking their health and safety for minimum wage."[7]

Too often, policies are formulated and written into law without a full understanding of how the policies may impact the everyday life of real people. As part of our fight for Reproductive Justice for all women, femmes, girls, and gender-expansive individuals, more than 30 Black women's organizations and RJ activists created this *Black Reproductive Justice Policy Agenda.* The Agenda presents proactive policy solutions grounded in a human rights and Black feminist theory framework, which we believe provide a clearer view of the lived experiences of Black women, femmes, girls, and gender-expansive individuals in the U.S.

This is not a comprehensive list of all the factors that impact the sexual and reproductive wellbeing of Black women, femmes, girls, and gender-expansive individuals, or all the possible legislative remedies needed to improve lived experiences. It does however provide a baseline for Congress and legislators to consider in efforts to address gender and race discrimination and disparities.

As Black Reproductive Justice advocates, we approach this work rooted in the human right to control our bodies, our sexuality, our gender, our work, our sexual pleasure, and our reproduction—as well as our belief that this right can only be achieved when all women, femmes, girls, and gender-expansive individuals have the complete economic, social, and political power and resources to make healthy decisions in all areas of our lives, including our bodies, our families, and our communities. In addressing the various issues in the *Black Reproductive Justice Policy Agenda*, we incorporated the intersections of race, gender, class, sexual orientation, and gender identity within the situational impacts of economics, politics, and culture that make up the lived experiences of Black women, femmes, girls, and gender-expansive individuals in America.

Throughout the document, we use gender-expansive to describe all non-cisgender individuals because each person defines their identity differently. "It is imperative that we expand our understanding of terms and definitions to accommodate everyone's individual experience and self-identification process."[8]

Sexual & Reproductive Health

Reproductive Justice is a fundamental human right that supports all women, femmes, girls, and gender-expansive individuals, in all their identities, and allows them to make and direct their own sexual and reproductive health decisions. To ensure this right, policymakers must recognize and remedy the transgenerational racism, inhumanity, and inequality of access to information, services, and support that has historically endangered—and continues to affect—marginalized women. From state-sponsored sterilization programs across 32 states in the 20th century to the present day's staggering maternal and infant mortality rates, Black women, femmes, girls, and gender-expansive individuals have borne a significant burden of poor health outcomes resulting from racial inequities.

This section examines key sexual and reproductive health issues that impact the health and well-being of Black women, femmes, girls, and gender-expansive individuals: maternal health, maternal health for incarcerated individuals, contraceptive equity and reproductive health care, access to abortion care, sexual health education, chronic health conditions, reproductive cancers, mental health, and assisted reproductive technology and genetic engineering.

For each of the key areas, we provide policy recommendations for Congress and legislative officials.

Reproductive Justice can only be achieved when Black women, femmes, girls, and gender-expansive individuals can experience pregnancy and childbirth without endangering our lives.

Reproductive Justice can only be achieved when Black women, femmes, girls, and gender-expansive individuals can experience pregnancy and childbirth without endangering our lives. Yet, Black birthing people have unacceptably poor outcomes in the U.S—including staggering rates of death related to pregnancy and childbirth. At the heart of America's maternal health crisis is a woefully fragmented health care system that perpetuates vast racial disparities in both maternal and infant morbidity and mortality.

The United States' overall rate—17.3 maternal deaths per 100,000 live births—is cause for alarm, since it is the highest among high-resource countries.[9] It is important to note, however, that not all women face the same risks.

Black women have the highest rates of maternal mortality in the country, and are two-to-three times more likely to die of pregnancy- and childbirth-related causes than women of other races and ethnicities.[10] Black newborns also have worse outcomes than their counterparts: they face the highest rate of infant death compared to all other races/ethnicities, with more than double the rate of white babies' mortality.[11]

Structural racism and the resulting biased health care system contribute to Black birthing people's poor health outcomes, including maternal mortality. Black birthing people face systemic barriers that include racism, sexism, and income inequality that result in lower wages and accumulated wealth. As a result, too often, we have to choose between essential resources like safe housing, child care, food, and medical care.

Black birthing people are also more likely to be uninsured, face greater financial barriers to health care services, and have less access to timely prenatal care. Additionally, Black women experience higher rates of many preventable diseases and chronic health conditions—including diabetes, hypertension, obesity, and cardiovascular disease—that harm maternal and infant health outcomes.[12]

Research points to substandard care at hospitals, driven by anti-Black racism and discrimination, as another critical driver of disparities across the care continuum. These include overt acts of interpersonal discrimination. On a broader level, implicit biases, stereotypes, and institutional and structural discrimination harm Black birthing people and their families. The inequities and exposure to racism that Black people experience throughout their lives, including while seeking health care, increases health risks and drives racial disparities in preventable maternal and infant deaths.

The impact of this structural racism is clearly indicated by findings about what happens when newborn Black babies are cared for by Black doctors. When Black babies are treated by Black providers (e.g., pediatricians, neonatologists, family practitioners), their mortality rate, compared to white newborns, is halved.[13]

Achieving better outcomes for Black women, birthing people, and their babies requires a commitment to birth justice. As defined by Ancient Song Doula Services:

Birth justice is achieved when individuals are able to make informed decisions during pregnancy, childbirth, and postpartum, that is free from racism, discrimination of gender identity, and implicit bias. Birth justice requires that individuals fully enjoy their human rights regarding reproductive and childbirth-related health decisions, without fear of coercion, including coercion to submit to medical interventions, reprisal for refusal of care, and/or face the threat of inadequate medical care. Birth justice centers the intersectional and structural needs of individuals and communities.[14]

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POLICY RECOMMENDATIONS

Reducing racial/ethnic disparities in maternal and infant health require multi-faceted, comprehensive, and holistic solutions to address the root causes of structural racism and gender oppression. Policy solutions to the maternal and infant mortality crisis must be grounded in an awareness of racism's impact, and in social justice frameworks that are intentionally designed to address these power imbalances.

- ***Establish a Federal Office of Sexual and Reproductive Health and Wellbeing***

To fully address racial/ethnic health disparities, a comprehensive and holistic approach to sexual and reproductive health must be prioritized at all levels of government. An Office of Sexual and Reproductive Health and Wellbeing (OSRHW) should be established and located at the White House. It should have the authority to inform, lead, and provide guidance for regulations that center the sexual and reproductive needs of marginalized individuals and communities. This authority cannot and should not be limited to one single entity, but must engage all agencies to ensure health equity and the human right to health care.

- ***Increase funding for doulas and midwifery care in federal healthcare programs***

Doulas provide non-medical physical and emotional support to birthing people that is effective in reducing stress and achieving better outcomes.[15] Midwives are qualified medical practitioners who can deliver babies. Engagement of doulas and/or midwives during pregnancy and childbirth can help address Black maternal and infant mortality. These supports are, however, under-utilized by the health care system, and under-compensated by coverage systems. Moreover, doula training and education programs are not adequately supported on either the community or national levels.[16] Increased access to doula and midwifery services can help address the needs of all birthing people—particularly those from underserved and low-income communities, communities of color, and communities facing linguistic and/or cultural barriers.

- ***Support and fund an epidemiological infrastructure that accurately tabulates morbidity and mortality across all states and U.S. territories***

Congress should create a Task Force or Maternal Mortality Review Board to provide guidance and oversight for states and U.S. territories. Specifically, states and territories should be required to collect and disseminate maternal mortality and morbidity data that are disaggregated by race and ethnicity.[17] The Congressional Task Force can use this information to better understand the specific groups that are at heightened risk, implement programs to reduce those risks, and address racially discriminatory policies and regulations.

- ***Pass legislation that guarantees comprehensive, holistic maternity care for a minimum of one year postpartum***[18]

Medicaid covers almost half of all U.S. births (42%) and two-thirds (66%) of Black births. This public insurance program also supports access to care during the prenatal period and for the first 60-days postpartum.[19] After that, however, coverage depends on state policy and can vary widely—particularly in states that did not expand Medicaid as part of the ACA.

- ***Fund programs that ensure anti-Black racism as well as diversity and cultural competency training for health care and medical professionals***

To ensure that all individuals can access health care that is timely, respectful, and culturally relevant, the U.S. should strive to expand the diversity of medical professionals. In addition, legislators should mandate diversity and cultural competency training provided via medical school, board exams, and CME credits. Training based on patient-centered and trauma-informed care includes Critical Race Theory to address implicit bias. Until true culture change occurs, it will be necessary to incentivize cultural sensitivity training for medical providers. Federal funding should support training to address and eradicate medical bias against Black individuals, including stereotypes that result in providers not believing Black patients who say they are experiencing pain, not providing full information to prevent illness, and not offering the best treatment possible.

- ***Implement monthly financial supplements or universal incomes for low-income pregnant people***

Guaranteeing a monthly income will ensure that Black birthing people have the resources needed to receive prenatal care and secure safe and appropriate housing, food, and support services needed to maintain a healthy pregnancy.

- ***Remove cost-sharing for preconception care; labor-, delivery-, and pregnancy-related labs; mental health; and postpartum visits***

To reduce Black maternal mortality rates all barriers to health care before, during, and after childbirth must be removed. Medical costs can be a significant source of stress and strain for pregnant persons and new parents, and come at time when they can least afford mounting debt. Removing cost-sharing could make all the difference for a low-income person.

- ***End coercive, non-consensual drug testing and criminalization of substance use for patients, including pregnant people***

Laws that limit pregnant people's autonomy and penalize them for substance use while pregnant harm Black birthing people and their families. Criminalization is not only discriminatory in practice but also physically and emotionally harmful for both the pregnant person and the baby.[20] Instead, legislators should strive to provide funding for effective treatment for substance use (including opioid use disorder).

- ***The Black Maternal Health Momnibus Act***

The collection of 12 pieces of legislation was reintroduced in the 117th Congress by Representative Lauren Underwood (D-IL), Representative Alma Adams (D-NC), and Senator Cory Booker (D-NJ), and the Black Maternal Health Caucus. The Act seeks to comprehensively address the myriad issues and factors that contribute to the Black maternal health crisis. Its passage will be a critical step toward addressing the systemic and structural racism that contributes to health disparities driving the national maternal mortality crisis.

- ***Mommies Act***

Congress should require a 12-month postpartum coverage expansion for all birthing people, as specified in the MOMMIES Act just reintroduced in 2021. Doing so will have significant benefits for women's health, and expand services for pregnancy-related complications, chronic conditions, family planning, and mental health needs.[21]

- ***Pregnant Workers Fairness Act***

Introduced in 2019 by Representative Jerrald Nadler (D-NY) this legislation seeks to eliminate discrimination and promote women's health and economic security by ensuring reasonable workplace accommodations for workers whose ability to perform their job functions are limited by pregnancy, childbirth, or a related medical condition.

PERSONAL STORY

Access to Care: "M" is a Black trans, masculine-presenting individual who lives in Philadelphia, PA. Their first pregnancy ended in abortion, which was not really their choice. The father of the baby was not in the picture. When M found out they were pregnant again, they filed for unemployment, WIC, and Medicaid, in an effort to mend the gaps in accessing care they experienced during the first pregnancy. They did not get prenatal care until they were about three months pregnant. Although they were receiving care at a teaching hospital and research facility, they did not feel supported, stating: "I felt like a burden, it was like an ER visit." They did not receive any counseling, resources, therapy, Lamaze, baby clinics, etc.

Without support from the baby's father, they chose to move to a women's home until six months after giving birth. At the women's home, M learned about baby massage class and relearned self-care. They said, "Mothers need to be: Safe, Educated, and Supported." M's interactions with the doctors were very brief and clinical, and they were induced before they received the epidural. As soon they were induced, they felt all the pain that they had never had leading up to labor. The baby was preterm and needed to stay in the NICU. Immediately after birth, M was given Depo-Provera, but the doctors did not provide informed consent or clarify why M needed birth control. M bled for six months after giving birth and thinks it was due to the Depo-Provera, noting "It was a hormone that my body didn't want." Although M and the baby faced many challenges leading up to birth, having the shelter experience supported them to begin a new chapter as a Black transmasculine single parent. For more information about M's journey visit https://www.natalstories.com/blog (episode 3).

MATERNAL HEALTH CARE FOR INCARCERATED BLACK PEOPLE

Reproductive Justice includes the right to access high-quality health care, including maternal health care for pregnant people who are incarcerated. Although the U.S. spends more on health care than any other country, our maternal health outcomes are among the worst on the planet. But not all women in America face the same risks: Black women face greater dangers. For incarcerated Black birthing people the dangers are even more dire.

A small but growing body of research suggests that mass incarceration is one driver of persistent health disparities—including higher rates of Black maternal mortality.[22] The combination of structural racism and exposure to the toxic stress of mass incarceration exacerbates the risks to maternal and reproductive health in general, and to safe and healthy pregnancies, specifically.

According to the U.S. Bureau of Justice Statistics, Black women are almost twice as likely to be incarcerated as white women.[23] Black girls and other girls of color, similarly, are incarcerated at a rate almost three and a half times that of white girls. And, Black women, femmes, girls, and gender-expansive individuals are more likely to serve longer sentences for the same crimes, and to experience punitive treatment, gender-based violence, abuse and neglect during their incarceration. This is the new era of Jim Crow that affects Black women in America.

These experiences all increase stress and trauma that is extremely dangerous to pregnant people. For this reason, pregnant Black women, femmes, girls, and gender-expansive individuals who are incarcerated are among the most vulnerable in the "justice" system. Although prisons are constitutionally required to provide medical care, the environment is not one that promotes wellness. The criminal justice system was not designed to adequately support individual health needs, including access to maternal health care.

Nearly four percent of women are pregnant when they enter the carceral system.[24] Evidence suggests that pregnant, incarcerated Black women, femmes, and gender non-conforming people do not receive adequate, comprehensive reproductive and maternal health care. This includes both prenatal care and opportunities to breastfeed and bond with their babies during the postpartum period. They also continue to be inhumanely shackled during pregnancy and childbirth, despite numerous recommendations and policies against this barbaric practice.

In addition, more than three-quarters of the women involved with the U.S. criminal justice system (79%) are mothers of young children.[25] Programs that seek to keep families together—and as geographically close as possible during incarceration—provide families with much-needed opportunities to establish and sustain familial ties, thereby reducing future interaction with the justice system.

The combination of structural racism and exposure to the toxic stress of mass incarceration exacerbates the risks to maternal and reproductive health in general, and to safe and healthy pregnancies, specifically.

POLICY RECOMMENDATIONS

The federal government has fallen short in setting and enforcing comprehensive, trauma-informed standards of care and treatment for pregnant, incarcerated people. Changes must be implemented and coordinated at all levels of criminal justice systems that impact the lives of Black women, femmes, girls, and gender-expansive individuals. Congress needs to take seriously the urgent need to protect the full spectrum of reproductive health care for those within the carceral system, including the lives of those who are incarcerated.

- ***Establish trauma- and Reproductive Justice-informed federally mandated health care services in public and private jails and prisons***

Congress should create laws to enforce adherence to a minimum standard of gender-affirming health care services for pregnant detainees that include strict documentation, oversight, transparency, and reporting. Such care must include prenatal care, mental health care, and substance use treatment, reproductive health services (i.e., abortion, contraception, counseling, menstrual products), screening and treatment for STIs, wrap-around case management, and regular OB-GYN care. It should also eliminate the use of shackles, restraints, tasers, and violent force against pregnant people.

- ***Reduce the budget for construction of new federal prisons***

The Biden Administration has ordered the DoJ to end contracts with private prisons.[26] Congress should eliminate funding for the construction of new prisons. Funds should be redirected for federally funded diversion initiatives and workforce development programs, as well as maternal and mental health supports for incarcerated people, families and care-givers.

- ***No Money Bail Act***

Last introduced in 2019 by Representative Ted Lieu (D-CA), this legislation would end the use of secure bonds in federal criminal proceedings. It would also withhold funding from states that continue to use pretrial money bails systems and require more research around alternative reforms to eliminate racially unjust detention rates.

- ***Dignity Act***

Last introduced in 2017 by Senator Cory Booker (D-NJ), this legislation would amend the federal Criminal Code to establish requirements for the treatment of prisoners, similar to the Pathway to Parenting Act of 2018 (H.R.5575) introduced by Representative Scott Taylor (R-VA). It would mandate that the U.S. Bureau of Prisons must place prisoners as close to their children as possible and provide free video conferencing, parenting resources, and family visitation. It would pilot an overnight visitation program for incarcerated parents who are primary caretakers for their families. The Act would establish federal requirements for the provision of trauma-informed care in prisons (including residential substance use treatment for pregnant prisoners or prisoners who are primary caretaker parents) and mandate access to free menstrual products.

- ***Pregnant Women In Custody Act***

Last introduced in 2020 by Representative Karen Bass (DA-CA), this legislation would set and strengthen minimum health care standards for pregnant women and newborns in custody. It would prohibit the use of restraints or restrictive housing on incarcerated individuals who are pregnant or have given birth in the last eight weeks. It would establish minimum health care standards for pregnant women and newborns in federal custody. It would collect data on incarcerated pregnant women's mental and physical health (including during the postpartum period) to improve treatment and care. It would direct the DoJ, in consultation with the Secretary of HHS, to fund state and local training and technical assistance programs to ensure adherence to federal standards and improve treatment of prisoners..

- ***Justice for Incarcerated Moms Act***

Reintroduced in 2021 by Representative Ayanna Pressley, and Senators Cory Booker (D-NJ), Dick Durbin (D-IL), and Mazie K. Hirono (D-HI), this legislation would create a comprehensive study to understand the full scope of the maternal and infant health crisis among incarcerated people. It would fund maternal health programs, including access to doulas, healthy food, mental health services, substance use counseling, and improved visitation policies. It would support primary caretaker diversion programs as alternatives to incarceration for individuals who are pregnant and/or the primary caretakers of minors. And, it would incentivize states to enact anti-shackling laws.

CONTRACEPTIVE EQUITY & REPRODUCTIVE HEALTH CARE

Reproductive Justice can only be achieved when Black women, femmes, girls, and gender-expansive individuals have the "economic, social and political power, and resources"[27] to make important personal decisions about whether, and when, to have children. Yet, access to family planning services and contraceptive use have a long, ongoing history of reproductive oppression in this country.

From the nation's founding, control and exploitation of Black women's bodies played a critical role in maintaining slavery through rape and forced childbearing. Efforts to control and exploit Black women continued through the eugenics movement (which restricted the reproductive rights of the most marginalized communities to achieve population control) and sterilization policies and practices that targeted marginalized groups (including women of color, low-income women, immigrant women, women with disabilities, and incarcerated women).[28]

The ability of Black women, femmes, girls, and gender-expansive individuals to exercise self-determination—in all areas, not only our reproductive lives—is impacted by the history of reproductive oppression and by inequities that exist in our politics, institutions, economics, environments, and culture. Reproductive Justice addresses these inequities by using an intersectional critical analysis to highlight and address systemic inequalities that impact access to reproductive health services and maintenance of bodily autonomy.[29]

Issues of self-determination are particularly relevant with respect to contraception and planning for a family. Access to effective contraception has had enormous benefits to women's health worldwide, and reduced the number of unintended pregnancies, high-risk pregnancies, and maternal and infant deaths. Additionally, contraception has been proven an effective option for addressing fibroids, minimizing endometriosis-related pain, and preventing ovarian cysts. Contraception has numerous benefits for Black women, femmes, girls, and gender-expansive individuals' ability to improve personal health, economic stability, and educational outcomes.[30]

Yet, reproductive oppression persists. Black women, femmes, girls, and gender-expansive individuals continue to face provider bias about recommended family planning services, coercion about contraceptive choices and services, and an inability to access the full range of contraceptives. Bias, discrimination, and stigma are still—regrettably—a factor for those who seek contraception and reproductive health services.

