

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 LGBTQ+ 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.

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.

* *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.*"

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 murdered¹⁷³ 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

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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 pro-

cess, 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.

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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

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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.

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.

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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

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- **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.

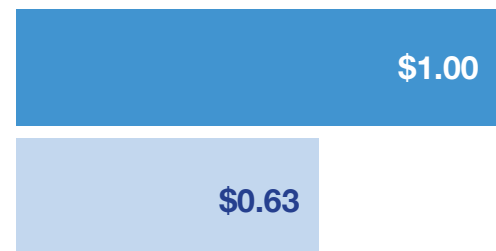
- **Pregnant Worker Fairness Act**

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.



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), extracur-

ricular 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

** 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.*

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.

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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.

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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 exposure 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 Omnibus 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 Inter-agency 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.

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 pre-conception 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.

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

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.

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 En-

forcement (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.

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.

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.

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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.

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, misogyny, 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 suspi-

cions 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		% of white people in USTS
		% 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 Black²⁷⁸ 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 Descovy 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.