

REIMAGINING POLICY: *In Pursuit of*
**BLACK
REPRODUCTIVE
JUSTICE**

VOTING RIGHTS • BODILY AUTONOMY • CONTRACEPTION • FAMILY • HEALTH EQUITY, CARE, AND ACCESS • SOCIAL JUSTICE, COMMUNITY JUSTICE, AND SAFETY
REPRODUCTIVE JUSTICE • BLACK WOMEN, GIRLS, AND GENDER EXPANSIVE PEOPLE • EQUITY • INTERSECTIONALITY • SOCIAL JUSTICE



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In 2021, more than 30 Black Reproductive Justice (RJ) organizations came together to create the first-ever Black Reproductive Justice Policy Agenda—a strategic and honest compilation of key issues and policy recommendations that represent our collective vision. Today, we offer a timely update of this agenda, because our work is far from over and because we continue to call on policymakers to utilize an RJ framework to reimagine policy, with the communities most impacted right at the center.

Here's what we know: Black women, girls, and gender-expansive people are dynamic leaders in every part of this country; they are often the backbone of our families, our movements, our economy, our democracy. They rise up in moments of crisis, organize, and pave the way towards racial, gender, and Reproductive Justice. But two truths can exist.

At the very same time, Black women, girls and gender-expansive people face continued and perpetual state, local, and federal attacks on their civil and human rights. Just last year, the U.S. Supreme Court issued a decision in *Dobbs v. Jackson Women's Health Organization* that struck a devastating blow against women's civil and human rights. And, since the decision, bodily autonomy has continued to be under attack—in states, where extreme legislators have worked to introduce harmful restrictions and bans; and in the courts, where unaccountable judges have ruled to attempt to make a safe and highly effective drug used for medication abortion care inaccessible in every state in this country. This new landscape is volatile, untenable, and disastrous to Black women, girls, and gender-expansive people.

And at the same time, our maternal health crisis continues to disproportionately impact Black women and birthing people. We have failed to move meaningful legislation on voting rights, police violence, criminal justice reform, or gun safety. And, Black parents across the country are grappling with efforts to ban books from schools that tell the story of who they are. Black communities continue to endure hate-fueled and state-sanctioned violence, and the dual impact of systemic homophobia and racism—coupled with blatant attacks on lesbian, gay, bisexual, transgender, queer, intersex, and asexual (LGBTQIA+) rights, particularly on youth—continue to impede the ability of Black, queer folks to live freely. And, years after the COVID-19 pandemic wreaked havoc on Black communities, we continue to see its lingering health and economic impacts.

As we assess the threats to the livelihood, safety, and joy of Black women and girls, there is one thing we're clear on: our path forward hinges on an unwavering commitment to Reproductive Justice. Now more than ever, we need to employ a collective framework grounded in human rights and Black Feminist theory. One that centers the intersectional impact of race and gender in the ability to live free from oppression, and appreciates the interconnectedness of identity and issues. An approach that makes clear that we can't leave any piece behind: not the right to health care, to dignified birth, or to access abortion; not equity in housing or education; not fair employment or school discipline practices; not clean water or lead-free schools; not any of the social, economic, political, or cultural supports needed for Black families to thrive.

This Black Reproductive Justice Policy Agenda—updated to meet this moment—will continue to be a guidepost for policy in this country. The change we envision needs to be boldly reimagined. So that Black women, girls and gender-expansive people—in the multitude of ways they show up—can thrive.

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INTRODUCTION: A REPRODUCTIVE JUSTICE LENS ON POLICY CHANGE



As the foremothers of the Reproductive Justice movement, Black women know what it means to lead communities and lead movements, while struggling for basic equality, social justice, and human rights.

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

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

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

Reproductive Justice is a fundamental human right that supports all women, girls, and gender-expansive individuals, in all their identities, and allows them to make and direct their own sexual and reproductive health decisions. To ensure this right, policymakers must recognize and remedy the transgenerational racism, inhumanity, and inequality of access to information, services, and support that has historically endangered—and continues to affect—women and girls from marginalized communities.

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

Today’s Landscape

Today—in 2023—we are faced with constant attacks on our right to Reproductive Justice: the loss of *Roe*’s protections and abortion bans in dozens of states, and an attack on medication abortion in the courts; restrictions on our voting rights, undermining of our important role in American history; attacks on both life-affirming health care and liberty for LGBTQIA+ individuals.

Despite people across the country supporting reproductive freedom, extreme politicians continue to push their own agenda to limit bodily autonomy, and basic human rights. As one example, last fall Kansans voted to affirm the right to access to abortion in their states, yet during the 2023 state legislative session, politicians introduced and passed an anti-abortion law, restricting reproductive care access, alongside a bill targeting transgender students’ right to play sports. States across the South—with the largest Black populations across the country—are many of the same states where most abortions are banned. In 2023, 14 states have near-total bans on abortion; this year alone, over 520 anti-LGBTQIA+ laws have been intro-

duced in state legislatures across the country with a record of 70 anti-LGBTQIA+ laws being enacted thus far.³ Of those enacted thus far, at least 22 bills specifically target transgender youth.⁴ Florida’s Governor signed an extreme six-week abortion ban, trampling human rights for people across the state—acutely affecting Black women and girls—as the state simultaneously works to ban the very books that pillar Black history. Idaho has become the first state to pass a law explicitly restricting some out-of-state travel for abortions. The new legislation makes helping a pregnant minor get an abortion, whether through medication or a procedure, in another state punishable by two to five years in prison. And, in North Carolina, a legislature with a narrow anti-abortion majority hastily approved legislation that would ban most abortions after 12 weeks of pregnancy. In South Carolina, a six-week abortion ban was signed into law and immediately took effect. On May 26, 2023, the ban was temporarily blocked while it is reviewed by the South Carolina Supreme Court.