Too often, women of color are subtly—or not so subtly—encouraged to choose a long-acting reversible contraception (LARC), and then face challenges in ending their use of such methods. For example, women may be encouraged to get an intrauterine device (IUD), but then not be able to get their IUD removed when they want it to be.[31] Providers must trust Black women to make the best decisions and not assume they know what's best for us.[32]

The flip side is a lack of equitable access to services. Many women who lack economic power and, therefore, rely on public insurance have trouble accessing care, including reproductive health care and contraception services.[33] Approximately 21 million people rely on publicly funded family planning services, 3.7 million of whom are Black.[34] One in four Black women, and approximately 52% of Black girls under age 17, use Medicaid to cover their health care costs.[35]

Public funding for family planning is provided by Medicaid (75% of funds), state sources (13%), and Title X of the Public Health Services Act (10%).[36] Title X, the only federal program devoted to family planning services, has been systematically dismantled or undermined.[37] As a result, there has been a 46 percent decrease in Medicaid, and state funds vary in terms of not only the services provided but also eligibility requirements. This has led to significant state-level variations and inconsistencies in ensuring race, gender, and socio-economic equity for contraceptive services as well as the Title X network's capacity to provide services.[38]

POLICY RECOMMENDATIONS

Policies to address this multifaceted problem must act intersectionality and address both barriers to access and the potential coercion of Black women, femmes, girls, and gender-expansive individuals who seek counseling to plan their families and contraception.

- ***Codify Title X family planning regulations***

Congress should ensure that the federal government provides a clear mandate that all people—regardless of their insurance coverage, employment, and/or immigration status—can access comprehensive family planning counseling and services. Congress should introduce legislation modeled after California's Family PACT program and cover contraception and reproductive health care services regardless of an individual's immigration status, race, religion, location, or other factors.

- ***Provide prescription contraceptives at no cost***

Black women, femmes, girls, and gender-expansive individuals need affordable access to the contraceptive method that best fits their own needs and requirements. Legislation to ensure that all family planning methods are equally affordable will increase the likelihood that individuals can access contraceptives and use them effectively.

Expand Medicaid's reimbursement for counseling about contraceptives

Medicaid regulations do not currently require providers to offer (and pay for) counseling about contraceptives. Because Medicaid is jointly funded and regulated by the states in partnership with the federal government, too many decisions about coverage for contraception are left up to the vagaries of state governments. Requiring coverage of complete contraceptive counseling will enable medical personnel to be paid for the time spent discussing contraceptive options.[39]

- ***Fund programs that combat anti-Black racism and expand diversity and cultural competency training for healthcare professionals***

To ensure that all individuals can access health care that is timely, respectful, and culturally relevant, legislators should expand medical professionals' diversity in general, and their access to diversity and cultural competency training, specifically. Such training should be mandatory and can be provided via medical school, board exams, and Continuing Medical Education (CME) credits. Training should be based on patient-centered and trauma-informed care, which includes Critical Race Theory to address implicit bias. Expansion and better training of providers can also help address and eradicate medical bias against Black individuals, including stereotypes that result in providers pressuring patients of color to adopt specific types of contraception over another and not presenting them with all the available options.

- ***Fund Federally Qualified Health Centers, Planned Parenthood, and other Title X providers to provide pregnancy, STI, and HIV testing***

Early identification of health conditions is necessary for the best outcomes, including in cases of pregnancy and STIs, including HIV/AIDS. Public funding for Federally Qualified Health Centers (FQHCs) and health clinics is vital for many Black women, femmes, girls, and gender-expansive individuals. These facilities must be funded at a level that ensures their ability to provide timely and comprehensive care to everyone who needs it.

- ***Access to Birth Control Act***

Introduced in 2019 by Representative Carolyn Maloney (D-NY) and Senator Cory Booker (D-NJ), this legislation would "establish duties for pharmacies to ensure provisions of Food and Drug Administration-approved contraception." Re-introducing and passing this legislation will improve access for the millions of who need family planning but live in "contraceptive deserts, or counties in which they lack reasonable access to a health center."[40]

- ***Access to Contraception Expansion for Veterans Act***

Introduced in 2020 by Representative Lauren Underwood (D-IL) and Senator Tammy Duckworth (D-IL), this legislation would improve veterans' access to family planning drugs and devices and their ability to use family planning consistently and effectively. It would provide clients with a full year's supply of contraception—rather than the three-month supply, which is the current standard.

ACCESS TO ABORTION CARE

Every person has the right to make fundamental decisions about how, when, and whether they have children and expand their family. For this reason, access to abortion care *is* Reproductive Justice, and unrestricted access to abortion services *must* be part of basic primary health care.

Abortion is a safe, legal, time-sensitive medical option. There are many reasons that a pregnant person might decide that abortion is their best option. We must trust Black women, femmes, girls, and gender-expansive individuals to make the personal decision that is best for themselves and their families. This right should not be infringed upon by the law. The only people who should *ever* be involved in decisions about abortion care should be the person seeking services, their trusted medical professional, and whoever the care-seeker may choose to include—not politicians.

Black women and girls account for more than one-third (38%) of all U.S. abortions, although they comprise just 13 percent of the population.[41] [42] Also, Black women are more likely to lack economic resources, to be unemployed and/or uninsured, and to be insured by programs that restrict coverage for abortion care.[43] [44] [45] [46] [47] [48]

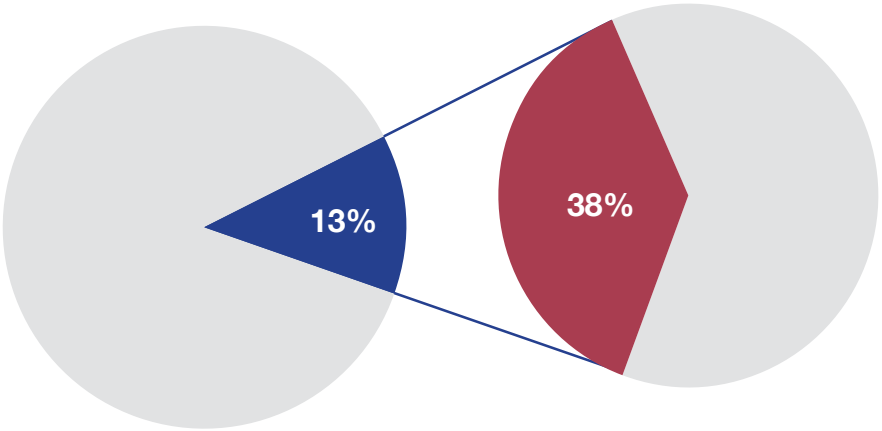
For example, the Affordable Care Act (ACA) does not require private insurance companies to cover abortion care; as a result, numerous states have enacted bans on abortion coverage for private insurers.[49] Only a handful of states require coverage of abortion care.[50]

More than ever anti-choice activists are succeeding in their efforts to systematically dismantle the abortion care system and erect barriers that make services inaccessible—particularly for people who lack economic means and/or high-quality insurance. Between 2011 and 2017, states enacted more than 400 medically unnecessary restrictions to curtail access to needed abortion care.[51] As a result of these draconian laws, the number of abortion providers is decreasing, especially in rural areas, and the vast majority of people (87%) now live in a county without a known abortion provider.[52]

Black women, femmes, girls, and gender-expansive individuals are being systematically denied the information and services they need to act in their own best interests.[53] This includes barriers to accessing health care (including abortion care) which centers on their bodily autonomy. Only once these barriers have been dismantled can we make advances in generational wealth and seize opportunities to grow and excel personally, socially, academically, and professionally.

Like most Americans, Black individuals support the right to choose. In a national survey, the majority (80%) of Black individuals said that abortion should "remain legal and women should be able to get safe abortions." Three-quarters (76%) agree that health insurance should cover abortion care.[54]

BLACK WOMEN AND GIRLS ACCOUNT FOR MORE THAN ONE-THIRD (38%) OF ALL U.S. ABORTIONS, ALTHOUGH THEY COMPRISE JUST 13 PERCENT OF THE POPULATION



POLICY RECOMMENDATIONS

Legislators and other elected officials must respect science, ethics, and public opinion, and undo medically unnecessary barriers to abortion care. Congress, policymakers, and the Biden-Harris administration must act to ensure that the right to abortion care is fully available to *all* people.[55]

- ***End all federal bans on abortion care coverage***

The Biden-Harris administration should revoke bans on abortion care affecting people who get their insurance from federal programs, including ACA exchanges. This includes reversing President Obama's Executive Order 13535, which reinforced a commitment to preserve the anti-choice Hyde Amendment, which prevents federal funds from being used for abortion care.

- ***Allow trained and licensed advance practice medical professionals to provide early abortion care***

There is significant need for more medical professionals who can provide abortion care, particularly in rural, predominantly Black and Brown, and/or economically challenged communities. Expanding the number of providers that can perform abortion services in pregnancy's early stages will improve outcomes for a large number of women.[56] Nurse practitioners, certified nurse midwives, physician assistants, and nurses should be allowed to provide this medically safe care.[57]

- ***Institute preclearance provisions for states and local governments with a history of restrictive and non-evidence-based reproductive policies***

This type of preclearance would require any law related to reproductive health, rights, or justice to be scrutinized and approved by a federal body before being implemented. It would function similar to Section 5 of the Voting Rights Act of 1965.[58] Preclearance should be required for states and local governments that have demonstrated a history of restrictive and medically flawed policies on abortion care.

- ***Prohibit the abuse of "religious freedom" to restrict and/or ban access to abortion care***

Religious or personal beliefs should never be allowed to impact or hamper personal decision-making about whether and when to continue a pregnancy. Federal legislation should not allow exemptions or accommodations based on religious "freedom." In addition, existing policy riders—which are designed to curtail reproductive health care—should be permanently repealed and blocked from being attached to annual federal appropriations (see the Religion and Reproductive Justice Freedom section).

- ***Remove all cost-sharing for abortion services***

Abortion is a safe, legal medical procedure, and should be affordable and accessible to everyone who needs this type of care. Yet, some individuals face challenges in getting the health care they need, when they need it. According to the National Financial Capability Study, nearly "one in three Black Americans aged 18 to 64 has past-due medical bills."[59] To fully address systemic health disparities and economic inequity, health care costs should not be transferred to anyone seeking services, including for abortion care.

- ***Eliminate funding for crisis pregnancy centers***

Pregnant individuals need full and accurate information to make the best decisions for themselves and their families. Crisis pregnancy centers intentionally mislead clients, often by posing as legitimate and licensed medical centers, and provide them with inaccurate, non-scientific information and services in an attempt to manipulate people into maintaining a pregnancy.

In a national survey, the majority (80%) of Black individuals said that abortion should "remain legal and women should be able to get safe abortions."

- ***Stop Deceptive Advertising for Women's Healthcare Services Act***

Introduced in 2019 by Representative Carolyn Maloney (D-NY), this legislation would prevent unregulated and/or unlicensed entities or individuals (often calling themselves "crisis pregnancy centers") to use coercive or deceptive practices to pressure or dissuade people from accessing abortion care—including by using misleading advertisements and impersonating clinical professionals. The Act should be expanded to also prohibit health care providers from being forced to recite medically-unfounded, misleading, and false "information" to abortion patients, which is current law in several states.[60]

- ***Equal Access to Abortion Coverage in Health Insurance (EACH) Act***

Introduced in 2021 by Representatives Barbara Lee (D-CA), Jan Schakowsky (D-IL), Ayanna Pressley (D-MA) and Diana DeGette (D-CO) and Senators Tammy Duckworth (D-IL), Mazie Hirono (D-HI) and Patty Murray (D-WA), this legislation would allow low-income individuals to use their health care coverage (i.e., through ACA, Medicaid, Medicare, etc.) for all reproductive health services, including abortion care and contraception.

- ***Abortion is Health Care Everywhere Act***

Introduced in 2021 by Representative Jan Shakowsky (D-IL), this legislation would repeal the harmful Helms' Amendment and remove distinctions between providing abortion care versus other reproductive care in international aid programs.[61] Restrictions on the use of U.S. funds are rooted in colonialism, and are an example of using white supremacy to control the bodies and reproduction of Black and Brown people.[62] This Act would ensure that pregnant people have bodily autonomy and can seek reliable and effective care.[63]

- ***Women's Health Protection Act***

Introduced in 2021 by Representatives Judy Chu (D-CA) and Lois Frankel (D-FL) and by Senators Richard Blumenthal (D-CT) and Tammy Duckworth (D-IL), this legislation would preempt state efforts to limit access to reproductive health care through restrictions, regulations, or requirements that are medically unnecessary and/or create undue burdens on people seeking abortion care.[64]

The Affordable Care Act (ACA) does not require private insurance companies to cover abortion care; as a result, numerous states have enacted bans on abortion coverage for private insurers. Only a handful of states require coverage of abortion care.

SEXUAL HEALTH EDUCATION

Reproductive Justice can only be attained when Black women, femmes, girls, and gender-expansive individuals have the sexual health education they need to make positive and informed decisions about their lives and activities. Yet, throughout the nation's history, Black women, femmes, girls, and gender-expansive individuals' sexuality has been stolen, denied, objectified, and over-sexualized in unhealthy and toxic ways.

The Trump-Pence administration and a complicit Congress actively opposed both sexual health education and the provision of reproductive and sexual health resources and services to young people. This hostility reflects systemic racism and the withholding of needed information and resources for Black women, femmes, girls, and gender-expansive individuals, contributing to health disparities and misconceptions regarding safety in relationships, self-esteem and sexuality. As just one example, 72 percent of Black youth surveyed believe the media sends the message that sex appeal is Black females' most important quality.[65]

Sexual health education must include information and strategies to address social pressures; foster self-esteem; build skills to hold conversations with potential partners; and address the stigma that impacts decision-making processes on the part of Black women, femmes, girls, and gender-expansive individuals.

An indicator of the pressing need for sexual health education is Black youth's disproportionate risk of experiencing unintended pregnancy and STIs, including HIV, the virus that causes AIDS. These risks are caused by structural racism and inequalities that lead to poor social determinants of health.

Teen pregnancy rates have fallen dramatically for girls of all races and ethnicities (from 1991 to 2013 the rate fell 66 percent for 15-to-19-year-old Black girls).[66] Nonetheless, Black girls are more than twice as likely to become pregnant before age 19, compared to white girls.[67] And, while teen birth rates declined 41 percent from 2006 to 2014,[68] Black teens' birth rate is more than twice that of white teens.[69]

Pregnant and parenting Black youth must be supported in making their own reproductive choices, including unfettered access to abortion, prenatal and post-partum care, and child care. They must have the same opportunities to continue their education and enter the workforce as youth who do not become pregnant or parents.

Black teens are also at higher risk of STIs including chlamydia, gonorrhea, and HIV. Compared to white girls aged 15-19, Black girls have chlamydia rates 4.5 times higher, and gonorrhea rates are 8.8 times higher.[70] More than one-third (34%) of all HIV infections occur among Black youth aged 13 to 24.[71] Black girls in this age range have a rate of new HIV infections that is 6 times higher than Hispanic girls, and 20 times higher than white girls. Most Black girls' HIV infections are from heterosexual sex.[72]

Sexual health education is a catalyst to the information and empowerment needed to navigate if, when, and how to engage in safe and consensual sexual activity.[73] Sexual health education that is comprehensive, medically accurate, and culturally sensitive is effective at reducing reproductive and sexual health disparities and enabling people to get the tools and information needed to make the best decisions about our own bodies.[74] Evidence-based programs promote agency and help delay initiation of sexual activity; reduce rates of unintended pregnancies and STIs; and increase the use of more effective forms of contraception.[75]

An indicator of the pressing need for sexual health education is Black youth's disproportionate risk of experiencing unintended pregnancy and STIs, including HIV, the virus that causes AIDS.

POLICY RECOMMENDATIONS

Congress should support programs that provide comprehensive sexual health education that includes content on physical development, sexuality, contraception, STI/HIV, pregnancy prevention, informed decision-making, gender identity and expression, gender-based violence, and sexual orientation.[76] Programs should also address changes that occur across the lifespan and pay attention to both intersectionality and social determinants of health.

- ***Prevent "religious freedom" from blocking access to comprehensive sexual health education***

Sex education for young people must be evidence-based to provide youth with the information and tools they need to achieve lifelong sexual health and well-being. Moral and religious interpretation should never be allowed to justify withholding medically accurate information that can preserve the health and well-being of young people (see the Religion and Reproductive Justice Freedom section).

- ***Increase funding for the Teen Pregnancy Prevention Program***

Congress should expand the Teen Pregnancy Prevention Program (TPPP) by diverting funds from grants that promote ineffective and harmful abstinence-only programs.[77] The TPPP funds medically-accurate and age-appropriate programs to reduce teen pregnancy. Funding should be increased to $150 million in order to restore implementation of evidence-based programming and serve approximately 125,000 additional youth.[78]

- ***Expand funding for increased sexual and reproductive health education for vulnerable populations***

The Personal Responsibility Education Program (PREP) is authorized through the ACA, and focuses on youth at increased risk of teen pregnancy, especially those facing challenges in accessing comprehensive sexual health education (i.e., youth who live in foster care, are homeless, are living with HIV/AIDS, pregnant and parenting).[79] Congress should allocate more funding for the PREP program, specifically for vulnerable populations.

- ***Real Education for Healthy Youth Act***

Introduced in 2021 by Representatives Barbara Lee (D-CA) and Rep. Alma Adams (D-NC) and Senators Cory Booker (D-NJ) and Mazie Hirono (D-H), this legislation affirms the right for young people to have access to medically accurate, inclusive, and comprehensive sexual education. It would provide needed investments for youth sexual education programs and help underserved young people connect to sexual education services.

- ***PrEP Access and Coverage Act***

Introduced in 2019 by Representative Adam Schiff (D-CA) and then-Senator Kamala Harris (D-CA), this legislation would expand access to and coverage of pre-exposure prophylaxis (PrEP) medication, which is effective at significantly reducing HIV transmission.

Reproductive Justice can only be achieved when Black women, femmes, girls, and gender-expansive individuals no longer experience disproportionate rates of health conditions that adversely impact our lives and lead to early death.

Systemic institutional racism leads to health disparities—particularly when it comes to chronic conditions. Lack of access to health care, receipt of lower-quality care, and high rates of daily stress—including the stress of racial and gender discrimination—increase Black women's, femmes', girls', and gender-expansive individuals' susceptibility to preventable and treatable chronic health conditions.

Black women, femmes, girls, and gender-expansive individuals suffer from alarming and dangerous rates of chronic health conditions, including cardiovascular disease (CVD), diabetes, obesity, and overweight. These health conditions directly impact our reproductive health and autonomy, as well as quality of life and well-being. In some high-poverty localities, excess mortality rates increased among Black women residents between 1990 and 2000, largely due to deaths attributed to chronic disease.[80] [81]

In fact, the federal Study of Women's Health Across the Nation (SWAN) suggests that Black women aged 49–55 are 7.5 years older, biologically speaking, than white women.[82] Perceived stress and poverty account for more than one-quarter (27%) of this difference.[83]

Beyond increased susceptibility, Black individuals have worse outcomes because they are less likely to seek preventive services. This reluctance is likely driven, in part by lack of access, lack of trust in medical professionals, and/or by experiences with discrimination and/or bias from white providers. Black individuals have better outcomes, and experience less pain, when they receive services from a doctor who is a person of color.[84] [85] [86]

Cardiovascular Diseases

Cardiovascular disease (CVD) is the term for the diseases that affect the heart and its blood vessels; CVD includes heart disease, including clogged arteries, which cause heart attacks; strokes; congenital heart defects; and peripheral artery disease.[87]

Heart disease is the leading cause of death for men and women in the U.S., and stroke is the fifth-leading cause of death.[88] According to the American Heart Association (AHA), Black adults are 32 percent more likely to die from CVD, and more than twice as likely to die from heart disease, than individuals of other races/ethnicities.[89] [90]

Black women have a three-fold greater risk of developing CVD than other Americans.[91] Almost half (49%) of all Black women aged 20 and older have heart disease,[92] yet only one-fifth of Black women know that they might personally be at risk.[93] Heart disease is the leading cause of death among Black women, and stroke is the third-leading cause.[94] Cardiovascular complications are also the leading cause of Black women's pregnancy-related deaths.