In this current moment of health, socioeconomic, and political crisis, Black women are again affirming our human rights and calling upon U.S. policymakers to implement policies that enable us to achieve and maintain optimal mental, physical, and economic health for ourselves, our families, and our communities.

Our *Black Reproductive Justice Policy Agenda* is a guide for policymakers who want to work with us to improve outcomes for Black women, girls, and gender-expansive people. It offers concrete policy solutions that will directly change our communities for the better.

HEALTH EQUITY, CARE, AND ACCESS

More than two decades after the founding of the Reproductive Justice movement, Black women, girls, and gender-expansive individuals in the U.S. still face unacceptable health disparities and challenges in accessing vital health care services. We battle chronic health conditions at higher rates than any other population—including breast and reproductive cancers, diabetes, and cardiovascular disease. Systemic racism, toxic stress, and a long history of medical mistreatment and socioeconomic inequities are killing Black women, girls, and gender-expansive people.

Throughout the 20th century, state-sponsored sterilization programs existed across the United States and specifically targeted Black people. Through the same

period, the growth of a political and ideological anti-abortion movement fueled abortion restrictions across the U.S.—culminating in the loss of the constitutionally-protected right to an abortion, including restrictions on funding for abortion care—which is debilitating for Black women, girls, and gender-expansive people.

Black women, girls, and gender-expansive individuals often bear the most significant burden of poor health outcomes resulting from racial inequities in the United States. For example, in 2021, more than 1,000 women in the U.S. died from pregnancy-related complications during pregnancy, delivery, or within one year postpartum.⁵ Black women are 2.6 times more likely to die as a result of pregnancy-related causes than white women.⁶⁷ While infertility affects an estimated 12

percent of women of childbearing age in the U.S., Black women experience infertility rates at more than double that rate.⁸

This section examines key health issues that impact the overall wellbeing of Black women, girls, and gender-expansive individuals, including maternal health and pregnancy care, reproductive health care for Black incarcerated individuals, access to abortion care, comprehensive sexual health education, contraceptive equity, chronic health conditions, reproductive cancers, mental health, assisted reproductive technology and fertility care, and scientific research.

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



Maternal Health and Pregnancy Care

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

The United States’ overall rate of 32.9 maternal deaths per 100,000 live births is cause for alarm as it is the highest rate among high-resource countries.⁹ It is important to note, however, that not all women face the same risks.

Rates of maternal mortality increased significantly during the pandemic, rising from 23.8 in 2020 and 20.1 deaths per 100,000 live births in 2019 to 32.9 in 2021.¹⁰ Black women have the highest rates of maternal mortality in the country

and are 2.6 times more likely to die of pregnancy- and childbirth-related causes compared to women of other races and ethnicities.^{11 12}

Black newborns also have worse outcomes than their counterparts: they face the highest rate of infant death compared to all other races/ethnicities and is more than double the rate of white babies’ mortality.¹³

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

Despite the success of the Affordable Care Act (ACA), Black women are still more likely to be uninsured, face greater financial barriers to health care services, and have less access to timely prenatal care. Additionally, Black women experience higher rates of chronic health conditions that harm maternal and infant health outcomes—including diabetes, hypertension, obesity, and cardiovascular disease.¹⁴

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

The impact of this structural racism is clearly indicated by findings about what happens when newborn Black babies are cared for by Black doctors. When Black babies are treated by Black providers (e.g., pediatricians, neonatologists, family practitioners), their mortality rate compared to white newborns is halved.¹⁵ Black midwives have been a pillar of Black communities since the antebellum period. Forcibly, they cared for enslaved birthing Black women and their infants on plantations and provided critical care to newly freed reproducing Black women, especially in rural and remote areas or regions where physicians refused to care for Black people. The

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privatization of medicine and increased hospitalization of childbirth in the 20th century decimated Black midwifery; white male physicians founded the field of obstetrics and gynecology and pushed them out of the delivery room.¹⁶

Achieving better outcomes for Black women, birthing people, and their babies requires a commitment to

birth justice—including increasing the availability of Black midwives and doulas. As defined by Ancient Song Doula Services:

Birth justice is achieved when individuals can make informed decisions during pregnancy, childbirth, and postpartum, that is free from racism, discrimination of gender identity, and implicit bias. Birth justice requires

that individuals fully enjoy their human rights regarding reproductive and childbirth-related health decisions, without fear of coercion, including coercion to submit to medical interventions, reprisal for refusal of care, and/or face the threat of inadequate medical care. Birth justice centers the intersectional and structural needs of individuals and communities.¹⁷

POLICY RECOMMENDATIONS

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

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

To fully address racial/ethnic health disparities, a comprehensive and holistic approach to sexual and reproductive health must be prioritized at all levels of government. An Office of Sexual and Reproductive Health and Wellbeing (OSRHW) should be established within the federal government. Congress should establish and fund the OSRHW so that it extends across Presidential administrations and is not vulnerable to a hostile administration. It should have the authority to inform, lead, and provide guidance for regulations that center the sexual and reproductive needs of marginalized individuals and communities. This authority cannot and should not be limited to one single entity but must engage all agencies to ensure health equity and the human right to health care.

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

Doulas provide non-medical physical and emotional support to birthing people that is effective in reducing stress and achieving better outcomes.¹⁸ Midwives are qualified medical practitioners who can deliver babies. Engagement of doulas and/or midwives during pregnancy and childbirth can help address Black maternal and infant mortality. Increased access to doula or midwifery ser-

vices can help address the needs of all birthing people—particularly those from underserved and low-income communities, communities of color, and communities facing linguistic and/or cultural barriers. These supports are, however, under-utilized by the health care system, and under-compensated by coverage systems. Funding for doulas and midwifery care in federal health care programs should be congruent with a living wage and comparable doula and midwifery rates. Moreover, doula training and educational programs are not adequately supported on either the community or national levels.¹⁹

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

Congress should create a Task Force or Maternal Mortality Review Board to provide guidance and oversight nationwide. Specifically, states and U.S. territories should be required to collect and disseminate maternal mortality and morbidity data that are disaggregated by race and ethnicity so long as privacy can be maintained.²⁰ This information can be used to better understand the specific groups that are at heightened risk, implement programs to reduce those risks, and address racially discriminatory policies and regulations.

- *Require states to extend comprehensive, holistic maternity care and newborn care for a minimum of one year postpartum*²¹

Medicaid covers almost half of all U.S. births (42%) and two-thirds (66%) of Black births. This public insurance program also supports access to care during the prenatal period and for the first 60-days postpartum.²² After that, however, coverage depends on state policy and can vary widely—particularly in states that did not expand Medicaid as part of the ACA. The Biden-Harris Administration has incentivized all states to implement 12-month postpartum coverage expansion for all birthing people. Congress should go further and require states to extend Medicaid postpartum coverage to 12 months and to provide 12-month continuous coverage via Medicaid or the Children’s Health Insurance Program (CHIP) for new-

born children. Doing so will have significant benefits for women’s health, and expand services for pregnancy-related complications, chronic conditions, family planning, and mental health needs.²³

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

Guaranteeing a monthly income will ensure that Black women and gender-expansive individuals have the resources needed to receive prenatal care, as well as secure appropriate housing, food, and support services needed to maintain a healthy pregnancy.

PERSONAL STORY

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

Without support from the baby’s father, they chose to move to a women’s home until six months after giving birth. At the women’s home, M learned about baby massage class and relearned self-care. They said, “Mothers

need to be: Safe, Educated, and Supported.” M’s interactions with the doctors were very brief and clinical, and the pregnancy was induced before they received the epidural. As soon they were induced, they felt all the pain that they had never had leading up to labor. The baby was preterm and needed to stay in the newborn intensive care unit (NICU). Immediately after birth, M was given Depo-Provera as contraception, but the doctors did not provide informed consent or clarify why M needed birth control. M bled for six months after giving birth and thinks it was due to the Depo-Provera, noting “It was a hormone that my body didn’t want.” Although M and the baby faced many challenges leading up to birth, having the shelter experience supported them to begin a new chapter as a Black trans-masculine single parent. For more information about M’s journey, visit <https://www.natalstories.com/blog> (episode 3).

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

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

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

Laws that limit pregnant people's autonomy and penalize them for substance use while pregnant harm Black wom-

en and gender-expansive individuals and their families. Criminalization is not only discriminatory in practice but also physically and emotionally harmful for both the pregnant person and the baby.²⁴ Instead, legislators should strive to provide funding for effective treatment for substance use, including opioid use disorder.

- *Pass the Black Maternal Health Momnibus Act*

The collection of 12 pieces of legislation was first introduced in the 116th Congress by Representatives Lauren Underwood (IL-14), Alma Adams (NC-12), and then-Senator Kamala Harris (D-CA). The Act seeks to comprehensively address the myriad issues and factors that contribute to the Black maternal health crisis. Its passage would be a critical step toward addressing the systemic and structural racism that contributes to health disparities driving the national maternal mortality crisis.

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

Health Care for Incarcerated Black People

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

A small but growing body of research suggests that mass incarceration is one driver of persistent health disparities—including higher rates of Black maternal mortality.²⁵ The combination of structural racism and exposure to the toxic stress of mass incarceration exacerbates the risks to maternal and reproductive health

in general, and to safe and healthy pregnancies, specifically.

According to the U.S. Bureau of Justice Statistics, Black women are almost twice as likely to be incarcerated as white women.²⁶ Similarly, Black girls and other girls of color are incarcerated at a rate almost three and a half times that of white girls. And Black women, girls, and gender-expansive individuals are more likely to serve longer sentences for the same crimes, and to experience punitive treatment, gender-based violence, abuse and neglect during their incarceration. This is the new era of Jim Crow that affects Black women in America.

These experiences all increase stress and trauma that are extremely dangerous to pregnant people. For this reason, pregnant Black women, girls, and gender-expansive individuals who are incarcerated are among the most vulnerable in the “justice” system. And, although prisons are constitutionally required to provide medical care, the environment is not one that promotes wellness.

The criminal justice system was not designed to adequately support individual health needs, including access to maternal health care.

Approximately three percent of women are pregnant when they enter the carceral system.²⁷ Evidence suggests that pregnant, incarcerated Black women and gender non-conforming people do not receive adequate, comprehensive reproductive and maternal health care—including both prenatal care and opportunities to breastfeed and bond with their babies during the postpartum period. They are also being inhumanely shackled during pregnancy and childbirth, despite numerous recommendations against this barbaric practice.

In addition, almost four-fifths of the women involved with the U.S. criminal justice system (79%) are mothers of young children.²⁸ Programs that seek to keep families together—and as close as possible during incarceration—provide families with much-needed opportunities to establish and sustain familial ties.