These higher risks have multiple causes. CVD and heart disease's major risk factors disproportionately impact Black women, femmes, girls, and gender-expansive individuals—including high rates of chronic conditions such as hypertension, diabetes, obesity, and overweight.[95] [96]

Lack of access to health care, receipt of lower-quality care, and high rates of daily stress—including the stress of racial and gender discrimination—increase Black women's, femmes', girls', and gender-expansive individuals' susceptibility to preventable and treatable chronic health conditions.

Hypertension

Hypertension, also called "high blood pressure," is one of the leading risks for CVD.[97] Black women develop high blood pressure at earlier ages, and have higher average blood pressures, compared to white women.[98] By age 55, three-quarters (75.7%) of Black women have developed high blood pressure.[99] Black women are 60 percent more likely to have hypertension compared to white women. Hypertension is the tenth-leading cause of death for Black women.[100]

Diabetes

The Black community is at high risk for diabetes, which can lead to multiple severe health problems, including CVD, end stage renal disease, and retinopathy. Compared to those of other races and ethnicities, Black individuals are more likely to be diagnosed with diabetes, to be hospitalized for lower limb amputations due to complications of diabetes, and to die from diabetes.[101] Black women are almost twice as likely to be diagnosed with diabetes than white women, and more than twice as likely to die from diabetes.[102] Diabetes is the fourth-leading cause of death for Black women.[103]

Obesity & Overweight

Obesity and overweight are complicated medical conditions with a wide range of causes, including lack of access to healthy food, opportunities for physical activity, and high-quality health care, including nutritional services and mental health services. The conditions can lead to a variety of negative health outcomes, including high rates of hypertension, bad cholesterol, diabetes, and CVD.[104] [105] Black women have the highest rates of obesity and overweight in the U.S,[106] with 80 percent experiencing these conditions.[107] [108] Black women are 50 percent more likely to be obese than white women.[109]

POLICY RECOMMENDATIONS

Chronic health conditions are influenced and/or driven by social determinants of health, "the circumstances in which people are born, grow, live, work, and age, and the systems put in place to deal with illness."[110] [111] Systemic racism, persistent stress, and the resulting social determinants of health are literally killing Black women, femmes, girls, and gender-expansive individuals.

- ***Ensure health care coverage for all people regardless of pre-existing conditions***

Everyone needs access to comprehensive, affordable, and high-quality health care.[112] Having good health care is a major protective factor for many chronic health conditions and their outcomes, including CVD, hypertension, diabetes, and obesity.[113] Congress should expand the ACA and include the public option provision to ensure that all Americans can access free or minimal-cost insurance and be able to get timely, high-quality preventive and treatment services, including medications.[114] Health care coverage is a right—not privilege.

- ***Increase funding for programs and education for Black women, femmes, girls, and gender-expansive individuals about chronic conditions' prevention, screening, and treatment***

Congress should increase funding for programs that specifically focus on chronic conditions that disproportionately impact women of color—including Black women, femmes, girls, and gender-expansive individuals. These include CVD, hypertension, diabetes, and obesity. Funding should support programs in a variety of settings (i.e., educational facilities, workplaces, community centers, faith-based organizations). Programs should promote healthy decision-making, such as getting enough physical exercise, not smoking, and eating a nutritious diet. These programs have the potential to lower the risk of chronic conditions among Black women, girls, and gender-expansive individuals.

- ***Stabilize costs for insulin and other medications to treat chronic conditions***

Even for those with insurance, the rising costs of medications for chronic conditions is a life-threatening danger—this is particularly true for insulin, which is necessary to treat diabetes. The most common types of insulin cost 10 times more in the U.S. than in other high-resource countries, and costs have risen faster than the rate of inflation.[115] Legislators should act immediately to cap and reduce the costs of life-saving medications, including insulin.

- ***Fund programs to address racism, diversity, and cultural competency for health care and medical professionals***

All individuals benefit from being able to access health care that is timely, respectful, and culturally relevant, competent care and services. To meet this goal, the U.S. should expand both medical professionals' diversity and access to diversity and cultural competency training provided via medical school, board exams, and Continuing Medical Education (CME) credits. Training should be based on patient-centered and trauma-informed care that includes Critical Race Theory to address implicit bias. Until true culture change occurs, cultural sensitivity training for medical providers must be mandatory. Federal funding should support training to address and eradicate medical bias against Black individuals, including stereotypes that result in providers disbelieving Black patients who are experiencing pain, providing incomplete information, and providing insufficient care and treatment.

- ***Increase federal funding for the identification and amelioration of health disparities, including those caused by social determinants of health***

As noted, many chronic health conditions are driven by social determinants of health—including poverty and lack of access to high-quality health insurance, nutritious food, opportunities for physical activity, and culturally competent health care providers. Congress should expand funding for research to identify and ameliorate disparities that exacerbate chronic conditions and drive poor health outcomes.

- ***Increase funding for investments in predominantly Black communities***

Congress should increase funding opportunities for community-based and led Black organizations that support health promotion and reduce chronic conditions. This should include incentives to encourage banks and other lenders to invest in and prioritize Black community-based entrepreneurs who want to invest in under-served, disadvantaged, and disenfranchised communities (i.e., supporting an entrepreneur who wants to start an affordable gym in an urban area).

- ***Chronic Condition Copay Elimination Act***

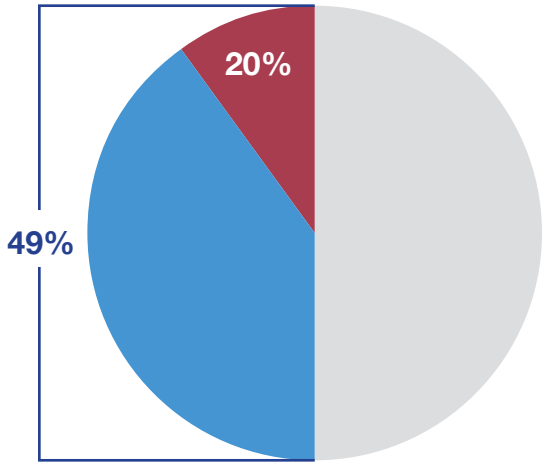
Introduced in 2019 by Representative Lauren Underwood (D-IL), this legislation would eliminate cost-sharing requirements for additional preventive care for individuals with chronic health conditions including co-pays, coinsurance, and deductible-related fees. This would reduce some of the financial barriers that inhibit Black women, girls, and gender-expansive individuals from accessing needed care in a timely manner.

PERSONAL STORY

In 2015, I went without a doctor visit for nearly a year due to scheduling issues with my physician, who partially worked out of the publicly funded hospital here in Atlanta, GA. I called to schedule appointments several times… not only was I rerouted several times but I also never spoke to the person I needed to and never received an appointment. I finally took an entire day off work to sit in the hospital for hours—only to finally be given an appointment for another day a month away. I missed two days off work to get my prescriptions, and was dangerously close to being out of my life-saving diabetes medication. It was finally discovered that I was being treated as such because it was assumed that I was using public insurance (Medicare/ Medicaid) because I was seeing my doctor at the public hospital. I had only chosen this location because it was closer to my home than his office on the other side of town.

Once it was established that I did indeed have private insurance, I was treated differently. This story highlights the disparity of care that happens to those who are publicly insured, and the need for other ways to access care, like telemedicine, to avoid missing out on needed medication and health care. All Americans deserve the access to affordable, competent, compassionate, and culturally sensitive health care. Unfortunately, many Black people living with diabetes often do not get it. We demand that our legislators take the necessary steps to help alleviate some of these disparities.

Almost half (49%) of all Black women aged 20 and older have heart disease, yet only one-fifth of Black women know that they might personally be at risk.



- ***Protecting Access to Post-COVID-19 Telehealth Act***

Introduced in 2021 by Representatives Mike Thompson (D-CA), Doris Matsui (D-CA), Peter Welch (D-VT), Bill Johnson (R-OH), and David Schweikert (R-AZ), this legislation would expand telemedicine regulations permanently. During the COVID-19 pandemic, the federal government expanded the ability of health care programs to use telemedicine for appointments and prescription renewals. Telemedicine is popular with both providers and patients because it eliminates barriers to care, including the lack of transportation or child care. The Act should be expanded to provide resources that improve access—especially for those who lack technological access, such as those who are low-income or who live in rural areas with limited broadband.

- ***Treat and Reduce Obesity Act***

Introduced in 2019 by Representative Ron Kind (D-WI) and Senator Bill Cassidy (R-LA), the Treat and Reduce Obesity Act would expand Medicare coverage to include obesity screening and treatment by a diverse range of health care providers.[116] The Act would also include coverage of FDA-approved medications for chronic weight management.[117]

- ***Allied Health Workforce Diversity Act***

Introduced in 2019 by Representative Bobby Rush (D-IL) and Senator Robert Casey (D-PA), this Act would ensure a diverse and inclusive health care workforce.[118] Programs to improve the healthcare workforce's diversity include low-interest grants, loan repayment programs, scholarships and fellowship.[119]

Federal funding should support training to address and eradicate medical bias against Black individuals, including stereotypes that result in providers disbelieving Black patients who are experiencing pain, providing incomplete information, and providing insufficient care and treatment.

Reproductive Justice can only be achieved when Black women, femmes, girls, and gender-expansive individuals have access to high-quality health care; effective prevention and screening programs; and timely treatment to prevent, identify, treat, and survive reproductive cancers--reproductive cancers affect the breasts, uterus, cervix, and ovaries.

As a result of systemic racism, Black women, femmes, girls, and gender-expansive individuals face challenges in all of these areas.[120] The outcome is that Black people experience cancer at significantly higher rates than other racial/ethnic groups. Black women are more likely to receive a cancer diagnosis at a later stage (when it is less treatable) and, as a result, have lower survival rates at each stage of diagnosis. Studies have shown that queer women have a greater risk for gynecologic cancers, and that lesbians and bi women have higher rates of morbidity and mortality as a result of reproductive cancers.[121] There are also specific variations in the types of cancer that Black women, femmes, and gender-expansive individuals are more likely to experience than those of other races/ethnicities.

Breast Cancer

Breast cancer is the second-leading cause of cancer-related deaths in the U.S. While Black women are diagnosed with breast cancer at about the same rate as white women, they have significantly higher rates of death, compared to other racial and ethnic groups.[122] White women are more likely to be diagnosed at an earlier stage, leading to better outcomes. For reasons that are not yet clear, Black women are also more likely than white women to be diagnosed with an aggressive type of cancer called triple negative breast cancer (TNBC).[123]

With early detection and effective treatment, breast cancer is now more treatable than ever. Yet, Black women, femmes, and gender-expansive individuals are less likely to have high-quality insurance (and, hence, access to timely screening and prevention services) and sufficient medical leave to ensure they can get treated, once diagnosed.[124]

Cervical Cancer

Cervical cancer is one of the most preventable and treatable cancers, as long as women have access to screening and treatment services.[125] The vast majority of cervical cancers are caused by the Human Papilloma Virus (HPV), an extremely common STI.[126] [127] Screening using the Pap test is critical to identify and treat HPV before it develops into cervical cancer. Beyond screening, the HPV vaccine can reduce cervical cancer rates by as much as 90 percent.[128]

Black women experience higher rates of HPV-related cervical cancer, and lower five-year survival rates, compared to other racial and ethnic groups.[129] [130] Lack of access to insurance and high-quality health care makes it harder for Black women, femmes, girls, and gender-expansive individuals to access cancer screening, including Pap tests and the HPV vaccine. And, medical mistrust has slowed uptake of the HPV vaccine among some Black communities.

Complicating the situation is the recent discovery that the HPV vaccine may not work as well for Black women. This occurs because the HPV vaccine protects against cancer-causing strains of HPV (16 and 18) that are far less common in Black women, and does not protect against the cancer-causing strains (31, 33, 45, 56, 58) more frequently experienced by Black women.[131]

Ovarian and Uterine Cancer

Ovarian cancer is the leading cause of women's deaths from reproductive cancer and is called the "silent killer" because its symptoms can be mistaken for less serious health issues either by the patient who postpones seeking medical care or the provider who is not trained on to consider or screen for ovarian or uterine cancer. Yet early detection and treatment of these cancers is critical to survival. For this reason, early detection and treatment is critical to survival. Because of health disparities, including reduced access to health insurance and screening, Black women, femmes, girls, and gender-expansive individuals are more likely to be diagnosed at a later stage of ovarian cancer, leading to increased mortality.[132] With early diagnosis, the five-year survival rate for uterine cancer is more than 50 percent higher for women diagnosed while the cancer

was still localized.[133] Because of later diagnosis, Black women experience fewer new cases of ovarian cancer annually, but have five-year survival rates that are lower than women of other races and ethnicities.[134]

Another risk factor is toxic ingredients in the personal care products marketed to, and used by, Black women, femmes, girls, and gender-expansive individuals—particularly baby powder (see "Exposure to Dangerous Chemicals" section).

Talc, a key ingredient in baby powder, can be contaminated with asbestos, a cancer-causing agent.[135] For decades, Johnson & Johnson knew that its baby powder contained asbestos, but failed to alert regulators or its customers. Instead, the company specifically targeted women of color as customers, in order to maintain sales. Multiple studies have found increased risk rates of ovarian cancer among Black women who use talc-based baby powders.[136]

The CDC reports that non-Hispanic white and Black women have similar incidences of uterine cancer, but that Black women are more likely to be diagnosed with the more aggressive form of uterine sarcoma.[137] Additionally, the CDC reports that Black women are more likely to be diagnosed at a later stage of disease, compared to women of other races and ethnicities.

POLICY RECOMMENDATIONS

Research focused on the health of Black women, femmes, girls, and gender-expansive individuals; better access to cancer screening and treatment; and robust public health education are needed to improve outcomes of those diagnosed with reproductive cancers.

- ***Increase funding for federal agencies engaged in cancer research***

It is critical to support research to understand why Black women are more likely to die from reproductive cancers as well as public health plans to decrease our morbidity and mortality. Consistent and robust funding for agencies that support cancer research is necessary to support life-saving investigations and program development, including those directed by the National Institutes of Health (NIH), the National Cancer Institute (NCI), and the CDC's Division of Cancer Prevention and Control.

- ***SAME Act (Senate) and the Incentivizing Medicaid Expansion Act (House)***

Introduced in 2021 by Representative Marc Veasey (D-TX) and Senator Mark Warner (D-VA), this legislation would incentivize states to expand Medicaid and enhance funding for services. Millions of Black women, femmes, girls, and gender-expansive individuals live in states that have not expanded Medicaid coverage under the ACA. As a result, these individuals lack access to the health insurance and services needed to effectively screen and treat health conditions, including reproductive cancers.

- ***Jeanette Acosta Invest in Women's Health Act***

Introduced in 2021 by Representative Jimmy Gomez (D-CA) and Senator Patty Murray (D-WA), this legislation would expand access to HPV vaccines, Pap tests, and other diagnostic tests to screen for reproductive cancers. It would offer grants to community health and family planning centers to expand gynecological cancer screenings. It would also fund research on the availability and awareness of screening options for women who are disproportionately affected by reproductive cancers, including Black women.

- ***Triple-Negative Breast Cancer Research and Education Act***

Introduced in 2021 by Representative Sheila Jackson Lee (D-TX), this legislation would provide funding for research and education on TNBC, which is more common among Black women. It would support the research needed to learn more about TNBC's risk factors, screening mechanisms, and effective treatments.

- ***Endometrial Cancer Research and Education Act***

Introduced in 2020 by Representative David Scott (D-GA), this legislation would increase funding for endometrial cancer research, including specific funding for research on racial disparities in diagnosis and mortality.

MENTAL HEALTH

Reproductive Justice can only be achieved when Black women, femmes, girls, and gender-expansive individuals can safeguard our mental health and get the help we need for emotional distress, including distress caused by anxiety, depression, or trauma.

Black people experience mental health issues at the same rate as other racial and ethnic groups in the U.S.[138] But, in addition to traditional mental health challenges people face (like depression or anxiety) Black Americans experience profound mental and emotional distress that is uniquely and directly linked to racial oppression—and, for Black women, femmes, girls, and gender-expansive individuals—to the intersection of "racial and gender oppression." [139]

Yet, mental health providers of color, who are "known to give more appropriate and effective care to Black and African American help-seekers, make up a very small portion of the behavioral health provider workforce."[140] Fewer than four percent of licensed mental health practitioners are Black,[141] meaning that the mental health workforce is inadequate to meet the needs of Black and Brown communities. The mental health field has yet to broadly implement clinical training that would increase awareness and understanding of the unique psychosocial needs of Black women, femmes, girls, and gender-expansive individuals.

Other barriers to accessing culturally competent and responsive mental health services include personal and community stigma against help-seeking behaviors, negative experiences with health care providers, lack of access to mental health services, and inadequate health care coverage.[142] As a result, only about 30 percent of Black people who need mental health care receive it, compared to almost half of white Americans.[143] [144]

And, historically, mental health research has been grounded on Western, white, middle-class male experiences. Women in general, and women of color specifically, have not been engaged in participatory research. This failure contributes to the risk that Black women, femmes, girls, and gender-expansive individuals may be misdiagnosed, mistreated, criminalized, and/or labeled as inferior.[145] While the field of Feminist Psychology is growing, a gap remains in available research literature that is centered on the lived experiences and mental health needs of Black women, femmes, girls, and gender-expansive individuals.

Meanwhile, the COVID-19 pandemic is highlighting U.S. health disparities, particularly among people of color. Black Americans are 2.9 times more likely to be hospitalized and 1.9 times more likely to die of COVID-19 than non-Hispanic whites.[146] The CDC has found that, during the pandemic, specific groups are experiencing mental health conditions at disproportionately high rates. These groups include young adults, Black and Hispanic individuals, essential workers, unpaid caregivers for adults, and those being treated for preexisting psychiatric conditions.[147] At the beginning of the pandemic (April-May 2020) 27.7% of Black individuals reported symptoms of depression,[148] up from 19.3% percent in 2019.[149] Black individuals also report higher rates of increased substance use and having seriously considered suicide in the past month, compared to white and Asian individuals.[150]

The stereotype of the "strong Black woman" has historically described Black women's response to the sheer need to persevere and be resilient in the face of staggering levels of misogyny and racism—and resulting widespread economic and health disparities. This label, however, places an undue burden on Black women, femmes, girls, and gender-expansive individuals, often at significant cost to our mental and emotional well-being.

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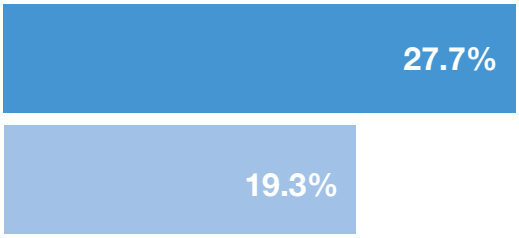


POLICY RECOMMENDATIONS

Black women, femmes, girls, and gender-expansive individuals need mental health services now more than ever given the racial reckoning in the country (which is largely being led by Black women) as well as a global pandemic that is disproportionately impacting Black and Brown communities. We can no longer ignore the pandemic of mental, emotional, and behavioral needs of Black women, femmes, girls, and gender-expansive individuals.