POLICY RECOMMENDATIONS

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

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

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

- *Allow funding for incarceration infrastructure to be invested in diversion initiatives and workforce development programs*

Congress should stop financing the construction of new prisons. Funds should be redirected for federal diversion initiatives and workforce development programs, as well as maternal and mental health supports for incarcerated people, families, and care-givers.

- *Pass legislation to set federal standards for the treatment of incarcerated individuals*

Legislation is needed to amend the federal Criminal Code and establish requirements for the treatment of prisoners. Such legislation should mandate that the U.S. Bureau of Prisons place prisoners as close to their children as possible and provide free video conferencing, parenting resources, and family visitation, including overnight visitation programs for incarcerated parents who are primary caretakers for their families. Congress

should establish federal requirements for the provision of trauma-informed care in prisons (including residential substance use treatment for pregnant prisoners or prisoners who are primary caretaker parents) and mandate access to free menstrual products.

- *Pass a federal law, such as the Pregnant Women in Custody Act, to ban shackling of pregnant incarcerated people*

Legislation like the *Pregnant Women in Custody Act* (HR 982) would set and strengthen minimum health care standards for pregnant women and newborns who are in custody. It would prohibit the use of restraints or restrictive housing on incarcerated individuals who are pregnant or have given birth in the last eight weeks. It would establish minimum health care standards for pregnant women and newborns in federal custody. It would collect data on incarcerated pregnant women's mental and physical health (including during the postpartum period) to improve treatment and care. It would direct the Department of Justice (DOJ), in consultation with the Secretary of the Department of Health and Human Services (DHHS), to fund state and local training and technical assistance programs to ensure adherence to federal standards and improve prisoners' treatment.

- *Pass legislation to address the maternal and infant health crisis among incarcerated people*

Legislation like the *Justice for Incarcerated Moms Act* (introduced by Senator Cory Booker [D-NJ] in 2021) would fund maternal health programs, including improved visitation policies and access to doulas, healthy food, mental health services, and substance use counseling. It would support primary caretaker diversion programs as alternatives to incarceration for individuals who are pregnant and/or the primary caretakers of minors. And it would incentivize states to enact anti-shackling laws.

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

Access to Abortion Care

Abortion care is a safe and time-sensitive medical option. Access to abortion care cannot be separated from other human and reproductive rights. Every person has the right to make fundamental decisions about how, when, and whether they have children and expand their family. For this reason, access to abortion care *is* Reproductive Justice, and unrestricted access to abortion services *must* be part of basic primary health care. We must trust Black women, girls, and gender-expansive individuals to make the personal decision that is best for themselves and their families.

This right should not be infringed upon by the law. Still, in June 2022, the Supreme Court of the United States upended nearly 50 years of its own precedent and issued a majority opinion in *Dobbs v. Women’s Health Organization* that overturned the constitutional right to abortion care enshrined by *Roe v. Wade*. The 5-4 decision was made possible by President Donald Trump’s appointment of three justices to the bench—allowing a conservative, activist, anti-abortion majority to take hold of the highest Court in our land.

The only people who should ever be involved in decisions about abortion care are the person seeking services, their trusted medical profes-

sional, and whoever the care-seeker may choose to include—not politicians. Still, anti-abortion federal politicians have infringed on access to abortion care for decades, starting with the Hyde Amendment. Since 1976, Hyde has banned abortion care in federally funded programs. Its restrictions affect Indigenous peoples who get their care through Indian Health Services; individuals in federal prisons and detention centers, including those detained for immigration purposes; beneficiaries of Medicaid, Medicare, and CHIP; low-income people living in the District of Columbia; Peace Corps volunteers; and servicemembers, veterans, and their dependents. The only exceptions are for pregnancies resulting from rape or incest, or when the pregnant person’s life is in danger.²⁹

More than half (51 percent) of women of reproductive-age who are enrolled in Medicaid are women of color, and 55 percent of these women live in states that restrict insurance coverage for abortion except in limited circumstances. Research suggests that bans on Medicaid coverage for abortion results in one in four low-income women carrying an unwanted pregnancy to term. We know that this outcome—a pregnant person who is denied an abortion—can push an individual into poverty or even deeper into poverty.^{30 31}

Black women and girls account for more than one-third of all U.S. abortions, although they comprise just 13

percent of the population.^{32 33} There are several factors driving this disproportionately high rate, including the fact that Black women are more likely to lack economic resources, to be unemployed and/or uninsured, and to be insured by these programs that restrict coverage for abortion care.^{34 35 36 37 38 39} In addition to programs impacted by the Hyde Amendment, the ACA does not require private insurance companies to cover abortion care; as a result, numerous states have enacted bans on abortion coverage for private insurers.⁴⁰ Only a handful of states require insurance to cover abortion care.⁴¹ Bans and restrictions on abortion care also disproportionately affect young people, especially Black youth. Pregnant and parenting Black youth must be supported in making their own reproductive choices, including unfettered access to abortion, prenatal and post-partum care, and child care.⁴² They must have the same opportunities to continue their education and enter the workforce as youth who do not become pregnant or parents.