- ***Increase funding for racial- and gender-specific research on mental health and substance use experiences***

There is a need for a better understanding of the mental health stressors faced by Black women, femmes, girls, and gender-expansive individuals. Without it, culturally-responsive and evidence-based interventions and treatments will remain limited, at best. This research should address the psycho-emotional and mental health impacts of white supremacy; historic trauma; systemic racism; a biased health care system; and law enforcement's and politicians' over-policing of Black women, families, and communities.

- ***Expand the mental health and substance use workforce and improve its cultural competency***

To ensure that all individuals can access health care that is timely, respectful, and culturally relevant, legislators should expand medical professionals' diversity in general, and their access to diversity and cultural competency training, specifically. Such training can be provided via medical school, board exams, and CME credits. Training should be based on patient-centered and trauma-informed care, that includes Critical Race Theory to address implicit bias. Training should also include support for programs to help those in the educational and criminal justice systems recognize early signs of mental illness and/or substance use, and train them to respond without bias or discrimination, to ensure that people get the help they need and are not further traumatized in the process.

- ***Expand access to mental health services and medications via telemedicine***

COVID-19 has highlighted the convenience and popularity of remote access to providers and prescription orders. To ensure consistent access to needed care, clinicians should be allowed to provide mental health care via telemedicine, and to have prescriptions mailed to clients. Insurance companies should also be encouraged to provide reimbursement for 90-day rather than 30-day prescriptions, depending on the class of medication.

- ***Provide rehabilitative funding and support for drug-dependent pregnant people***

Mental health problems can sometimes lead to substance use disorders (SUD) if people try to self-medicate with drugs or alcohol. This can be particularly harmful for pregnant people who become drug-dependent and, as a result, risk incarceration and/or loss of custody. Congress should support programs that help individuals who are experiencing SUD to create addiction recovery plans centered on meeting their individual and family goals. Funding should be expanded for behavioral health and treatment programs for parents as well as those who are pregnant and/or at-risk of pregnancy due to substance abuse. Incarceration is not the answer. (See the Maternal Health section.)

Legislators should expand medical professionals' diversity in general, and their access to diversity and cultural competency training, specifically.

A gap remains in available research literature that is centered on the lived experiences and mental health needs of Black women, femmes, girls, and gender-expansive individuals.

- ***Tele-Mental Health Improvement Act***

Introduced in 2020 by Senators Tina Smith (D-MN) and Lisa Murkowski (R-AK), this legislation would extend coverage for telehealth services for those who are school-aged, have a current mental health diagnosis, or are experiencing SUD. It would ensure that these individuals have the audio-video support they need to maintain their well-being and counteract the social isolation and economic insecurity resulting from the COVID-19 pandemic.

- **Resilience Investment, Support, and Expansion (RISE) from Trauma Act**

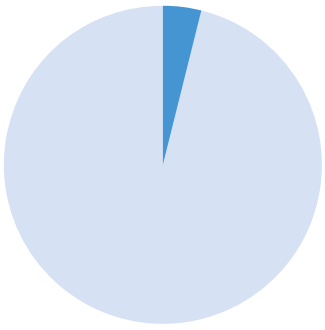
Introduced in 2019 by Representative Danny Davis (D-IL) and Senator Dick Durbin (D-IL), the legislation would support data collection related to mental health conditions; SUD; and trauma that results from race/ethnicity, gender, gender-identity, sexuality, and/or disability. It should include funding for Black women and femme researchers to expand knowledge and understanding of this population's unique mental and behavioral health needs, with a goal to expand culturally competent and appropriate interventions that are specific to the community.

- ***Mental Health Services for Students Act***

Introduced in 2019 by Representative Grace Napolitano (D-CA) and Senator Tina Smith (D-MN), this legislation would invest in resources to address Black children's mental and emotional needs without violence and aggression. This Act would redirect funding from school policing and expand support for school counselors and social workers in order to ensure that schools can be a safe haven for Black youth.

- ***LGBTQ Essential Data Act***

Last introduced by Representative Sean Patrick Maloney (D-NY) in 2019, this legislation directs the Centers for Disease Control and Prevention to increase and improve data about sexual orientation and gender identity of deceased individuals through the National Violent Death Reporting System, which includes suicides.[151] (See the Religion and Reproductive Justice section.)



Fewer than four percent of licensed mental health practitioners are Black, meaning that the mental health workforce is inadequate to meet the needs of Black and Brown communities.

Reproductive Justice can only be achieved when Black women, femmes, girls, and gender expansive people have the rights, information, and opportunity to make and act upon their own decisions about whether and how to apply medical and technological advances to their lives.

While these advancements have the potential to be good and improve health outcomes— they also stem from a troubling legacy. For example, Black women's bodies have historically been used to advance science, often without informed consent. This history includes Anarcha, Betsy, and Lucy, the enslaved Black women experimented on by J. Marion Simms, and Henrietta Lacks, whose cells were cultured without her informed consent or compensation, and have since been used for countless medical research studies and advancements.

Medical and technological advancements raise critical ethical and safety questions. Policies and regulations often lag far behind science, complicating questions about what is morally acceptable and socially beneficial. These issues are particularly salient with respect to assisted reproductive technology and genetic engineering.

Assisted Reproductive Technology

Since its development in the 1980s, assisted reproductive technology (ART) has been widely used to help people address fertility issues, including among heterosexual couples, same-sex, queer, and gender-expansive couples and individuals of all sexual orientations and gender identities turn to ART as a viable way to become pregnant. (See the LGBTQ+ Liberation section.)

The Centers for Disease Control and Prevention (CDC) defines ART as: "fertility treatments in which either eggs or embryos are handled. In general, ART procedures involve surgically removing eggs from a woman's ovaries, combining them with sperm in the laboratory, and returning them to the woman's body or donating them to another woman."[152] Two common forms of ART are *in vitro* fertilization (IVF) and intracytoplasmic sperm injection (ICSI), which can address some male infertility issues. [153]

Black women are more likely, perhaps twice as likely, to experience problems with fertility, compared to white women.[154] [155] The reasons for this are both complicated and inter-connected. Black women are less likely to have high-quality health care that includes infertility treatment; [156] more likely to experience health conditions that impair fertility (including fibroids,[157] STIs, obesity, and overweight[158]); more likely to use products that contain harmful endocrine-disrupting chemicals (EDCs);[159] and have an increased likelihood of exposure to environmental poisons that impact reproductive health.

Despite experiencing higher rates of infertility, Black women are less likely to seek and/or access treatment for infertility, including ART,[160] [161] largely due to costs. There are stark racial/ethnic and socio-economic divisions in who can access ART. For example, IVF is very expensive, and is often not covered by health insurance; as a result, it is disproportionately underutilized by Black women. A single IVF cycle can cost between $12,000 and $17,000—not including medication.[162] And, more than one cycle is almost always required.[163] In addition to the costs for medical procedures, there are expenses associated with the purchase and storage of donor eggs/sperm, legal fees to solidify agreements between parties in writing, and other expenses. These costs exceed the reach of many Black individuals and families, making fertility treatment unaccessible..[164]

In addition to concerns about access and costs, ART also raises questions about autonomy and consent. Gestational surrogacy,*

Black women's bodies have historically been used to advance science, often without informed consent.

* *In traditional surrogacy, the person's own egg is used, and is artificially inseminated with sperm from a donor. In this case, the pregnant person carries their own pregnancy*

egg donation, and egg harvesting are three areas where these questions are particularly profound. With these procedures, one woman provides either the uterus (gestational surrogacy) or the eggs (egg donation or harvesting) to advance another person's pregnancy.

It is important to protect both the surrogate/donor and the future parents when these forms of ART are used. This is particularly necessary, given the increase in both domestic and international surrogacy; the CDC notes that rates of gestational surrogacy tripled from 2007 to 2015.[165]

As rates of international and domestic surrogacy rise, close attention must be paid to surrogates' decisions about continuing or ending a pregnancy; autonomy over having a vaginal or cesarean birth; postpartum care; ensuring informed consent and autonomy of movement; and decisions about keeping the baby, once born.[166] The proliferation of "baby farms," where women's bodies are exploited to gestate children is a particular danger.[167]

to term.

Genetic Editing

Genetic editing is a process with the potential to do great good—or great harm. There are two types of genetic editing: somatic and germline. *Somatic gene editing*, more commonly known as "gene therapy," makes changes to the individual's genes that are not inherited by their offspring. *Germline editing* makes changes to the individual's genes that are inherited by their offspring (and by future generations).

Both processes are used in medical research and agriculture; the debate around using gene editing—particularly germline editing—to control, promote, or eradicate human conditions raises many ethical questions. Germline editing has the potential to alter a species' evolution by creating changes that are passed down to future generations and creating the ability to engineer human embryos. The range of specific conditions or characteristics to which this technology could be applied is vast and includes specific conditions; genders; and attributes, such as enhanced night vision or sense of smell.

In 2018, a Chinese researcher created genetically modified embryos designed to be resistant to HIV (the virus that causes AIDS) by disabling the CCR5 gene.[168] The resulting embryos were placed into two women, who subsequently gave birth to the world's first genetically modified babies.[169] Since HIV is preventable, treatable, and primarily affects marginalized communities, these genetic modifications raised concerns about using medical advancements to address problems created by inequality, oppression, and disenfranchisement.

The situation is further complicated by the fact that the researcher appears to have violated numerous scientific and medical standards, such as not obtaining complete informed consent from the women who became pregnant. The World Health Organization (WHO) has since started tracking research on human genome editing, after a call to halt this practice. [170]

Henrietta Lacks circa 1945–1951. Henrietta Lacks' cancer cells are the source of the HeLa cell line, the first immortalized human cell line and one of the most important cell lines in medical research. An immortalized cell line reproduces indefinitely under specific conditions, and the HeLa cell line continues to be a source of invaluable medical data to the present day.

POLICY RECOMMENDATIONS

For both ART and gene editing, it is critical to balance concerns about historic abuse and marginalization with addressing long-standing barriers to accessing medical and scientific advancements. Black and Brown communities have historically been used for harmful reproductive experimentation. At the same time, these communities are too often unable to financially afford scientific advancements and their potential benefits. Legislators should look carefully at how to address and balance these important issues.

- ***Create a Congressional committee to specifically address new biotechnologies and their bioethical implications***

Congress needs to ensure effective oversight of these new medical technologies. A new Committee to address biotechnologies and their ethical implication would facilitate an assessment and evaluation of their impact on society, particularly with respect to race/ethnicity, socio-economic status, gender, and gender expression.

- ***Create a new federal department to evaluate and monitor advancements in genetic engineering, use of synthetic biology and other emerging technologies***

A federal department is needed to make specific recommendations about laws and regulations that are needed to protect the public, particularly disenfranchised and marginalized communities. These include requirements and protections for ART (i.e., de-incentivizing implementation of multiple embryos, storage and handling of human gametes, etc.) and for commercial surrogates, including protections that center the surrogate's autonomy. The new department would also strive to ensure diversity among research teams and clinical trial participants—this is necessary to ensure that Black women, girls, femmes, gender-expansive individuals, and people with disabilities are represented and their health concerns addressed.

- ***Pass legislation that ensures equitable and ethical practices for ART and reduces disparities in access***

Congress should set parameters for the equitable and ethical practice of ART. These parameters must expand access to infertility treatments (i.e., intrauterine insemination, IVF) through insurance and coverage plan mandates, including the ACA. It should also include funding for research, including research on ART's short- and long-term side effects, particularly on Black women, girls, and gender-expansive individuals, trans men, and people with disabilities. And, it should identify and address the causes of infertility (i.e., environmental factors, genetics, health conditions, etc.) while continuing to research additional causes, screening and treatment methods for infertility. Such legislation should establish a national registry of egg donors that tracks donors' race/ethnicity, age, and income level. Finally, legislation should ensure that individuals who want to have children do not face barriers based on their gender identity or expression, chronic health conditions, or disabilities.

- ***Diversify science, technology, engineering, and medicine education, scholarships, and fellowships***

Science, technology, engineering, and medicine (STEM) programs should be expanded to ensure that more people can benefit from technological advances and all individuals are aware of, informed about, and contributing to scientific advancement. Fellowships and internships should be paid opportunities, with marginalized communities given priority. All STEM programs should have robust training and curricula on ethics, racial and gender inequalities, and anthropology.

Social Justice, Community Justice, & Safety

For Reproductive Justice to be fully realized, all members of our society—particularly Black women, femmes, girls, and gender-expansive individuals—must have equal access to the social and community factors that influence our lives. Equal access is the bare minimum required to right historical wrongs and ensure that Black femmes, women, girls, and gender-expansive individuals can reach our full potential.

Social justice and community justice require that individuals have equitable access to resources, protections, and opportunities that foster autonomy, liberty, and well-being. These include the jobs where we work, the schools we attend, the food we eat, the neighborhoods where we live, and our access to the ballot box. Safety requires that Black women, femmes, girls, and gender-expansive individuals are free from community-based dangers that impair our ability to create and raise our families.

This section examines key sexual and reproductive health issues that impact the health and well-being of Black women, femmes, girls, and gender-expansive individuals: voting rights; police violence; sexual assault; economic justice; education justice; environmental justice; exposure to dangerous chemicals; food justice; housing justice; immigrant justice; aging; issues affecting LGTBQ+ Liberation, Black parents who have a disability; sex work; and research.

Safety requires that Black women, femmes, girls, and gender-expansive individuals are free from community-based dangers that impair our ability to create and raise our families.

VOTING RIGHTS

Reproductive Justice can only be achieved when Black women, femmes, girls, and gender-expansive individuals can vote freely and without voter suppression—finally making the rights enshrined in the 15th and the 19th Amendments of the Constitution real.*

The right to vote is a fundamental component of democracy. Black Americans' fight for the right to vote has been a long and difficult struggle, often led by Black women marred by brutality and murder. In the past, opponents of equal rights used their power to disenfranchise Black communities through numerous barriers to block people from registering to vote, casting ballots, and holding political office.

From Reconstruction until the mid-20th century, state legislatures imposed additional barriers to prevent Black voters from voting, including literacy tests, poll taxes, property-ownership requirements, and moral character tests. Black voters were also intimidated,[171] beaten,[172] and murdered[173] to stop them from casting ballots.

To combat the increasingly violent suppression of Black communities—especially in the South—Congress passed the Voting Rights Act of 1965. The Act provided national protections of the right to vote; prohibited states and local governments from passing laws that resulted in discrimination against racial/ethnic minorities; and provided a "preclearance process," whereby any state with a history of discrimination against racial or language minorities was required to receive approval from the U.S. Department of Justice (DoJ) to ensure that the changes did not discriminate against a protected group. Congress updated the Act in 1970 and 1975.

In 2013, however, a conservative Supreme Court invalidated Section 4(b), a key provision of the Act that had protected voters in states with a history of pernicious voter discrimination. The 5-4 decision in *Shelby v. Holder* ruled that Section 4(b) was no longer constitutional because it was based on data that were more than 40 years old, and because it constituted an "impermissible burden" on federalism as well as states' equal sovereignty.

The effect of the Supreme Court's ruling was to block DoJ's ability to enforce voting rights. In the absence of federal oversight, numerous states have passed (and continue to introduce) laws that suppress the voting rights of Black and Brown voters (because they are more likely to cast their ballots for Democratic candidates). The post-Shelby era has unleashed a resurgence of Reconstruction era tactics as legislators in 47 states have introduced more than 360 pieces of legislation to restrict voting rights—including curtailing early voting, restricting mail-in voting, eliminating ballot drop boxes, limiting citizen-led ballot initiatives, and

** The right of citizens of the United States to vote shall not be denied or abridged by the United States or by any State on account of race, color, or previous condition of servitude. The Congress shall have the power to enforce this article by appropriate legislation."*

Black Americans' fight for the right to vote has been a long and difficult struggle, often marred by brutality and murder.

gerrymandering legislative districts. At the heart of these rollbacks is a coordinated and strategic backlash against the country's changing racial/ethnic demographics. Rather than trying to attract voters by promoting viable policies, legislators are trying to win and keep power by preventing people from voting.

Many national and state organizations are leading efforts to address racial injustice in the electoral process, restore the heart of the Voting Rights Act, and ensure that every American can make their voice heard at the ballot box. Groups are fighting to expand opportunities to register to vote, including same-day, automatic, and online voter registration. Additionally, organizations are fighting to expand early and absentee voting and helping voters to obtain needed identification in states where it is required in order to cast a ballot.

The recent attack on the U.S. Capitol by white nationalists and other far-right extremists attempting to overturn the free and fair presidential election highlights how fragile our democracy is. This insurrection was fomented by President Trump and his Congressional enablers, who attempted to discard the votes of Black and Brown voters—their actions were a violent nod to white supremacy. It is a clear sign that far-right extremists will do anything to maintain their fragile hold on political power.

POLICY RECOMMENDATIONS

Voting rights for all people must be protected. As voters, we must stand up to attacks on our voting rights, re-enforce the constitutional right to cast a ballot without interference, and ensure that our votes are counted.

- ***Eliminate the Electoral College***

The Electoral College is rooted in slavery and stands to undermine the entire democratic process. Every vote should count, and smaller more conservative states should no longer have outsized influence in Presidential election results.

- ***For the People Act of 2021 (H.R. 1 / S. 1)***

Introduced by Representative Paul Sarbanes (D-MD) and Senator Jeff Merkley (D-OR), this legislation would help expand security of elections, address gerrymandering, reform campaign finance systems, and make it easier to cast a ballot. Specifically, it would expand voter registration and voting access and limit the removal of voters, including returning citizens, from voter rolls. It would also enhance and ensure democracy in America by establishing many critical federal election reforms.

- ***John Lewis Voting Rights Advancement Act***

Introduced by Representative Terri Sewell (D-AL) and Senator Patrick Leahy (D-RI), this legislation would restore the parts of the Voting Rights Act that SCOTUS gutted in its *Shelby v. Holder* decision. It would establish new criteria for determining which states and political subdivisions must obtain preclearance before implementing changes to their voting practices. It would also ensure access to early and mail-in voting, and curb dark money's influence in elections. It would curtail partisan gerrymandering by requiring independent redistricting commissions to draw voting districts, preventing politicians from being able to choose their voters.

Rather than trying to attract voters by promoting viable policies, legislators are trying to win and keep power by preventing people from voting.

POLICE VIOLENCE

Reproductive Justice includes the right to live and raise our families free from state-sanctioned violence. For Black women, femmes, girls, and gender-expansive individuals, the constant threat of police violence is an ongoing reality and source of profound stress. This threat impacts Black women, femmes, girls, and gender-expansive individuals' reproductive decision-making, parenting, and overall health and well-being.

Black people are killed by the police at a rate more than twice that of white people, Yet, Black women who are victimized by police violence often receive less media attention, compared to white women, and less responsive public empathy and action.

One rare case where public outrage met the moment is that of Breonna Taylor, in Louisville, KY. On March 13th, 2020, Taylor, a 26-year-old emergency medical worker, was murdered by police officers who kicked in her apartment door in the middle of the night and began shooting during a botched no-knock raid. Taylor's tragic death sparked a wave of protests nationwide to Say Her Name, honor her legacy, and hold the legal system accountable for this type of lethal state-sanctioned violence.

Two months later, on May 25th, 2020, protests erupted again in the aftermath of the murder of George Floyd in Minneapolis, MN. Floyd, a father and fiancé, was handcuffed on the ground for allegedly using a counterfeit $20 bill. Officer Derek Chauvin of the Minneapolis Police Department knelt on Floyd's neck for 9 minutes and 29 seconds, watched by three other officers, as Floyd begged for his life, called out for his mother, lost consciousness, and died.

Taylor and Floyd's deaths are part of a pattern of violence towards Black people in America. This violence stems from a long-standing culture of racially-biased over-policing and excessive use of police force with little or no accountability on the part of police, or legal recourse for their victims.

In 2020 alone, police killed 1,127 people, more than one-quarter of whom (28%) were Black. (Black individuals comprise just 13% of the U.S. population.)[174] Further, Black individuals are also more likely to be over-policed in their own communities and schools, harmed by the institutional and familial impacts of mass incarceration, and disadvantaged by a racially-biased criminal legal system.

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POLICY RECOMMENDATIONS

Policy change at the federal level is urgently needed to set more equitable federal standards on police use of force. In addition, federal action is needed to protect Black communities from unjustified violence enacted by the state and the pain it causes for Black parents, children, and communities. This includes investing in community-based (i.e., non-police) responses to emergency calls, when appropriate, and prioritizing community-led (vs. policy-led) approaches to fostering safety. Instead of expanding police budgets, Congress should fund training for trauma-informed professionals as first-responders and recruiting leaders from communities that have been the most impacted by police violence to work in these de-escalation roles.

- ***Support the BREATHE Act***

The BREATHE Act is a visionary model law that would radically reimagine public safety, community care, and how money is spent by our society. It includes four simple ideas: 1) Divest federal resources from incarceration and policing; 2) Invest in new, non-punitive, non-carceral approaches to community safety that lead states to shrink their criminal-legal systems and center the protection of Black lives—including Black women, mothers, and trans people; 3) Allocate new money to build healthy, sustainable, and equitable communities; and 4) Hold political leaders to their promises and enhance the self-determination of all Black communities.[175]

- ***Establish federal standards for Law Enforcement Assisted Diversion Programs***

Congress should ensure that federal standards for Law Enforcement Assisted Diversion (LEAD) programs are non-violent; de-escalatory; and informed by, and responsive to, communities that have been the most impacted by the police excessive and lethal use of force.

- ***Police Exercising Absolute Care With Everyone Act***

Introduced by Representative Ro Khanna (D-CA), the Police Exercising Absolute Care with Everyone (PEACE) Act would change the federal standard for law enforcement officers' use of force and require use of force as a *last* resort. It would also mandate that officers use de-escalation practices rather than force whenever possible.

- ***Stop Militarization of Law Enforcement Act***

Introduced by Representative Henry C. Johnson (D-GA), this legislation would prohibit the transfer of military-grade equipment from the federal government to state and local law enforcement agencies.

- ***George Floyd Justice in Policing Act***

Reintroduced in 2021 by Representative Karen Bass (D-CA), this legislation would increase accountability in state and local law enforcement and create a national registry to track complaints of misconduct on the part of police.

SEXUAL ASSAULT

Reproductive Justice includes the right to live and raise families free from sexual violence, including sexual assault, stalking, intimate partner violence (IPV), and murder. Our country has a unique history of sexual violence against Black women, femmes, girls, and gender-expansive individuals —a history that remains pervasive to this day.

Nationally, one in three women experience sexual violence in their lifetime.[176] For Black women, however, the number is higher: 35 percent of Black women experience some form of sexual violence in their lifetime; 40-60 percent report being the victim of some form of coercive sexual contact by age 18.[177] [178] For every 1,000 sexual assaults that occur in the U.S., only 230 are ever reported.[179] [180]Among Black women, for every 1 reported rape, at least 15 others are not.[181]

Sexual assault survivors who seek health care services often find the process to be both difficult to navigate and traumatizing. For example, many hospitals lack the supplies needed to administer sexual assault forensic exams or have a shortage of trained practitioners to administer these exams.

While services for sexual assault survivors are lacking for all women, Black women, femmes, girls, and gender-expansive individuals are generally under-supported by our current health care system and face challenges that prevent them from getting the care they need.

These problems are compounded by the racial discrimination Black people too often face when they interact with the U.S. medical system. These systemic issues directly impact Black women who experience sexual assault. As a result, although Black women, femmes, girls, and gender-expansive individuals are at heightened risk of experiencing sexual violence, they have very little support as they attempt to cope with the resulting mental and physical trauma.

They also face the additional challenge of long-standing structural racism within the U.S. criminal justice system and the negative relationship Black people have with this system. Black women, femmes, girls, and gender-expansive individuals' negative experiences with over-policing and law enforcement abuse are likely to inform their decisions about whether or not to report a sexual assault. When they do report, they are likely to be re-traumatized by the system.

Sexual violence can also feed into victimization by institutional violence. Black and LGBTQ+ girls are over-represented in the juvenile justice system and an overwhelming number have experienced sexual assault.[182] Sexual abuse survivors are more likely to later be involved with the criminal justice system, due to the "sexual abuse to prison pipeline,"[183] which describes the fact that survivors may engage in behaviors that lead to involvement with the juvenile and criminal justice systems. For example, the most common reasons girls are arrested—running away, substance abuse, and truancy—are also common reactions to sexual abuse.[184]

Child survivors are too often pushed into the juvenile justice system instead of receiving the help and services they need. For Black girls, "crimes" like truancy can lead to a lifetime of interactions with the criminal justice system.

Within the criminal justice system, Black women often face additional sexual violence. According to a Department of Justice (DoJ) assessment of violence within prisons, "allegations of staff sexual misconduct were made in all but one state prison, and in 41% of local and private jails and prisons."[185]

Black women, femmes, girls, and gender-expansive individuals' negative experiences with over-policing and law enforcement abuse are likely to inform their decisions about whether or not to report a sexual assault.

POLICY RECOMMENDATIONS

The statistics about Black women, femmes, girls, and gender-expansive individuals' experiences of sexual assault are alarming and speak to the need to address historic and on-going experiences with sexual violence. For a start, our experiences must be centered in policy discussions about sexual violence, including both prevention and support for survivors. Addressing sexual assault requires a multi-pronged effort that centers the lived experiences of *all* survivors, particularly Black women, femmes, girls, and gender-expansive individuals.

- ***Robustly fund the Sexual Assault Services Formula Grant Program***

The Sexual Assault Services Formula Grant Program (SASP) funds critical organizations that help survivors navigate the trauma of sexual assault. These organizations provide critical resources to vulnerable communities. For Black women, femmes, girls, and gender-expansive individuals, navigating the legal system and working with law enforcement can add to the trauma of sexual assault. Funded organizations are able to advocate and provide legal aid to those who need it. Currently, the program does not fully meet the urgent needs of communities and individuals coping with sexual assault and intimate partner violence.

- ***Support expanded funding for sexual assault research***

Sexual assault is a public health issue; more research is needed to better understand how pervasive it is in the country and why it occurs. More insight is needed into how sexual assault impacts certain communities, like Black women, femmes, girls, gender-expansive individuals; LGBTQ+ people; and other marginalized communities. Targeted research will help guide more effective programs and policies to prevent sexual assault as well as to support survivors.

- ***Include sexual violence victims in paid leave reform***

Currently, people who experience sexual assault do not have the right to take time off to address their trauma, take care of their families, visit the doctor, or appear in court. While some states have developed laws to ensure survivors can get needed time away from work, no federal leave program explicitly includes sexual assault survivors. For Black women, femmes, girls, and gender-expansive individuals, this can be a barrier to accessing essential services following an assault.

- ***Violence Against Women Act Reauthorization Act***

Reintroduced in 2021 by Representative Sheila Jackson Lee (D-TX), this legislation would reauthorize the Violence Against Women Act (VAWA) and includes some important additions to the 1994 law. VAWA has been critical in providing survivors with the services they need.

- ***Survivors' Access to Supportive Care Act***

Introduced in 2021 by Senator Patty Murray (D-WA), Senator Lisa Murkowski (R-AK), and Representative Pramila Jayapal (D-WA), this legislation would establish a series of programs and requirements to improve access to sexual assault exams. It would establish state grants to conduct studies on access barriers, require hospitals to report on community access to providers, and fund provider training in rural and tribal communities.

- ***Tiffany Joslyn Juvenile Accountability Block Grant Reauthorization and Bullying Prevention and Intervention Act***

Introduced in 2019 by Representative Sheila Jackson Lee (D-TX), this legislation would reauthorize funding for the Juvenile Accountability Block grant, which has not been properly renewed since 2013. The grants provided by this funding include accountability measures for states and require states to implement accountability and prevention measures so child sexual assault survivors can receive the services they need.

ECONOMIC JUSTICE

Reproductive Justice can only be achieved when Black women, femmes, girls, and gender-expansive individuals have the "economic, social and political power, and resources"[186] to make important personal decisions for ourselves and our families.

On average, Black women who work full-time for a year make just .63 cents for every $1.00 a white man does for doing the same job. This means that, if a white male's annual salary is $57,204, a Black woman would make just $36,203—$21,001 less.[187] A Black woman who starts working full-time, year-round, at age 20 will make almost $1 million dollars less ($946,120) than a white man, over the same 40-year career.[188] In order "to close this lifetime wage gap,"[189] a Black woman has to work until age 85 in order to have the same wages as a white man who retires at age 60.

Many progressive advocates focus on equal pay as a key solution to this economic problem, and promote policies to address paycheck fairness or increases to the minimum wage. Reproductive Justice advocates view equal pay as just one component of a multi-dimensional, ongoing fight for empowerment and self-determination. Reproductive Justice advocates believe that debates about economic inequality must encompass racial and gender inequality as well. This is imperative because "the impacts of race, class, gender and sexual identity oppressions are not additive but integrative"[190] for women of color, including Black women, femmes, girls, and gender-expansive individuals.

A Black woman's ability to achieve economic justice is affected by all of the integral aspects of her daily life. Her opportunity to attain a decent education; obtain a job with a living wage; access health care, including affordable, effective contraception and abortion care;[191] raise her children in safe, decent housing; live her true gender identity; and move within a society free from racism, sexism, and homophobia. These are all critical components for overall economic justice for Black women, femmes, girls, and gender-expansive individuals.

The situation has only become more pressing as the world deals with COVID-19. The novel coronavirus pandemic has exacerbated economic, social, and health inequities. It is striking Black and Brown communities particularly hard, compounded by—and compounding—structural racism, socioeconomic barriers, and racial and gender discrimination.

Black women are disproportionately segregated into work sectors that are the least likely to have access to paid family leave, paid sick leave, and meaningful protections for pregnant workers. Lacking these protections, many Black families are forced to choose between taking care of their families' health needs and losing their jobs. It also means that Black women are less able to weather the economic downturn, furloughs, and job losses caused by COVID-19 shutdowns.

The pandemic has also exposed how essential, yet under-valued, are the jobs performed by women, particularly by Black women. Black women are over-represented in "essential" occupations: personal care and home health aides, cashiers and retail sales in grocery stores and drug stores, hotel clerks, waitresses, child care providers, and nursing assistants.[192] Women comprise the majority of workers who are literally risking their lives to provide these services.

Over the last several years, politicians have spent an extraordinary amount of time lamenting the plight of "working class Americans," by which they appear to mean white males. The reality is, that Black and Brown workers "have far less wealth than their white counterparts,"[193] and many women and people of color are also members of the working class.

Black women are disproportionately segregated into work sectors that are the least likely to have access to paid family leave, paid sick leave, and meaningful protections for pregnant workers.

POLICY RECOMMENDATIONS

Aggressive legislative efforts are needed to address these myriad and interconnected challenges and successfully reverse the systemic factors that drive the economic inequalities faced by Black women, femmes, girls, and gender-expansive individuals. The economic gap between Black individuals and their white counterparts is wide. Bold change will be needed to begin to close the gap left from centuries of economic and racial oppression. Unfortunately, we are unable to fully capture all of the policy changes that are needed, but we believe the recommendations below will help Black communities begin to recover economically.

• *Provide reparations for Black people*

The United States has exploited the lives of Black people for centuries. Although slavery formally ended in 1865, Black people have not been allowed to amass wealth in the same way that white people have, leading to a staggering wealth gap. The racial wealth gap is even more pronounced for Black women. Reparations are needed to give Black women, femmes, girls, and gender expansive people a chance to build generational wealth. Existing bills to study reparations are an important first step, but Black families have been waiting more than 150 years to receive what they are owed.

• *Establish a universal basic income program*

The ability to find safe housing, high-quality child care, healthy food, and a well-paying job can be hampered by a lack of funds. A universal basic income program would provide families the financial flexibility they need without adding to their personal debt. Current social safety net programs only cover a small portion of the necessities families need to thrive and an UBI program should be an addition to what is already available. For this reason, it is critical that any universal basic income program not replace *existing* social programs.

• *Make new child tax credits permanent*

The changes made to the child tax credit program in the Biden-Harris administration's COVID relief package will have a lasting impact on child poverty rates. In order to continue to improve childhood poverty rates, these changes must be made permanent, with the option for recipients to choose for monthly, quarterly, or annual payments.

• *Student Loan Debt Relief Act*

Introduced by Representative James Clyburn (D-SC) and Senator Elizabeth Warren (D-MA), this legislation would cancel up to $50,000 in student loan debt for qualified borrowers. An analysis conducted by the American Association for University Women found that Black women graduate with more debt than women of other races and ethnicities.[194]

A universal basic income program would provide families the financial flexibility they need without adding to their personal debt.

• *Raise the Wage Act*

Introduced by Sen. Bernie Sanders (I-VT) and Rep. Bobby Scott (D-VA), this legislation would raise the federal minimum wage. The federal minimum wage is regulated by the Fair Labor Standards Act (FLSA) and is currently $7.25 per hour—which is obviously not a living wage. This legislation would raise the federal minimum wage to $15 an hour, which is a more livable wage. Yet, the amount should be the floor, not the ceiling. If the minimum wage kept pace with productivity growth, it would be nearly $25.[195]

• *Paycheck Fairness Act*

Introduced in 2021 by Representative Rosa DeLauro (D-CT) and Senator Patty Murray (D-WA), this legislation would protect employees against retaliation for engaging in salary negotiations, prohibit employers from screening based on a potential employee's salary history, and provide remedies and remove obstacles for plaintiffs who file gender-based wage discrimination claims.

• *Pregnant Worker Fairness Act*

Introduced in 2021 by Representative Jerry Nadler (D-NY), this legislation would prevent employers from forcing pregnant individuals out of the workplace, and ensure that employers provide reasonable accommodations to pregnant individuals who want to continue working.

• *Domestic Workers Bill of Rights Act*

Introduced in 2019 by Representative Pramila Jayapal (D-WA) and then-Senator Kamala Harris (D-CA), this legislation would provide rights and protections for domestic workers, including pay and leave rights, and health and safety protections. It would also expand protections for workers in other industries that are not well-regulated, including farm workers and tipped workers.

On average, Black women who work full-time for a year make just .63 cents for every $1.00 a white man does for doing the same job.

EDUCATION JUSTICE

Reproductive Justice can only be achieved when Black women, femmes, girls, and gender-expansive individuals have access to high-quality education that is free from discrimination. Yet, Black people face two distinct challenges when it comes to the U.S. educational system: lack of access to high-quality educational programs, and over-policing within schools.

The lack of targeted investment in the nation's public school system disproportionately impacts students of color. Public policy and funding have, for many years, failed to address the unique challenges that students of color, particularly Black students, face within the school system. Despite the legal end of segregation in the public education system in the 1960s, many U.S. schools remain both segregated and under-funded.[196]

Black students are more likely to be in these underfunded and segregated school districts, compared to their white peers.[197] As a result, they experience educational inequalities that include reduced access to highly qualified and effective teachers, curricular offerings (such as advanced courses), extracurricular activities, and rudimentary supplies, and equipment.[198] These inequities begin in pre-school and kindergarten and continue through high school.

As the Brookings Institute notes, "these policies leave minority students with fewer and lower-quality books, curriculum materials, laboratories, and computers; significantly larger class sizes; less qualified and experienced teachers; and less access to high-quality curriculum."[199] Data increasingly show that students who attend well-funded schools have better educational outcomes.[200]

In addition, Black students are more likely to experience harsh punishments within the educational system, compared to their white peers. While awareness is growing about the "school to prison pipeline,"* The discussion often centers male students and fails to describe the pipeline's impact on Black girls and other girls of color. Research and data show that, just like Black boys, Black girls are disproportionately disciplined within the U.S. education system, compared to white peers. In fact, the U.S. Department of Education found that Black girls are six times more likely to be suspended than their white peers.[201]

Law enforcement officers should not be involved in disciplinary matters at schools. For schools with "zero-tolerance" policies that contract with local police departments, this disproportionate rate of punishment subjects Black girls to unnecessary, harmful interactions with law enforcement, including arrest and prosecution. Right now, Black girls are the fastest-growing population within the juvenile justice system (where they receive harsher sentences than girls of other races/ethnicities).[202] This kind of unevenly applied discipline damages the mental health and development of school-aged Black girls—compounding the stresses of racism and gender discrimination both inside and outside the classroom.

** The phrase describes the established connection between the use of punitive disciplinary measures within the school system and negative outcomes for students, including lower academic achievement and a greater risk of involvement with the juvenile justice and criminal justice systems.*

Public policy and funding have, for many years, failed to address the unique challenges that students of color, particularly Black students, face within the school system.

POLICY RECOMMENDATIONS

More must be done to understand and reverse this situation. We must ensure adequate and equal funding of all schools; robust oversight to ensure that all students have equal access to educational resources; programs to ensure there is a "caring, competent, and qualified teacher for every child;"[203] and schools that are organized and able to support the success of all students.

- ***Establish a commission to study how to best provide oversight for existing programs that target inequalities in schools.***

Existing programs, like the Elementary and Secondary Education Act of 1965, provide financial support for underfunded schools, but lack sufficiently robust oversight. While funding is essential to closing the achievement gap, proper allocation and oversight of these resources is important to ensure that funds are used effectively to create equitable schools.

- ***Ensure robust funding for the Department of Education's Office of Civil Rights***

The Department of Education's Office of Civil Rights (OCR) is responsible for enforcing civil rights laws in schools. In recent years, funding for OCR has remained flat. In order to combat inequalities in the U.S. school system, OCR's budget should be prioritized and significantly expanded.

- ***Universal Prekindergarten and Early Childhood Education Act***

Introduced in 2019 by Representative Eleanor Holmes Norton (D-DC), this legislation would provide grants to help states establish or expand full-day prekindergarten programs for three- and four-year-olds. Early childhood education is essential to overcoming inequities and ensuring young children's future development—but it is not universally available. Black children are less likely to be enrolled in preschool programs than their white peers, a disparity this legislation would address.[204]

- ***Supporting Trauma-Informed Education Practices Act***

Introduced in 2019 by Representative Jahana Hayes (D-CT), this legislation would provide grants for trauma support and mental health services in schools. In many cases, mental health intervention is a much more effective tool than suspension from school. Expanded funding of these services allows schools to designate money for in-school mental health services.

- ***Counseling Not Criminalization in Schools Act***

Introduced in 2020 by Representative Ayanna Pressley (D-MA) and Senator Chris Murphy (D-CT), this legislation would prohibit the use of federal funds to hire, maintain, or train officers in schools. It provides funds to enable public schools to replace law enforcement officers with programs and personnel that provide effective mental health and trauma-informed services.

Right now, Black girls are the fastest-growing population within the juvenile justice system (where they receive harsher sentences than girls of other races/ethnicities).