More than ever, anti-abortion activists are succeeding in their efforts to systematically dismantle the abortion care system and erect barriers that make services inaccessible—particularly for Black people who lack economic means and/or high-quality insurance. Since the fall of *Roe v. Wade*, at least 14 states have enacted near-total bans on procedural and medication abortion, have no abortion providers due to previous

The Dobbs decision and its continuing ramifications will be deadly for Black people. It compounds inequities we faced in sexual and reproductive health care services—including the highest rates of maternal and infant morbidity and mortality.

restrictions, maintain gestational age bans that were previously unconstitutional under *Roe v. Wade*, or appear primed to enact near-total bans on surgical and medication abortion.⁴³ Many states are attempting to ban access to medication abortion not only within their states, but nationwide.⁴⁴ Black women, girls, and gender-expansive people are more likely to live in these states—the same states that make it harder to access contraception and that offer

the fewest resources to help Black families care for their children. Black pregnant people living in poverty and battling systemic racism are not able to simply travel to another state to receive abortion care.⁴⁵

The *Dobbs* decision and its continuing ramifications will be deadly for Black people. It compounds inequities we faced in sexual and reproductive health care services—including the highest rates of maternal and infant morbidity and mortality. Black

women, girls, and gender-expansive individuals are systematically denied the information and services they need to act in their own best interests—including abortion care that is critical to bodily autonomy.⁴⁶ Only once all barriers to bodily autonomy have been dismantled can we make advances in generational wealth and seize opportunities to grow and excel personally, socially, academically, and professionally.⁴⁷

POLICY RECOMMENDATIONS

Today, we face a dangerous future where politicians are dictating the right to abortion based on their ideological agendas. Congress, policymakers, and the Biden-Harris Administration must act to ensure that the right to abortion care is fully available to *all* people.⁴⁸

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

First introduced in 2015 by Representatives Barbara Lee (D-CA), Diana DeGette (D-CO), and Jan Schakowsky (D-IL), this legislation would eliminate the Hyde Amendment and other onerous restrictions on federal abortion coverage. The bill would make the federal government a standard-bearer for abortion care by restoring coverage for abortion care to all individuals enrolled in government-sponsored or -managed health care plans and programs (e.g. Federal Employees Health Benefits [FEHB], Medicaid, Medicare, TRICARE) or who receive care from any government provider or program (e.g. Federal Bureau of Prisons, Indian Health Service, Veterans Health Administration). The legislation also prevents the federal government from placing restrictions on abortion care in the ACA's private insurance marketplace.

- *Pass the Women's Health Protection Act (WHPA)*

First introduced in 2013 by Representative Judy Chu (D-CA) and Senator Richard Blumenthal (D-CT), this legislation would preempt state efforts to limit access to reproductive health care through restrictions, regulations, or requirements that are medically unnecessary and/or create undue burdens on people seeking abortion care.⁴⁹

- *Pass the Abortion is Health Care Everywhere Act*

First introduced in 2021 by Representative Jan Schakowsky (D-IL), this legislation would repeal the harmful Helms' Amendment and remove distinctions between abortion care and other reproductive care in international aid programs.⁵⁰ Restrictions on the use of U.S. funds are rooted in colonialism and are an example of using white supremacy to control the bodies and reproduction of Black and Brown people.⁵¹ This Act would ensure that pregnant people have bodily autonomy and can seek reliable and effective care.⁵²

- *Pass legislation modeled on Section 5 of the Voting Rights Act of 1965, requiring federal preclearance provisions for states and local governments with a history of restrictive reproductive policies that are medically unnecessary and/or create undue burdens*

This type of preclearance would require any law related to reproductive health, rights, or justice to be scrutinized and approved by a federal body before being implemented. It would function similarly to Section 5 of the Voting Rights Act of 1965.⁵³ Preclearance should be required for states and local governments that have demonstrated a history of restrictive and medically dangerous policies on abortion care.

Black women, girls, and gender-expansive individuals are systematically denied the information and services they need to act in their own best interests—including abortion care that is critical to bodily autonomy.

- *Remove all cost-sharing for abortion services*

Abortion is a safe, legal medical procedure, and should be affordable and accessible to everyone who needs it. Yet, according to the National Financial Capability Study, nearly “one in three Black Americans aged 18 to 64 has past-due medical bills.”⁵⁴ To fully address systemic health disparities and economic inequity, health care costs should not be transferred to anyone seeking services, including abortion care.

- *Eliminate funding for crisis pregnancy centers*

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

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

There is a significant need for more medical professionals who can provide abortion care, particularly in rural, predominantly Black and Brown, and/or economically challenged communities. Expanding the number of providers who can perform abortion services in pregnancy’s early stages will improve outcomes for a large number of women.⁵⁵ Nurse practitioners, certified nurse midwives, physician assistants, and nurses should be allowed to provide this care.⁵⁶

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

Religious or personal beliefs should never be allowed to impact or hamper someone else’s personal decision-making about whether and when to continue a pregnancy. Federal legislation should prohibit exemptions or accommodations from providing reproductive health services that are based on religious “freedom.” In addition, existing policy riders—which are designed to curtail reproductive health care—should be permanently repealed and blocked from being attached to annual federal appropriations.

Comprehensive Sexual Health Education

Reproductive Justice can only be achieved when Black women, girls, and gender-expansive people have the “economic, social and political power, and resources”⁵⁷ to make important personal decisions about whether, and when, to have children. Achieving this goal requires the provision of comprehensive sexual health education so people can make positive and informed decisions about their lives and activities. Too often, Many Presidential Administrations and Members of Congress actively oppose the provision of accurate reproductive and sexual health information. This hostility reflects systemic racism and the withholding of needed information and resources for Black women, girls, and gender-expansive individuals, which contribute to health disparities and misconceptions regarding self-esteem and sexuality.