ENVIRONMENTAL JUSTICE

Reproductive Justice includes the right to live, thrive, and raise families in healthy, safe, and sustainable communities free from environmental racism. This means communities that are free from state-sanctioned and gender-based violence; food and housing insecurity; and the harmful effects of environmental racism and climate change.

Environmental racism is complicated, takes many forms, and has many causes. It encompasses the deliberate targeting of Black communities and other communities of color for disposal of hazardous pollutants, lethal chemicals, and toxic industrial waste. It includes structural economic injustice, which forces Black women and our families to live in zip codes with prevalent health and safety risks stemming from industrial and environmental pollution and climate change.

Environmental racism and the resulting harmful policies and practices degrade not only our communities but also life-sustaining natural resources like clean air and water. Environmental racism causes harms stemming from exposure to toxins, poisons, and harmful chemicals and climate change's impact, including rising temperatures and natural disasters. All of these factors jeopardize Black women, femmes, and gender expansive people's reproductive and overall health.

Black and Brown communities are disproportionately exposed to poisons, toxins, and dangerous chemicals that make the air we breathe and the water we drink unhealthy. Community-wide air pollution sources include coal-fired power plants, oil and gas refineries, and near-roadway toxic air emissions.

Air pollution's documented risks include endocrine disruption, pregnancy-related complications, and pediatric health risks. For example, the asthma rate for Black children in the U.S. is more than twice the rate of their white counterparts.[205] Black people overall and Black women, specifically, are three times more likely to die from asthma than those of other races and ethnicities.[206]

The water pollution crisis in Flint, MI, is not an outlier; for many Black women and other historically marginalized communities, clean water cannot be taken for granted. A national survey of Black adults found that one in three respondents had experienced brown water coming out of their household taps.[207] A larger number reported having to boil their water before it was safe to drink.

Water pollution increases expose these communities to harmful industrial chemicals including per- and polyfluoroalkyl substances (PFAS), endocrine-disrupting chemicals (EDCs), pesticides, and lead. The documented harms from water pollution include pre-eclampsia, pregnancy-induced hypertension, miscarriage, obesity, cancer, adverse birth outcomes, and problems with brain development. For example, lead exposure can lead to low birth weight, damage a child's hearing and blood cell functions, and cause long-term learning disabilities and damage to the nervous system. There is *no* safe level of lead exposure. Yet, twice as many Black children have lead levels at or above two micrograms, compared to children of other races and ethnicities.[208]

Climate change is increasing Black and Brown communities' health risks and compounding pre-existing vulnerabilities. Persistent climate change-related health disparities result from inadequate remediation and adaptation efforts to address the changing climate, including lack of access to adequate shade in many heat-susceptible Black communities. The 2005 Hurricane Katrina disaster is emblematic of the risk: response and recovery services failed to appropriately and equitably respond to, and support, Black communities in the disaster's aftermath.

Black and Brown communities are disproportionately exposed to poisons, toxins, and dangerous chemicals that make the air we breathe and the water we drink unhealthy.

POLICY RECOMMENDATIONS

It is long past time to actively address environmental racism and safeguard environmental justice in a meaningful way. Congress must include and center the voices of Black women, femmes, girls, and gender-expansive individuals in efforts to identify and support intersectional solutions to this complex problem.

- ***Establish new, standardized funding sources and associated protocols to ensure swift clean up and remedial compensation to Black communities impacted by water contamination crises and their subsequent health risks***

Congress should adequately fund and improve water infrastructure and chemical cleanup by increasing infrastructure investments to replace lead pipes and old water systems and reduce contamination. It should also directly compensate Black communities that are impacted by contaminated water. Congress should fund programs to end water shut-offs and ensure water affordability, in recognition of inequities that disproportionately push clean water out-of-reach for Black women and our families.

- ***Increase accessibility of energy-efficient cooling systems in low-income housing units and zip codes impacted by health-jeopardizing hot weather***

The federal government should mandate the placement of energy-efficient cooling systems in *all* public housing entities. It should also establish a federal incentive program to support localities to ensure that all residents who live below the federal poverty level and in zip codes that are impacted by heat-island effects are supported to install energy-efficient cooling systems free-of-charge.

- ***Establish a Federal Grant Program that acts as a State-Revolving fund to promote sustainable urban greenspace projects and improve urban climate resiliency***

The EPA should offer below-market-rate loans to fund infrastructure projects that increase the number and amount of trees, shade, and vegetation. This is necessary to combat climate change and rising temperatures in urban landscapes that have heat-island effects and dangerous heat indicators. Priority should be given to shade and vegetation projects that both employ residents who live in the most-impacted zip codes and collaborate with local entities to meet environmental goals.

- ***Water Affordability, Transparency, Equity and Reliability Act***

Introduced in 2019 by Senator Bernie Sanders (D-VT), this legislation would make water safer, more affordable, and more accessible by funding pollution control and drinking water safety programs. The legislation would improve requirements for State Revolving Funds (SRFs) for clean water and drinking water to address lead in water among other contaminants. It would also establish and reauthorize several grant programs to help improve water infrastructure, including an Environmental Protection Administration (EPA) program to upgrade septic tank draining fields and water systems.

- ***Social Determinants for Moms Act***

Reintroduced by Representative Lucy McBath (D-GA) in 2021 as a part of the Black Maternal Health Momnibus package, this legislation would invest in intersectional research on the social determinants of health specifically to reduce racial and ethnic disparities in maternal health. Because of the connection between contaminated water and adverse reproductive health outcomes, policymakers should also ensure that people have access to the full range of standard reproductive health care services. (See "Maternal Health'' section.)

- ***Women and Climate Change Act***

Reintroduced in 2021 by Representative Barbara Lee (D-CA), this legislation would establish a federal Interagency Working Group on Women and Climate Change within the Department of State. It would also ensure federal agency coordination to improve government response, coordination, and strategies to address the climate change crisis in an intersectional manner. (See the Maternal Health section.)

- ***Protecting Moms and Babies Against Climate Change Act***

Introduced in 2021 by Senator Edward J. Markey (D-MA) as a part of the Black Maternal Health Momnibus Act, this legislation would invest in community-based programs to identify risks for pregnant and postpartum people and infants related to climate change. These include supporting doulas, community health workers, and other perinatal workers; training providers; and improving health professional schools' resources to identify climate change risks that impact their patients. It would ensure housing and transportation assistance to patients facing extreme weather events related to climate change. It would also improve shade and heat mitigating infrastructure and improve data-sharing, monitoring, and research on climate change's impact on maternal and infant health. (See "Maternal Health'' section.)

- ***Address predatory actions that occur after a natural or man-made disaster***

It has become common practice for Black and brown people to be displaced after a disaster and unable to return to their home as a result of developers and local government projects--community "renewal" initiatives. These practices result in a land-grab that excludes the original inhabitants, usually Black, brown and low-income people. Congress needs to take action to prevent these practices.

- ***Environmental Justice For All Act***

Introduced in 2020 by Representative Raul Grijalva (D-AZ), this legislation would specifically address negative health impacts created by environmental threats to communities of color, low-income communities, and indigenous communities. It would specifically prohibit disparate health impacts and set requirements for assessing federal agencies' impact on vulnerable communities (i.e., requiring community impact reports). The Act would establish advisory entities (such as the Interagency Working Group on Environmental Justice Compliance and Enforcement), fund programs to enhance urban parks, and strengthen product warnings for some products that contain dangerous chemicals.

- ***The Green New Deal***

Last introduced in 2020 by Representative Alexandria Ocasio-Cortez (D-NY), this proposal aims to set and maintain a federal standard to achieve net zero carbon emissions by 2050. Source 100 percent of the country's electricity from renewable power sources, upgrade and digitize the U.S. power grid, implement standards for improving all buildings for energy efficiency, and invest in clean transportation systems, such as speed rails and electric vehicles. This proposal also prioritizes racial justice and calls for job training and job development in communities that currently rely on fossil-fuel industry jobs.[209]

The EPA should offer below-market-rate loans to fund infrastructure projects that increase the number and amount of trees, shade, and vegetation.

EXPOSURE TO DANGEROUS CHEMICALS

Reproductive Justice includes the right to live and raise families free from the health risks posed by exposure to dangerous chemicals, including toxins and other poisons. Black and Brown communities are not only disproportionately exposed to air and water pollution, as noted above, but also to dangerous chemicals in our personal care products, like makeup and hair relaxers.

This exposure is driven by the fact that Black women, femmes, girls, and gender-expansive individuals have long been expected to chemically alter our natural hair to conform to Eurocentric standards of beauty—particularly in school and at work. While the social and cultural pressures that are applied to women of color may seem superficial, there are direct links between how closely people conform to Eurocentric idealizations about beauty and their improved socio-economic opportunities.

Black women make up just 14 percent of the U.S. population, but comprise 86 percent of the market for ethnic hair and beauty aids, 22.4 percent of the market for women's fragrance, and 21 percent of the market for menstrual and hygiene products.[210] A Black Women's Health Imperative survey of almost 60,000 Black women found that more than 90 percent of the women surveyed had used chemical straighteners such as relaxers in their lifetime; more than one-third used relaxers seven or more times a year. Black women spend about $7.5 billion on personal care and the beauty industry annually,[211] [212] $2.5 billion annually on hair care products,[213] and $1.3 billion on makeup and skin care products.[214]

And yet, there is no way for us to know whether these products are safe or not. That's because, for the most part, manufacturers are neither required to test their products for safety nor get approval from the FDA before putting personal care products on the market. Hence, the chemical industry is largely unregulated, with manufactures able to police themselves when it comes to safety.

As a result, dangerous chemicals can, and often do, wind up in the products—including hair products, makeup, intimate care products, and soaps—and cause a range of negative health outcomes for users.[215]

These dangerous ingredients include EDCs, which can be found in any type of personal care product, and have been linked to a range of reproductive and developmental health outcomes, including precocious puberty (thelarche and menarche), uterine fibroids, developmental disorders (cryptorchidism and hypospadias), and breast cancer. Exposure during the prenatal and prepubertal critical developmental periods is especially concerning, since the endocrine system regulates a number of body system processes that are vulnerable during these periods.[216]

Precocious puberty may also be connected to developing adult-onset obesity and asthma, shorter stature as an adult, hyperinsulinemia and metabolic syndrome, and Type 2 diabetes mellitus.[217]

There is increasing evidence that personal care products that are marketed specifically to, and used by, Black women are more likely to contain EDCs and other dangerous chemicals, compared to products predominantly used by white women.[218] These products are among the most toxic on the market.

For example, relaxers and other hair products used predominantly by Black women contain sodium chloride and/or calcium chloride, which can burn the scalp, causing wounds that can allow dangerous chemicals to enter our bodies. For many years, the main chemical ingredient in hair relaxers was sodium hydroxide—also known as lye. Asbestos contamination has also been found in talcum-based body powders used by Black women.[219]

Disproportionate exposure to EDCs and other dangerous chemicals may explain Black women's worse health outcomes and higher mortality rates from endocrine-related disorders and diseases. These include preconception and other infertility issues.

POLICY RECOMMENDATIONS

Congress must ensure both protection against and oversight of toxic chemical products—particularly those marketed aggressively to Black women, femmes, girls, and gender-expansive individuals. Lawmakers should also provide incentives to Black women-owned businesses that market and sell healthy products to our communities, to counteract the traditional U.S. beauty market's capitalization of harming, marginalizing, and dehumanizing Black women, girls, and gender-expansive individuals.

- ***Fund compensation for known exposure to toxins***

Establish remedial compensation streams in the form of health savings allocations to Black women and communities who have been subjected to health disparities that directly relate to toxic chemical exposure from personal care products.

- ***Incentivize healthy products sold by Black people***

Establish incentives for Black-owned businesses that meet health and safety standards and sell, distribute, and market healthy cosmetic products, such as small business tax credits.

- ***Improve research on toxic chemical exposure and impact on Black women***

Fund research that explicitly looks at the impact of toxic chemical products on Black women's reproductive and overall health to inform interventions and fund community-based organizations and health providers working directly with impacted communities to address harm.

- ***Disincentivize the sale of dangerous products***

Establish tax penalties for cosmetic companies that continue to produce and market toxic products and redirect these funds to remedial health compensation for impacted communities.

- ***Personal Care Products Safety Act (Senate) and Cosmetic Safety Enhancement Act (House)***

Introduced in 2019 by Representative Frank Pallone (D-NJ) and Senator Dianne Feinstein (D-CA), this legislation would require companies to ensure that their personal care products are safe before marketing them to the public. It would also expand the FDA's tools to ensure product safety determinations by updating existing regulations.

- ***Safe Cosmetics and Personal Care Products Act***

Introduced in 2019 by Representative Janice Schakowsky (D-IL), this legislation would ban animal testing and more than a dozen of the most harmful chemicals found in cosmetics; allocate resources to study safer alternatives; combat chemical exposure in vulnerable communities, specifically communities of color; and mandate ingredient disclosure in fragrances.[220]

Black women make up just 14 percent of the U.S. population, but comprise 86 percent of the market for ethnic hair and beauty aids, 22.4 percent of the market for women's fragrance, and 21 percent of the market for menstrual and hygiene products.

FOOD JUSTICE

Reproductive Justice can only be achieved when Black women, femmes, girls, and gender-expansive individuals have ample access to healthy and nutritious food where we live. Black people are more likely than other groups to live in communities deemed to be "food deserts" and to experience food insecurity. As a result, Black women, femmes, girls, and gender expansive people have reduced access to a range of healthy, affordable food options, which can contribute to numerous health disparities.

The term "food desert" describes an area where residents have reduced access to healthy, nutritious, and affordable food. As a result, residents of these communities are at increased risk of developing diet-related health problems, including overweight, obesity, diabetes, and cardiovascular disease.[221] [222]

The U.S. Department of Agriculture (USDA) defines "low food security" as having "reduced quality, variety, or desirability of diet, with little or no indication of reduced food intake;" and defines "very low food security" as "multiple indications of disrupted eating patterns and reduced food intake."[223] Like food deserts, food insecurity leads to higher risk of diet-related health conditions, such as diabetes and high blood pressure. The dangers are particularly high for children's development; food insecurity harms physical and mental health, academic performance and achievement, and long-term prosperity.[224]

Food insecurity contributes to a number of reproductive and overall health disparities for Black women, femmes, girls, and gender-expansive individuals. Food-insecure Black women are at increased risk for obesity, depression, heart disease, diabetes, and higher-risk pregnancies. Food-insecure Black children are more likely to experience asthma, academic challenges, and other physical, behavioral, and mental health challenges.

Both conditions are directly related to a lack of economic resources: households with comparatively fewer economic resources are more likely to be located in a food desert and to experience low, or very low, food security.

As a result of economic injustice embedded in systemic and institutional racism and gender discrimination, Black women, femmes, girls, and gender-expansive individuals are more likely to lack economic resources, compared to Americans of other races/ethnicities. For example, the poverty rate of households headed by Black women is 31 percent; it is 39 percent for households headed by Black women with children.[225] Nearly half of all Black children under age 6 live in poverty.[226] Only 8 percent of Black Americans live in areas with a supermarket, compared to 31 percent of white Americans,[227] and almost all (94%) of the nation's majority-Black counties are considered to be food-insecure.[228]

Families living with lower-income often face challenges in purchasing healthy foods for their families. A study on the nutritional quality of food purchases found that higher-income households purchased healthier foods (i.e., fruits, vegetables, and fiber).[229] Lower-income households purchased less healthy foods (i.e., sweet baked goods, sugar-sweetened beverages, packaged snacks, desserts, and candy).[230]

Barriers to healthy, affordable food are being exacerbated by the COVID-19 pandemic and the resulting economic crisis. A recent survey found that roughly 14 million children are not getting enough to eat as a direct result of the pandemic-related recession.[231]

More than two-thirds of Black adults (68%) indicated that they believe racism influences barriers to accessing healthy and affordable food.[232] Access to adequate food sources is an influential factor for Black women and adults in making decisions about whether and when to become pregnant and have children.[233]

Part of addressing food justice is explicitly redressing racist policies that impact Black Americans access to food, including policies directed against Black farmers. The USDA's past discriminatory lending practices and lack of farm assistance resulting in Black farmers disproportionately losing both land and wealth.

Food-insecure Black women are at increased risk for obesity, depression, heart disease, diabetes, and higher-risk pregnancies.

POLICY RECOMMENDATIONS

Policymakers must bring an intersectional lens to addressing food deserts and food insecurity and expanding access to healthy foods. This includes improving Black communities' food infrastructure, access and distribution—including expanding nutrition programs and school-based programs. Part of this effort will involve investing in and expanding public transportation in food-insecure communities, so Black women and other residents do not have to travel as far to reach a store with healthy food options.

- ***Address food insecurity resulting from the COVID-19 pandemic***

Congress should increase emergency stimulus allocations to people and families living with low incomes in addition to directly increasing emergency Supplemental Nutrition Assistance Program (SNAP) allocations. Congress should increase the 15 percent raise in SNAP benefits to at least 20 percent and extend this benefit and the Pandemic EBT (P-EBT benefit) permanently. Doing so will support families who will continue to struggle financially as a result of the pandemic, even after the public health emergency ends. Congress should also reduce restrictions on SNAP use, including discriminatory drug policies; incentivize increased access to food; and ensure that SNAP and EBT recipients can use these benefits to pay for food delivery.[234]

- ***Sustain and expand school-based nutrition education programs and school-based emergency food services***

Legislators should increase funding for the National School Lunch Program and direct the USDA to increase summer meals from two to three free meals a day (i.e., under the Summer Food Service Program and Seamless Summer Option, which serve meals to children when schools are closed). The USDA should also re-assess the impact of its hunger relief initiatives and extend necessary programs to meet community needs. The USDA should also grant a one-year extension for state-specific Child Nutrition Area Eligibility Waivers.

- ***Food Deserts Act***

Introduced in 2020 by Representative Andre Carson (D-IN), the legislation would establish a USDA program to fund state-operating revolving funds that provide loans to entities that provide healthy foods in grocery retail stores or farmer-to-consumer direct markets in food deserts and food-insecure communities. The Act would prioritize loans to entities that employ workers from underserved communities, offer nutrition education services, and source products from local urban gardens and farms.[235]

- ***Healthy Food Access for All Americans (HFAAA) Act***

Introduced in 2021 by Senators Mark Warner (D-VA), Jerry Moran (R-KS), Bob Casey (D-PA), and Shelley Moore Capito (R-WV), this legislation would establish tax credits and grants to incentivize activities specifically for food service providers, retailers, and food justice nonprofits that promote and provide increased access to healthy food in food deserts. This legislation would establish a Special Access Food Provider (SAFP) certification that incentivizes constructing new stores, retrofitting food distributor structures, establishing food banks in food-insecure areas, and incentivizing mobile markets (i.e., food trucks, mobile farmers' markets, temporary food banks) that target specific food-insecure areas.[236]

- ***Justice for Black Farmers Act***

Introduced in 2021 by Senators Cory Booker (D-NJ), Elizabeth Warren (D-MA), Kirsten Gillibrand (D-NY), Tina Smith (D-MN), Reverend Raphael Warnock (D-GA), and Patrick Leahy (D-VT), this legislation would provide oversight and establish an independent civil rights board to review civil rights complaints and investigate discrimination reports with the USDA. The Act would also offer protection against foreclosures and restore the land base lost by Black farmers. It would increase USDA funding for programs that give Black and other socially disadvantaged farmers first priority for assistance. It would also allocate substantial resources to nonprofit organizations and Historically Black Colleges and Universities (HBCUs) and establish a Farm Conservation Corps to train residents of socially disadvantaged and food-insecure areas to work in the farming industry.[237]

HOUSING JUSTICE

Reproductive Justice can only be achieved when Black women, femmes, girls, and gender-expansive individuals have safe places to call home. This requires a significant evaluation and reform of the policies and practices that both directly and indirectly segregate and disenfranchise Black communities.