Sexual health education must include information and strategies to address social pressures; foster self-esteem; build skills to hold conversations with potential partners; and address the stigma that impacts decision-making processes on the

part of Black women, girls, and gender-expansive individuals. Evidence-based programs can promote individual agency, reduce rates of unintended pregnancies and STIs, and increase the use of more effective forms of contraception.⁵⁸ They can also combat and refute misinformation and damaging messages about sexuality that permeate our society. As just one example, 72 percent of Black youth surveyed believe the media sends the message that sex appeal is Black females’ most important quality.⁵⁹

An indicator of the pressing need for sexual health education is Black individuals’ disproportionate risk of experiencing unintended pregnancy and STIs, including HIV. Black teens are at higher risk of STIs (including chlamydia, gonorrhea, and HIV) compared to white girls. Among youth aged 15-19, Black girls have chlamydia rates 4.5 times higher, and gonorrhea rates 8.8 times higher than their white peers.⁶⁰ In 2017, Black youth aged 13–24, represented more than half of new HIV diagnoses in that age group.⁶¹ Black girls in this age range have a rate of new HIV infections that is 6 times higher than Hispanic girls, and 20 times higher than white girls. Most Black girls’ HIV infections are from heterosexual sex.⁶²

Further, though teen pregnancy rates have fallen dramatically for girls of all races and ethnicities,⁶³ Black girls are more than twice as likely to become pregnant before age 19, compared to white girls.

Comprehensive sexual health education is a catalyst to the information and empowerment needed to navigate if, when, and how to engage in safe and consensual sexual activity—and how to find pleasure in safe and consensual sexual activity.⁶⁴ Sexual health education and resources that are comprehensive; medically accurate; culturally sensitive; and inclusive of all gender-identities can reduce racial disparities in reproductive and sexual health and enable Black people to get the tools and information needed to make the best decisions about their own bodies and their own relationships.⁶⁵

Sexual health education and resources that are comprehensive, medically accurate, and culturally sensitive, and inclusive of all gender-identities can not only reduce racial disparities in reproductive and sexual health, but also enable Black people to get the tools and information needed to make the best decisions about their own bodies and their own relationships.

Comprehensive sexual health education is a catalyst to the information and empowerment needed to navigate if, when, and how to engage in safe and consensual sexual activity—and how to find pleasure in safe and consensual sexual activity.

POLICY RECOMMENDATIONS

- *Increase appropriations for comprehensive sex education*

Congress must support programs that provide comprehensive sexual health education that includes content on physical development, sexuality, contraception, STI/HIV, pregnancy prevention, informed decision-making, gender identity and expression, gender-based violence, and sexual orientation.⁶⁶ Programs should also address changes that occur across the lifespan, pay attention to social determinants of health and intersectionality, and include tailored education and for victims of incest or rape with resulting pregnancies. Congress should stop funding abstinence-only-until-marriage education, which is inaccurate and does nothing to prevent negative health outcomes.

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

Sexual health education must be evidence-based to provide youth with the information and tools they need to achieve lifelong sexual health and wellbeing. Moral and religious interpretation should never be allowed to justify withholding medically accurate information that can preserve the health and wellbeing of young people.

- *Increase funding for the Teen Pregnancy Prevention Program from \$150 million per fiscal year to \$300 million per fiscal year*

The TPPP funds medically-accurate and age-appropriate programs to reduce teen pregnancy. Congress should expand the Teen Pregnancy Prevention Program (TPPP) by diverting funds from grants that promote ineffective and harmful abstinence-only-until-marriage programs.⁶⁷ Funding should be doubled to \$300 million in order to restore implementation of evidence-based programming and serve approximately 125,000 additional youth.⁶⁸

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

The Personal Responsibility Education Program (PREP) is authorized through the ACA and focuses on youth at increased risk of teen pregnancy, especially those facing challenges in accessing comprehensive sexual health education (i.e., youth who live in foster care, are homeless, are living with HIV/AIDS, and are pregnant or parenting).⁶⁹ Congress should allocate more funding for the PREP program to help reach these communities.

- *Pass legislation to support and require comprehensive sexual health education, like the Real Education and Access for Healthy Youth Act.*

This legislation, introduced by Representative Barbara Lee (D-CA) and Senator Mazie Hirono (D-HI) and Cory Booker (D-NJ), would support comprehensive sexual health education by DHHS awarding federal grants for comprehensive sexual health education for adolescents and ending investments in harmful abstinence only programs

- *Protect access to pre-exposure prophylaxis (PrEP)*

Congress should pass legislation to expand access to and coverage of pre-exposure prophylaxis (PrEP) medication, which is effective at significantly reducing HIV transmission and preventing AIDS. For example, the *PrEP Access and Coverage Act* (first introduced in 2021) would require private and public insurance plans to cover PrEP medication and services without passing along costs to patients.

Contraceptive Equity

Family planning services are tied to the long history of reproductive oppression in this country. From the nation's founding, control and exploitation of Black women's bodies fueled the institution of slavery through rape and forced childbearing. Efforts to control and exploit Black reproduction continued through the eugenics movement (which restricted the reproductive rights of the most marginalized communities to achieve population control) and sterilization policies and practices that targeted marginalized groups (including women of color, low-income women, immigrant women, women with disabilities, and incarcerated women).⁷⁰

Reproductive justice addresses these inequities by using an intersectional critical analysis to highlight and address systemic inequalities that impact access to reproductive health services and maintenance of bodily autonomy.⁷¹

Issues of self-determination are particularly relevant with respect to contraception and planning for a family. Access to effective contraception has had enormous benefits to women's health worldwide, and reduced the number of unintended pregnancies, high-risk pregnancies, and maternal and infant deaths. Additionally, contraception has been proven an effective option for addressing fibroids, minimizing endometriosis-related pain, and preventing ovarian cysts. Contraception has numerous benefits for Black women, girls, and gender-expansive individuals' ability to improve personal health, economic stability, and educational outcomes.⁷²

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

Too often, women of color are subtly—or not so subtly—encouraged to choose a long-acting reversible contraception (LARC), and then face challenges in ending their use

services.⁷⁵ Approximately 21 million people rely on publicly funded family planning services, 3.7 million of whom are Black.⁷⁶ One in four Black women, and approximately 52% of Black girls under age 17 are covered by Medicaid.⁷⁷ These people often lack full information about the contraception choices that would allow them to weigh the pros and cons of all methods.

Public funding for family planning is provided by Medicaid (75% of funds), state sources (13%), and Title X of the Public Health Services Act (10%).⁷⁸ Title X, the only federal program devoted to family planning

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

of such methods. For example, women may be encouraged to get an intrauterine device (IUD), but then not be able to get their IUD removed when they want it to be.⁷³ Providers must trust Black women to make the best decisions and not assume they “know” what's best for us.⁷⁴

Many people who lack economic power and, therefore, rely on public insurance have trouble accessing care, including family planning

services, is being systematically dismantled.⁷⁹ As a result, there has been a 46 percent decrease in Medicaid and state funds vary in terms of not only the services provided but also eligibility requirements. As a result, there are significant state-level variations and inconsistencies in ensuring race, gender, and socio-economic equity around contraceptive services. The Title X network's capacity to provide services.⁸⁰

POLICY RECOMMENDATIONS

Policies to address this multifaceted problem must act intersectionally and address both barriers to access and the potential coercion of Black women, girls, and gender-expansive individuals who seek family planning counseling and contraception.

- *Codify Title X family planning regulations*

Congress should ensure that the federal government provides a clear mandate that all people—regardless of their insurance coverage, employment or immigration status—can access comprehensive family planning counseling and services. Congress should introduce legislation modeled after California’s Family Planning, Access, Care and Treatment (PACT) program, which covers contraception and family planning services regardless of an individual’s immigration status, race, religion, location, or other factors.

- *Provide prescription contraceptives at no cost*

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

- *Expand Medicaid’s reimbursement for counseling about contraceptives*

Medicaid regulations do not currently require providers to offer (and be paid for) counseling about contraceptives. Because Medicaid is jointly funded and regulated by the states in partnership with the federal government, too many decisions about coverage for contraception are left up to the vagaries of state governments. Requiring coverage of complete counseling will enable medical personnel to be paid for the time spent discussing contraceptive options.⁸¹

- *Fund Federally Qualified Health Centers and Title X to provide pregnancy, STI, and HIV testing and services*

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

- *Improve comprehensive access to cost-free family planning drugs and devices for all individuals in the United States, especially the millions who live in contraceptive deserts*

Congress can do more to ensure that everyone who needs contraception can get it. Legislation like the *Affordability is Access Act* (S4347, first introduced in 2021 by Senator Parry Murray [D-WA]) would make oral contraception available over-the-counter, without a prescription.⁸² Legislation like the *Access to Birth Control Act (HR6005, introduced by Representative Carolyn Maloney [D-NY] in 2021)* would require pharmacies to carry FDA-approved contraception, which is critically important in counties without reasonable access to health centers.⁸³ Legislation like the *Access to Contraception Expansion for Veterans Act* (introduced by Representative Julia Brownley [D-CA]) would improve veterans’ access to family planning drugs and devices by ensuring parity and providing them with a full year’s supply of contraception—rather than a three-month supply, which is the current standard.

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

False historical narratives and stereotypes can negatively impact providers’ treatment of Black women, girls, and gender-expansive individuals. It can result in providers pressuring patients of color to adopt specific types of contraception, rather than presenting all of the potential options, or assuming they know what is “best” for the patient. Training reproductive health providers who provide contraceptive counseling (including medical students who are learning how to counsel) to specifically combat anti-Black medical racism will help address and eradicate medical bias against Black individuals.

Chronic Health Conditions

Reproductive justice can only be achieved when Black women, girls, and gender-expansive people no longer experience disproportionately high rates of chronic health conditions that adversely impact our lives and lead to early death. Achieving this goal requires ensuring access to high-quality, affordable health care in a timely manner. Health care, a pillar of reproductive justice, is a human right, not a privilege.

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

Black women, girls, and gender-expansive individuals suffer from alarming and dangerously high rates of chronic health conditions, including cardiovascular disease (CVD), diabetes, and obesity. These health conditions directly impact our reproductive health and autonomy, as well as quality of life and wellbeing. In some high-poverty localities, excess mortality rates increased

among Black women residents from 1990 to 2000, largely due to deaths attributed to chronic disease.^{84 85} In fact, the federal Study of Women’s Health Across the Nation (SWAN) suggests that Black women aged 49–55 are, biologically speaking, 7.5 years older than their white peers.⁸⁶ Stress and poverty account for more than one-quarter (27%) of this difference.⁸⁷

Beyond increased susceptibility, Black individuals have worse outcomes because they are less likely to seek preventive services. This reluctance is likely driven, in part, by lack of trust in medical professionals and/or by experiences with discrimination and/or bias from white providers. Black patients have better outcomes, and experience less pain, when they receive services from a doctor who is a person of color.^{88 89 90}

Cardiovascular Diseases

CVD includes diseases that affect the heart and its blood vessels; CVD includes heart disease, including clogged arteries, which cause heart attacks; strokes; congenital heart defects; and peripheral artery disease.⁹¹