The location of our home is a strong indicator of access to essential services that can either liberate or repress people, families, and communities. Where you call home is a proxy for the quality of your neighborhood school; availability of transportation, affordable child care, nutritious food, and safe water; proximity to viable employment opportunities; safety from environmental harms; and access to municipal services, banks, and community support.

The U.S. Census Bureau reports that, in the first quarter of 2020, 44 percent of Black families owned homes—a rate that is nearly 30 percentage points lower than that of white's (74% of white families own homes).[238] While staggering, the gap is even wider in specific cities; the Census Bureau reports that one-quarter of Black families in Minneapolis (MN) own their home, versus three-quarters of white families in that city.[239]

The U.S. House of Representatives' Speaker, Nancy Pelosi (D-CA), recently stated that, "housing security is a matter of justice, as structural racism puts communities of color unfairly at risk of being rent burdened or homeless."[240] Yet, housing providers continue to benefit from segregation's legacy and Black women's disenfranchisement, without providing meaningful change to address those long-standing problems.

The barriers that Black women, femmes, and gender-expansive individuals face in accessing rental housing and owning their homes are varied. Some of the biggest hindrances are:

Income levels and economic opportunities: salaries and employment history determine what type of housing they can afford—hence, where they can live—and what type of loans are available to them.

Gentrification of divested neighborhoods: gentrification of areas that have historically lacked investments both prices out and drives out working class, elderly, and low-income residents.

Access to credit: onerous credit requirements compound historical obstacles to credit for Black communities.

Public assistance programs: governmental rental programs do not begin to meet the need for affordable units to aid low-income households, resulting in long waiting lists for public housing.

Engagement with the criminal justice system: housing assistance is often limited for those who have criminal histories and/or records.

Home ownership is a key gateway to intergenerational wealth and security. It is well-understood that the racial wealth gap would significantly diminish if homeownership were "racially equalized."[241] Policies and practices that limit access to housing also limit reproductive autonomy, since the right to raise families in safe and sustainable communities is directly impeded by these activities.

The location of our home is a strong indicator of access to essential services that can either liberate or repress people, families, and communities.

POLICY RECOMMENDATIONS

Legislators must work harder to overcome the long history of racism and housing discrimination that continue to affect communities of color. This includes expanding and enforcing federal laws that prevent bias against potential renters and homeowners of color. This is just the start of ensuring that all Black women, femmes, girls, and gender-expansive individuals have a safe place to live with dignity, and without fear of exploitation.

- ***Take active steps to address punitive and carceral logic that have penalized Black tenants***

The federal government has directly and indirectly perpetuated housing discrimination; overcoming this legacy requires reviewing policies and programs at all levels of government to address and mediate the harms described above. Within the Congressional Subcommittee on Housing, Community Development and Insurance initiate a task force to specifically examine the longstanding, generational impact, and the impact of the current COVID-19 pandemic, on housing. This entity can identify policy solutions that remedy inequity in housing and homelessness, including providing tax credits for historically disenfranchised communities, eliminating the use of credit reports for loan approval, and providing compensation for individuals and families in under-resourced communities.

- ***Increase fair housing enforcement capacity***

Congress should expand funding for HUD's Fair Housing Assistance Program (FHAP), which funds agencies that administer fair housing laws, and Fair Housing Initiatives Program (FHIP), which helps ensure compliance with the Fair Housing Act and other housing laws. This effort should include expanding the number, and training, of program agents and investigators and conducting a meaningful evaluation of FHIP and FHAP agencies to ensure they are in compliance with enforcement practices. Additionally, the FHA should be expanded to include affirmative fair housing practices that address fraudulent practices in lending and address tenants' rights violations.

Enforce housing laws and protections

Housing providers who violate fair housing laws are often not barred from future participation in these programs and, unfortunately, can pass along the costs of any fines to their tenants. Providers who violate the law should be barred from participating in federally financed housing programs; any mortgage due should be made payable as soon as a provider is found to be in violation of anti-discrimination protections.

- ***Ensure that "religious freedom" is not used as a tool for discrimination***

Housing providers are able to use the mantle of "religious freedom" to discriminate against vulnerable populations, including Black women, femmes, and gender-expansive individuals who identify as non-Christian and/or are LGBTQ+, living with HIV/AIDS, disabled, unmarried, etc. Claims of religious freedom must not be allowed to be weaponized against the right to housing. (See the Religion and Reproductive Justice section.)

- ***Examine the distribution and redistribution of housing resources***

The federal government should examine the equitable re/distribution of resources for Black renters and potential homeowners. This includes examining both investment and divestment in Black communities as well as gentrification trends and impacts. It also includes ensuring that local governments designate an equitable amount of affordable housing in their development plans and strive to improve housing and amenities in Black communities.

Claims of religious freedom must not be allowed to be weaponized against the right to housing.

IMMIGRANT JUSTICE

Reproductive Justice can only be achieved when efforts to address the needs of immigrants to the U.S. recognize that Black women, femmes, girls, and gender-expansive individuals are among this population.

The national debate about immigration and immigration reform usually focuses on immigrants from Central and South America. Yet, an estimated 4.2 million Black immigrants live in the U.S., many of whom came to this country from Africa, the Caribbean, as well as Latin America.[242] Like other immigrants, these individuals and families often immigrated to escape war, destabilization, economic insecurity, environmental degradation, and/or genocide. Many women, including Black immigrant women and girls, are fleeing gender-based violence.[243]

Once in the U.S., Black and other immigrants face numerous challenges, including an inability to access the health care system, being shut out of educational and employment opportunities, and harmful interactions with the U.S. Department of Homeland Security (DHS). They also must contend with the structural and everyday racism that comes with being Black in America. For Black women, femmes, girls, and gender-expansive individuals, sexism and misogynoir present significant challenges.

Among these myriad problems, the first—lack of access to high-quality health care—has multiple and profoundly negative outcomes. While President Biden's Executive Orders are an important first step in expanding health care access to immigrants, a permanent solution is necessary. Under current law, immigrants must wait five years before they are eligible for coverage under federal programs like Medicaid and the Children's Health Insurance Program (CHIP). During this time period, many develop preventable illnesses and chronic conditions. Many are unable to pay out-of-pocket for health care, since around 20 percent of Black immigrants live below the poverty line. Black immigrant women are put in the position of choosing between seeing a doctor, paying rent, or buying groceries.[244] This can be particularly hard, since Black immigrant women are often the primary caregivers for their families and communities.

When undocumented immigrant women seek health care, they risk encountering DHS agencies—such as Immigration and Customs Enforcement (ICE) and Customs and Border Patrol (CPB)—and being detained and/or deported. Although hospitals have been deemed to be "sensitive locations" where ICE activities are *generally* suspended, there have been many cases of immigrants being detained when they seek care at hospital facilities.[245] For pregnant people and their caregivers, this fear is even more salient, since seeking prenatal and childbirth services could result in the separation of their families.

Like other Black and Brown residents of this country, many immigrants are deterred from accessing therapy or seeking help during an emergency, because of valid concerns about what might happen if they do so. For example, in 2018, 36-year-old Shukri Ali, a Somali immigrant who suffered from bi-polar disorder and schizophrenia, was murdered by the police when her sister called them for help.[246]

Due to these grave concerns, many Black immigrants are unable to access essential health care and other services, including during a public health crisis and despite being disproportionately impacted by the COVID-19 pandemic.

Once in the U.S., Black and other immigrants face numerous challenges, including an inability to access the health care system, being shut out of educational and employment opportunities, and harmful interactions with the U.S. Department of Homeland Security (DHS).

POLICY RECOMMENDATIONS

Black immigrant women, femmes, girls, gender-expansive individuals, and their families must be included in conversations about immigration reform. As the U.S. immigrant population continues to grow, we must build an inclusive and generous immigration system that works for all of us.

- ***Prioritize comprehensive immigration reform and dismantle inhumane detention programs***

Comprehensive immigration reform is needed to protect the lives of immigrant Black women, femmes, girls, and gender-expansive individuals. The actions of the Trump-Pence administration generated countless reports about abuse and neglect experienced by women and children in DHS custody. Reform must focus on creating a generous and humane immigration system and a path to citizenship that ensures safe conditions for any detained individual.

- ***Expand the Deferred Action for Childhood Arrivals program and offer a path to citizenship for adults***

The Deferred Action for Childhood Arrivals (DACA) program protects those who came to the U.S.— children known as "Dreamers." DACA ensures that Dreamers are not at-risk of detainment and deportation. Several thousand African and Caribbean immigrants have benefited from DACA, but many more could benefit

- ***Investigate the relationship between ICE, CBP, and local law enforcement***

Since ICE's creation and CBP's move into DHS following the 9-11 tragedy, both agencies have been involved in abusive and inhumane detention and deportation practices. It is critical to examine and reform the agencies' relationships with, and abuse of, the criminal justice and health care systems. Congress must establish a commission to investigate the impact of prior policies. In particular, a full and public report on the forced sterilization of detained women is needed.

- ***Health Equity and Access Under the Law for Immigrant Families Act***

Introduced in the House of Representatives by Rep. Pramila Jayapal (D-WA) and Rep. Nanette Barragán (D-CA) and in the U.S. Senate by Sen. Cory Booker (D-NJ), this legislation would remove the five-year waiting period that immigrants must currently endure before they become eligible for Medicaid or CHIP. It would also allow undocumented people to purchase coverage through the ACA's health insurance exchanges.

Comprehensive immigration reform is needed to protect the lives of immigrant Black women, femmes, girls, and gender-expansive individuals.

LGBTQ+ LIBERATION

Reproductive Justice can only be achieved by centering the needs and voices of Black lesbian, gay, bisexual, transgender, queer/questioning (LGBTQ+) folks, particularly those who identify as Black femmes and gender-expansive. (See the Sexual Assault, Housing, Mental Health, and Religion and Reproductive Justice sections.) LGBTQ+ people currently do not have universal protections across the U.S. From state houses to the Supreme Court of the United States, LGBTQ+ people's rights have been questioned and, too often, curtailed. Federal laws are necessary to ensure Black LGBTQ+ people have strong civil rights protections, regardless of what state they live in.

LGBTQ+ individuals also need access to the full range of reproductive health care, including contraception, abortion, assisted reproductive services, STI/HIV prevention and treatment, pregnancy care, and parenting resources. Yet, LGBTQ+ individuals are often overlooked in discussions about the need to ensure access to reproductive health care—leaving their distinct challenges under-acknowledged and un-addressed.

This marginalization is particularly glaring because LGBTQ+ individuals experience disproportionate levels of challenges, discrimination, and harm when they try to access reproductive and other health care, compared to their cisgender heterosexual counterparts.[247] [248]

As Human Rights Watch has noted, LGBTQ+ individuals encounter significant barriers to healthcare. Many LGBTQ+ people have difficulty finding providers who are knowledgeable about their needs, encounter discrimination from insurers or providers, and/or delay or forego care because of concerns about how they will be treated. In the absence of federal legislation prohibiting health care discrimination based on sexual orientation and gender identity, LGBTQ+ people are often left with little recourse when discrimination occurs.[249]

According to research, 8 percent of LGBQ individuals and 29 percent of transgender individuals reported that, in the last year, they had a health care provider refuse to see them due to their sexual orientation or gender identity. Nine percent of LGB individuals and 21 percent of transgender respondents said a provider used harsh or abusive language when they sought care. One-third (33%) of transgender respondents reported having had a negative interaction with a health care provider in the last year due to their gender identity.[250]

These experiences make LGBTQ+ individuals understandably reluctant to seek needed medical care, with devastating effects on their mental and physical health. While this can have life-threatening effects in general, the risks are particularly high when it comes to HIV prevention and treatment. Additionally, HIV and AIDS disproportionately impact LGBTQ+ individuals, particularly Black people.

For Black LGBTQ+ individuals, the challenges and resulting harms are compounded by the well-documented discrimination Black people suffer when seeking healthcare.[251] [252] [253] [254] [255] [256] These barriers and discrimination contribute to the interconnected system of factors that creates and exacerbates negative health outcomes for Black LGBTQ+ people.[257] This is especially poignant in the context of reproductive health, which significantly affects an individual's choices about bodily autonomy, reproduction, and sexual well-being.

LGBTQ+ individuals who wish to become parents face additional challenges, depending on where they live. Many states do not protect their right to adopt or foster, which can limit options when seeking to build a family. For those who wish to become pregnant using assisted reproductive services, lack of health coverage can present steep financial barriers. In some of the states that cover these services, people must prove they are infertile before coverage is available, which disproportionately impacts LGBTQ+ individuals.

HIV and AIDS disproportionately impact LGBTQ+ individuals, particularly Black people.

POLICY RECOMMENDATIONS

A complete and robust vision of Reproductive Justice includes and prioritizes the unique needs and vulnerabilities of Black LGBTQ+ women, femmes, girls, and gender-expansive individuals. As a baseline for LGBTQ+ people to realize full equality and liberation there needs to be provisions that explicitly prohibit exclusion and discrimination on the basis of sexual orientation and/or gender identity.

- ***Require insurance companies to cover assisted reproductive technologies for all individuals, including those who are LGBTQ+***

Insurance companies are not required to cover assisted reproductive services, and many states place onerous restrictions on accessing this care. Expanding coverage to all who seek these services would improve LGBTQ+ folks' ability to become parents.

- ***Establish a grant program for medical students who wish to pursue a career in gender affirmative health care***

In many parts of the country, access to gender affirmative care is limited. Patients are forced to travel long distances to receive the care they need. It is necessary to increase the number of providers who specialize in caring for LGBTQ+ patients. The federal government should support grant programs that provide financial support for medical students who wish to provide care for LGBTQ+ patients, particularly those who live in underserved areas.

- ***Every Child Deserves a Family Act***

First introduced in 2019 by Representative John Lewis (D-GA) and Senator Kirsten Gillibrand (D-NY), this legislation would prohibit child welfare agencies that receive federal funds from discriminating against potential foster or adoptive families on the basis of religion, sex, sexual orientation, gender identity, or marital status. It would also prohibit discrimination against youth in foster care on the basis of sexual orientation or gender identity.

- ***Protecting LGBTQ Youth Act***

Introduced in 2021 by Representative David Scott (D-GA) and in 2020 by Senators Tim Kaine (D-VA) and Tammy Baldwin (D-WA), this legislation would explicitly include LGBTQ+ youth in the Child Abuse Prevention and Treatment Act. It would direct agencies to research ways to protect LGBTQ+ children from abuse and neglect, provide funding to train personnel on the needs of LGBTQ+ youth, and expand the demographic data collected in child abuse reports.

- ***Equality Act***

Introduced in 2021 by Representative David Cicilline (D-RI) and Senator Jeff Merkley (D-OR), this legislation would prohibit discrimination based on sexual orientation and gender identity in employment, housing, credit, education, jury service, federally funded programs, and public accommodations. For those who face additional and compounded risk of discrimination (such as Black LGBTQ+ individuals), expanding federal anti-discrimination protections is particularly important, and is particularly crucial for those who live in states without existing protections.

- ***Prohibition of Medicaid Coverage of Conversion Therapy Act***

Last introduced by Representative Sean Patrick Mahoney (D-NY) in 2019, this legislation federally bans Medicaid from covering *conversion therapy,* any treatment or practice that seeks to change an individual's gender identity or sexual orientation in exchange for financial compensation.[258]

LGBTQ+ individuals experience disproportionate levels of challenges, discrimination, and harm when they try to access reproductive and other health care, compared to their cisgender heterosexual counterparts.

AGING

Reproductive Justice can only be achieved by addressing the fact that Black women, femmes, girls, and gender-expansive individuals' health needs and experiences change with age. Black women's sexual and reproductive health needs evolve over time, including during and after the menopausal transition.

Menopause is the time when one's menstrual periods stop permanently, typically defined as not having had any menstrual bleeding, including spotting, for 12 consecutive months. It follows "peri-menopause," the bodily transition leading up to a person's final period. Both peri-menopause and the menopausal transition can be accompanied by myriad symptoms that may include changes in mood and memory, depression, difficulty sleeping, hot flashes, irregular periods, vaginal dryness, weight gain, and changing feelings about sexual activity.

Despite the fact that, in any given year, 27 million U.S. women experience menopause, this time of life has been largely rendered invisible in cultural and political discussions, as well as in women's health research. This is particularly true with respect to Black women, femmes, girls, and gender-expansive individuals' bodily autonomy, agency, and health needs over time.

The timeframe and severity of physical changes during the menopausal transition vary by individual. They can, however, be more severe for historically marginalized communities—including Black women, femmes, and gender-expansive individuals—due to a range of factors that have been understudied for too long. These include unhealthy living and working environments, prolonged stress from racism and poverty, and other social determinants of health. For example, Black women experience menopausal symptoms at comparatively younger ages than white women do; for more years, on average than women of other race/ethnicities; and often with more intensity and interference with quality of life.

More research is needed to better understand Black women's intersectional experiences during the menopausal transition. This includes research on the embodied and environmental stressors that contribute to symptoms; effective and holistic symptom treatments; and protecting sexual, reproductive, and overall health during and after menopause.

More broadly, pronounced differences in health are seen in Black versus white women during middle age, potentially suggesting an accelerated aging process. Scientists hypothesize that this age pattern may reflect a process of biological weathering. In other words, Black Americans may be biologically older than whites of the same chronological age due to the cumulative impact of repeated social and environmental stressors.

In addition to health, economic security is critical to Black women's well-being as we age. The average Black woman must work until she is 85 years old before she makes the same amount as the average white man who retires at age 65.[259] Cumulatively, the wage gap influences our ability to ensure safety and comfort as we age. (See "Economic Justice" section.)

Black women, femmes, girls, and gender-expansive individuals also face a higher likelihood of experiencing workplace discrimination related to intersectional bias, being victimized by predatory lending practices and a lack of banking services, suffering from housing insecurity, and aging alone. Black women, femmes, girls, and gender-expansive individuals need better protections to ensure their safety and stability later in life, particularly once they are retired.

Black women experience menopausal symptoms at a comparatively younger ages than white women do; for more years, on average than women of other race/ethnicities; and often with more intensity and interference with quality of life.

POLICY RECOMMENDATIONS

Black women, femmes, girls, and gender-expansive individuals need access to information, services, and support throughout our lifespans, and particularly as we age. Congress should work to ensure equal access to insurance; comprehensive, affordable, and culturally competent health care (including sexual, reproductive, and mental health care); safe housing; and fair employment opportunities—all of which are imperative to ensure that people can maintain healthy and full lives as they age.

- ***Provide funding to address systemic inequities that have prevented Black people from accumulating wealth***

Funds should be made available to compensate aging Black women, femmes and gender-expansive people for federal and state governments' historic and intentional policies and practices that have prevented us from purchasing homes, earning equal pay, and investing in our communities. Funds can support low-cost, low-interest government backed loans to purchase a home and/or business, or pay off any debt.

- ***Fund intersectional research about Black women's sexual and reproductive health before, during, and after the menopausal transition***

Aging women, particularly women of color, have been left out of medical research. Funding for intersectional research is needed to address this problem, and generate information about health disparities (i.e., cancer, chronic conditions) as well as Black women's experiences navigating health care systems as we age. Results can inform comprehensive public health interventions and care delivery that are free from bias against older women and that disrupt the health risks associated with the "Strong Black Woman" stereotype. (See "Research" section.)

- ***Expand and protect funding for home health care services and U.S. Department of Housing and Urban Development (HUD) programs that support aging in place***

Legislators should expand funding and eligibility criteria for the HUD Older Adult Home Modification Program (OAHMP), which allocates federal funds to assist state and local governments, non-profit organizations, and public housing entities to take on comprehensive initiatives and make home modifications and repairs that support elderly homeowners who are living with low incomes to age in place.

- ***Protecting Older Workers Against Discrimination Act (POWADA)***

Introduced in 2019 by Representative Bobby Scott (D-VA) and Senator Bob Casey (D-PA), this legislation would restore protections removed by a 2009 U.S. Supreme Court (SCOTUS) ruling, in *Gross v. FBL Financial Services Inc.*, that made it harder for older employees to prove age-related discrimination. SCOTUS ruled that older workers had to prove that their age was a "decisive factor" in an employer's decision either to not hire an individual or to discipline or terminate an employee. The legislation would amend the Age Discrimination in Employment Act of 1967 such that age would need to be shown to be to a "motivating factor" instead.

- ***Postal Banking Act***

Introduced in 2018 by Representative Yvette Clarke and Senator Kirsten Gillibrand (D-NY), this legislation would establish comprehensive retail bank accounts through the U.S. Post Service (USPS). This would help combat Black and Brown communities' disproportionate experience as under-banked neighborhoods and their heightened risk of victimization through predatory lending practices.

BLACK PARENTS WHO HAVE A DISABILITY

Reproductive Justice includes the right to decide whether and when to have children—a right that is not exclusive to those without disabilities. Black parents who have a disability must be able to freely make their own personal decisions about whether, how, and when to have children, and how best to parent their children.

Despite progress, our country's discriminatory and ableist history continues to affect views about the autonomy, rights, and self-determination of people who have disabilities. There are at least four million parents with a disability in the U.S,[260] and this number is growing. Nonetheless, this group faces tremendous hurdles with respect to planning and having a family. These challenges are particularly steep when a disabled person's parental rights are being challenged or negotiated.[261] [262]

Black parents who have a disability—especially Black women with a disability—are justly fearful of being targeted due to our country's toxic combination of racism, sexism, misogynoir, and ableism.[263] They are intimately aware that a healthcare professional or social worker could question their ability to parent, and use their authority to create suspicions or demand an investigation without cause.

This is the reality that Black individuals with disabilities focus on during their parenting journey—when considering their family planning options, seeking prenatal care, giving birth, or preparing to take their baby home for the first time. With each milestone, Black parents with disabilities know that their rights may not be fully protected, particularly if the state where they live has not enacted legislation prohibiting discriminatory and unfounded practices.[264]

POLICY RECOMMENDATIONS

Congress needs to step up and ensure that parents who have a disability are protected from discrimination, regardless of where they live. This is the only way to confront and resolve the challenges faced by Black parents who have disabilities.

- ***Create a Congressional Task Force on the Rights of Black Parents with Disabilities***

A Congressional Task Force could use an intersectional lens to create and coordinate a national strategy to address the challenges faced by Black parents who have disabilities. The Task Force would raise awareness and generate policy solutions for the unique challenges and concerns faced by Black parents with a disability. These include addressing obstacles to accessing reproductive health care and social services (including adoption and foster care systems); combating negative attitudes about people with disabilities who seek to become parents; developing best practices for professionals and organizations to end discriminatory views and practices; and funding research on the impact of various systems (i.e., welfare, medical, social) on the lives of Black parents with disabilities.

- ***Fund implicit bias and cultural training for current and future medical personnel***

Black people with disabilities face significant barriers and prejudices with respect to their capacity to parent effectively.[265] Congress should fund grants for medical and professional schools to provide training about the historic and ongoing discrimination faced by Black people with disabilities, including those who are, or want to be, parents.

- ***Access to Infertility Treatment and Care Act***

Introduced in 2019 by Representative Rosa DeLauro (D-CT) and Senator Cory Booker (D-NJ), this legislation would expand health insurance coverage for infertility treatment and services. The language should be amended to explicitly state that infertility coverage must include people with disabilities.

SEX WORK

Reproductive Justice can only be achieved when Black women, femmes, and gender-expansive individuals who engage in sex work have the same rights and protections as other participants in the labor force.

"Sex work" is defined as "the exchange of sexual services, performances, or products for material compensation.[266] This includes physical contact, indirect contact, and erotic performance. The term *only* refers to voluntary sexual activities and does not include human trafficking (including child prostitution) or nonconsensual sex (i.e., rape). Regrettably, sex work is often conflated with trafficking, hampering efforts to enact effective and meaningful policies to address the latter.

As a result of sex work's criminalization and stigmatization, policy conversations usually fail to center the human rights of those who engage in it. But, sex work is work. All sex workers should be allowed to classify themselves as either an independent contractor or an employee, with the same rights and protections offered to people in other industries.

Due to systemic racism and its economic impact, Black women, femmes, and gender-expansive individuals are often forced to rely on informal economies, like sex work, to support themselves and their families. According to the Federal Bureau of Investigations (FBI), Black people account for approximately 42 percent of adult prostitution and "commercialized vice" arrests, despite being only 13 percent of the population; whites comprise 50.9 percent of these arrests and 60.7 percent of the population.[267] Half (50%) of minors arrested for prostitution are Black.[268]

Like other sex workers, Black women, femmes, and gender-expansive individuals are at risk of violence from their customers, other people in the industry, and members of law enforcement. Police regularly target sex workers—or people they believe to be sex workers—for abuse, including violence and sexual assault.[269] Police rarely face consequences for such abuse, and many sex workers are afraid to report their experience due to fears of being arrested. Sex workers who are public-facing are particularly vulnerable to police violence.[270]

Although there are no data on how often police assault sex workers, sexual violence is one of the most reported forms of police misconduct.[271] Criminalization allows law enforcement to harass and abuse sex workers with impunity, simply by threatening arrest.[272] Repeated arrests and interactions with law enforcement can directly impact a sex worker's health, mental health, livelihood, and ability to care for their families.

While sex work's criminalization impacts all sex workers, Black women, femmes, and gender-expansive individuals must contend with the additional challenges presented by the criminal justice system's systemic racism. The risks are particularly high for transgender people, who are more likely to be sex workers and, therefore, face heightened risk of experiencing violence.[273] Half of all trans people of color, and almost one-fifth (16%) of all trans people have been incarcerated.[274] (See Table.[275])

MISTREATMENT BY POLICE OR OTHER LAW ENFORCEMENT OFFICERS IN THE PAST YEAR

Experiences of mistreatment in the past year	% of Black people in USTS	% in USTS	% of white people in USTS
Officers kept using the wrong gender pronouns (such as he/him or she/her) or wrong title (such as Mr. or Ms.)	51%	49%	46%
Verbally harassed by officers	22%	20%	17%
Officers asked questions about gender transition (such as about hormones or surgical status)	22%	19%	16%
Officers assumed they were sex workers	**21%**	**11%**	**8%**
Physically attacked by officers	**12%**	**4%**	**2%**
Sexually assaulted by officers	**6%**	**3%**	**2%**
Forced by officers to engage in sexual activity to avoid arrest	3%	1%	<1%
One or more experiences listed	**61%**	**58%**	**55%**

POLICY RECOMMENDATIONS

Sex work is work—and policies should be approached with that reality in mind. The government has aided in sex workers' stigmatization and helped push the industry underground. Now, Congress should take an active role to ensure the human and civil rights of those who choose to engage in sex work.

- ***Remove sex work from the ineligible businesses list at the Small Business Administration***

Currently, businesses of a "prurient sexual nature" or businesses that derive "more than 5 percent of its gross revenue from the sale of products or services, or the presentation of any depictions or displays of a prurient sexual nature,"[276] are barred from receiving assistance from the Small Business Administration.

- ***SESTA/FOSTA Examination of Secondary Effects for Sex Workers Study Act (Senate) and the SAFE SEX Workers Study Act (House)***

Introduced in 2020 by Representative Ro Khanna (D-CA) and Senator Elizabeth Warren (D-MA), this legislation would require the federal government to study the impact of the Stop Enabling Sex Traffickers Act and the Allow States and Victims to Fight Online Sex Trafficking Act (SESTA/FOSTA). SESTA/FOSTA was designed to fight sex trafficking, but appears to be ineffective at doing so; instead SESTA/ FOSTA is likely to have harmed sex workers by reducing access to online platforms.[277] Online platforms allow sex workers to screen clients, work in safer environments, and reduce their interactions with law enforcement. (This Act is also called the "SAFE SEX Workers Study Act.")

PROTECTING SEX WORKERS: SHONDA'S STORY

Shonda, a Black transwoman, was stopped in the early morning as she was walking near a "known sex trafficking" area in Los Angeles, CA. Shonda was stopped by two Black LA Police Department (LAPD) officers, who asked for her name and identification (ID). Shonda complied with the officers' request, then asked why she was being detained. One officer responded that she had been stopped because she was suspected of engaging in sex work. When the officers ran Shonda's ID and birth date, her male birth name came up in their system due to prior arrest records. The officers again asked for her name; she replied, "Shonda." The officers mentioned that another name came up in the system. Shonda explained that she had legally changed her name through the Name Change Project and that "Shonda" was the name reflected in her ID.

From that moment, the officers refused to call her Shonda, and used her birth name instead. They arrested Shonda for "soliciting sex." Upon arrival at the county jail, she was detained in a male holding cell. Shonda asked why she was being held in a male holding cell when she was a female. The officer replied, "Because you're a man, according to your birth name." Shonda explained, again, that she was a transwoman. After several rounds of this, the officers told Shonda to strip right there in the holding cell, in front of everyone else, in order to prove it. Humiliated, victimized, and dehumanized, Shonda felt that she had no choice but to disrobe in front of everyone and verify that she did, in fact, have female genitalia. Nevertheless, the LAPD kept Shonda in the male holding cell until she was released two days later.

Reproductive Justice can only be achieved when Black women, femmes, girls, and gender-expansive individuals are represented fairly and equitably in scientific research that has the potential to improve their health. Achieving this goal is hampered by Black and Brown individuals' understandable suspicion of the medical system—and medical research in particular.

It is difficult to advocate for Black women's rights and equity in medical research, including in clinical trials, without understanding the racist experimentation to which Black women have been subjected throughout American history.

Consider Dr. James Marion Sims, the so-called "father of modern gynecology," who developed groundbreaking gynecological techniques by inhumanely experimenting on enslaved Black women—without anesthesia.

Consider Henrietta Lacks, whose cancer cells were used to create one of the most important cell lines in medical research—without her (or her family's) knowledge, consent, or compensation. Created in 1951, the HeLa cell line is still used for medical research today, and has helped generate important medical advancements on the polio vaccine, cancer treatments, gene mapping, and more.

These are but two examples. Black women's contributions to medical science are undeniable; the methods by which these forced contributions were made are reprehensible. As a result, Black women have a long and completely understandable history of medical mistrust. This mistrust is compounded by the fact that very few providers are Black themselves— a mere five percent of practicing physicians are Black[278] and just two percent are Black women.[279]

One chilling effect of medical mistrust is a communal reluctance to participate in research, including clinical trials. Yet, without their involvement, research, treatment, and care for Black individuals will remain sub-par and ill-informed.

Clinical trials have long failed to include women (including women of color) in sufficient numbers to be able to make informed assessments about their health outcomes. Black women are recruited for clinical trials significantly less often than white men.[280] For example, in 2016, the FDA approved a drug to treat female sexual dysfunction that was tested on a study population that was *92 percent male*.[281]

More recently, Gilead Services failed to include any cis-gender women in its clinical trials for Descovy, an anti-HIV therapy—only cis-gender men and transgender women were included.[282] As a result, the FDA did not approve Discovy for use by cis-gender women, despite the fact that heterosexual contact drives 85 percent of women's HIV infections.[283] Black women are disproportionately affected by these decisions because Black women account for more than half of the nation's HIV diagnoses (57%) and Black women are more likely to be diagnosed with HIV in their lifetime, compared to Hispanic and white women.[284]

Policy and research are intertwined—medical advances are driven by research, and then guide public health policies. To ensure that Black women, femmes, girls, and gender-expansive individuals have access to safe and effective medical treatment, they must be adequately represented in clinical trials and other scientific research. This is essential to overcome disparities and poor health outcomes.[285]

A critical part of this effort is to recognize and respond to communities of color's medical mistrust. It is vital to engage trusted community-based organizations (CBOs) and cultural brokers. These entities can help provide education on risks and benefits of clinical trials and recruit participants from specific populations. They can help ensure that research protocols are culturally sensitive and inclusive, and help cultivate trust and good-faith with community members. Studies show that, when CBOs lead or contribute to research in their own communities, community members are more likely to be comfortable and participate in research.[286]

One chilling effect of medical mistrust is a communal reluctance to participate in research, including clinical trials.

POLICY RECOMMENDATIONS

Black women, femmes, girls, and gender-expansive individuals have been disregarded, overlooked, and undermined by the medical system. It is past time for their interests and needs to be prioritized in clinical trials and other forms of scientific research.

- ***Ensure that research protocols include partnerships with community-based organizations in order to improve engagement of historically marginalized communities***

Congress should encourage federally-funded research studies to partner with CBOs, particularly those organizations serving historically marginalized communities. Partnerships can effectively facilitate outreach, recruit study participants, and educate the public on both research and its findings.

- ***Ensure equitable compensation for Black women, femmes, girls, and gender-expansive people who participate in clinical research trials.***

The FDA should establish an advisory committee that is diverse and inclusive of Black researchers, and that is focused on racial and gender equity in clinical trials and improve its guidance for Institutional Review Boards and Clinical Investigators regarding ethical protocols for compensation of research participants.

- ***Ensure that Black researchers are supported and funded***

Black researchers are more likely to propose "community or population-level research". According to the National Institutes of Health, these topics have the lowest success rate despite the potential impact they could have in developing effective client-centered interventions to address disparities.[287] Congress needs to dedicate funding for Black researchers.

- ***Triple-Negative Breast Cancer Research and Education Act***

Introduced in 2021 by Representative Sheila Jackson Lee (D-TX), this legislation would provide funding for research and education on TNBC, which is more common among Black women. It would support the research needed to learn more about TNBC's risk factors, screening mechanisms, and effective treatments.

- ***The Stephanie Tubbs Jones Uterine Fibroid Research And Education Act of 2021***

Introduced in 2021 by Representative Yvette Clarke (D-NY), this legislation addresses the need for better patient and provider education about women of color's unique risks for fibroids. The Act would establish new research funding at the NIH. It would expand a Centers for Medicare & Medicaid Services (CMS) chronic condition database to include more information on services provided to people with fibroids. It creates a fibroid education program at the CDC and directs the Health Resources and Services Administration to develop and share comprehensive fibroids information with health care providers.[288]

Congress should encourage federally-funded research studies to partner with CBOs, particularly those organizations serving historically marginalized communities.

Religion & Reproductive Justice

Religion—the belief and participation in a particular system of faith and worship—has long been an important aspect in the lives of Black people in the U.S. Denied the right to find solace in the African Traditional Religions of their homeland, slaves were forced to embrace a form of white Christianity. Black slaves were also denied the right to gather, out of fear that they would plan uprisings to liberate themselves. Instead, they were "forced to meet in secret locations at night called 'hush harbors' to combine their African traditional religious practices with their understanding of a Christianity centered on a God that would free Black people from slavery rather than a slaveholding Christianity that taught obedience and passivity to their enslavement."[289]

Their strong faith in God as a source of hope and inspiration gave enslaved Africans the strength to endure—and it has also been the source from which Black people draw the fortitude needed to continue the struggle against the horrors of racism, sexism, classism, and white supremacy.

A survey conducted by the Pew Research Center found that Black Americans are more religious than the American public overall.[290] Almost two-thirds (64%) of Black women who participated in the survey reported that religion was an important aspect of their lives.[291] Black women were more likely to say that they have faith in a divine power or God that guides them in being moral people, compared to Black men.[292]

For many Black women, femmes, girls, and gender-expansive individuals, God is involved in their struggle for survival and their moral decision-making. Womanist theologian Delores Williams observes that Black women understand "making a way out of no way" as a personal testimony about a higher power that supports their struggle for equality, liberation, and justice.[293] Black women, femmes, girls, and gender-expansive individuals embrace a set of moral precepts that often do not conform to traditional normative ethical systems but that allow them to live, and have an accounting of their lives, on their own terms.[294] Black women's exercise of moral agency to achieve liberation necessarily occurs at the intersections of race, class, gender, and other forms of oppression.[295]

What happened on that auction block centuries ago is still unfinished business for African American women today.

— Dr. Gail E. Wyatt

At the same time, religion has long been weaponized to shame, blame, and control Black women's reproductive and sexual health. The Black church has used religion to institute respectability norms and classify "good" versus "bad" Black women. The Black church has promoted oppressive theological teachings that deny Black women's, femmes' girls', and gender-expansive individuals' reproductive and sexual agency, and to promote false narratives that Black women have hypersexual, animalistic desires and an uncontrollable breeding capability.[296] These myths and tropes originate in white supremacy and evolved from enslavement in order to justify the dehumanization and degradation of Black bodies.

The Reproductive Justice movement, while not religion-centered, encompasses ancestral and Protestant theories of autonomy, dignity, ethics, self-determination, equity, leadership, and liberation. Black women and other women of color of faith and spirituality have always been present in the RJ movement, although intentionally centering this intersection is a newer, although necessary, concept. Black women, femmes, girls, and gender-expansive individuals who identify as people of faith have applied womanist liberation epistemologies to expand the vital intersection of RJ and faith.

POLICY RECOMMENDATIONS

Efforts to control Black women's, femmes' girls', and gender-expansive individuals' reproduction and sexuality run counter to the concepts of free-will and moral authority upon which most religious traditions rest.[297] Decisions about sexual activity, same-gender loving relationships, and autonomy over whether and when to have a child must rest squarely in the hands of the individual—not the government or any church.

- ***Prevent "religious freedom" from hampering access to comprehensive sexual health education***

Sexual health education must be evidence-based in order to ensure that young people have the information and tools they need for lifelong sexual health and well-being. Moral or religious interpretations should not be allowed to justify withholding medically accurate information that empowers young people to make the best decisions about their own lives and bodies.

- ***Ensure that "religious freedom" is not an excuse for discrimination***

Housing providers are able to use the mantle of "religious freedom" to discriminate against vulnerable populations, including Black women, femmes, girls, and gender-expansive individuals who identify as non-Christian and/or are LGBTQ+, living with HIV/AIDS, disabled, unmarried, etc. Religious freedom must not be allowed to be weaponized against the right to housing.

- ***Do No Harm Act (H.R. 1378)***

Introduced in 2021 by Representatives Bobby Scott (D-VA), Steve Cohen (D-TN), Jamie Raskin (D-MD) and Mary Gay Scanlon (D-PA), this legislation would restore the Religious Freedom Restoration Act (RFRA) to its original purpose: to protect religious exercise and ensure that religious freedom is not used to erode civil rights protections. The legislation seeks to address the sharp rise in RFRA's misapplication to justify discrimination on the basis of "religious freedom." The bill would limit the use of RFRA in cases involving discrimination, child labor, child abuse, wages, collective bargaining, access to health care, public accommodations, and social services provided through government contracts.

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Acknowledgments

Special acknowledgement for the staff of In Our Own Voice—Racine Tucker-Hamilton, Michelle Batchelor, Lexi White, Camille Kidd—and the staff of Interfaith Voices for Reproductive Justice—Jasmine Bowden and Erica Davis-Crump—for the many hours of planning, writing, and editing to make the Black RJ Policy Agenda possible.

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