Heart disease is the leading cause of death for men and women in the U.S, and stroke is the fifth-leading cause of death.⁹² According to the American Heart Association (AHA), Black adults are 32 percent more likely to die from CVD, and more than twice as likely to die from heart

disease, compared to individuals of other races/ethnicities.^{93 94}

Black women have a three-fold greater risk of developing CVD than other women.⁹⁵ Heart disease is the leading cause of death among Black women, and stroke is the third-leading cause.⁹⁶ Cardiovascular complications are also the leading cause of Black women’s pregnancy-related deaths. Almost half (49%) of all Black women aged 20 and older have heart disease,⁹⁷ yet only one-fifth of Black women know that they might personally be at risk.⁹⁸

These higher risks have multiple causes. Black women, girls, and gender-expansive individuals are at increased risk of heart disease’s major risk factors—including higher rates of chronic conditions such as hypertension, diabetes, obesity, and overweight.^{99 100}

Hypertension

Hypertension, or high blood pressure, is one of the leading risks for CVD.¹⁰¹ Black women develop high blood pressure at earlier ages, and have higher average blood pressures, compared to white women.¹⁰² By age 55, three-quarters (75.7%) of Black women have developed high blood pressure.¹⁰³ Black women are 60 percent more likely to have hypertension compared to white women. Hypertension is the tenth-leading cause of death for Black women.¹⁰⁴

Federal funding should support training to address and eradicate medical bias against Black patients, including stereotypes that result in providers not believing Black patients who say they are experiencing pain, not providing full information to prevent illness, and not offering the best treatment possible.

PERSONAL STORY

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

was seeing my doctor at the public hospital. I had only chosen this location because it was closer to my home than his office on the other side of town. Once it was established that I did indeed have private insurance, I was treated differently. This story highlights the disparity of care that happens to those who are publicly insured, and the need for other ways to access care, like telemedicine, to avoid missing out on needed medication and health care. All Americans deserve the access to affordable, competent, compassionate, and culturally sensitive health care. Unfortunately, many Black people living with diabetes often do not get it. We demand that our legislators take the necessary steps to help alleviate some of these disparities.

Diabetes

The Black community is at high risk for diabetes, which can lead to several severe health problems, including CVD, end stage renal disease, and retinopathy. Compared to those of other races and ethnicities, Black individuals are more likely to be diagnosed with diabetes, to be hospitalized for lower limb amputations due to complications of diabetes, and to die from diabetes.¹⁰⁵ Black women are almost twice as likely to be diagnosed with diabetes than white women, and more than twice as likely to die from diabetes.¹⁰⁶ Diabetes is the fourth-leading cause of death for Black women.¹⁰⁷

Endometriosis

Black women are also at acute risk of endometriosis, a condition that occurs when tissue similar to that found in the uterine lining grows outside the uterus, cause chronic pelvic pain and infertility. Black women are less than half as likely to be diagnosed with endometriosis, compared to white women.¹⁰⁸ And, on average, Black women were diagnosed almost 3 years (2.62 years) than their white peers.¹⁰⁹ Lack of access to services, and providers' implicit bias against believing Black women's self-reported pain, lead to a failing to identify and diagnose the disease.

Fibroids

Fibroids disproportionately affect Black women and can lead to chronic pain, anemia, increased risks for preterm labor, post-partum hemorrhaging, and other pregnancy and delivery complications.¹¹⁰ Approximately 80% of Black women will be diagnosed with the condition in their lifetime. Compared to white women, Black women are up to three times more likely to develop fibroids, have more fibroid-related symptoms, develop fibroids at younger ages, and to be hospitalized for fibroids.¹¹¹ Uterine fibroids are the most common benign pelvic tumors in women and the major predictor for hysterectomy. Black women are 2.4 times more likely to undergo hysterectomy as a result of the disease, compared to white women.¹¹²

POLICY RECOMMENDATIONS

Chronic health conditions are influenced and/or driven by systemic racism, persistent stress, lack of access to health care, and other social determinants of health.¹¹³ These factors are literally killing Black women, girls, and gender-expansive individuals.

- *Ensure universal access to health care for all people*

Everyone needs access to comprehensive, affordable, and high-quality health care.¹¹⁴ Health care is a major protective factor for many chronic health conditions, diseases, and their outcomes, including CVD, hypertension, diabetes, sickle cell disease, and obesity, and patients often need specialized treatments, therapies, and medications.¹¹⁵ Congress must take steps to eliminate all financial and other barriers that inhibit Black women, girls, and gender-expansive individuals from accessing needed care in a timely manner.¹¹⁶ This includes the elimination of cost-sharing requirements for preventive care for individuals with chronic health conditions, such as co-pays, coinsurance, and deductible-related fees.

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

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

- *Cap insulin at \$35 per month for all patients and stabilize costs for other medications to treat chronic conditions*

Even for individuals with insurance, the rising costs of medications for chronic conditions is a life-threatening danger—this is particularly true for insulin, which is necessary to treat diabetes. The most common types of insulin cost 10 times more in the U.S. than in other high-resource countries, and costs have risen faster than the rate of inflation.¹¹⁷ The *Inflation Reduction Act* has finally capped insulin costs at \$35 per month for nearly four million Medicare beneficiaries, saving hundreds of dollars a month.¹¹⁸ Still, too many Americans will not reap the benefits of this price cap. We join President Biden in calling for this life-saving benefit to apply to everyone. Legislators should act immediately to cap and reduce the costs of life-saving medications, including and especially other prescription drugs that treat diabetes.

- *Require insurance companies to provide reimbursement for 90-day rather than 30-day prescriptions*

Studies suggest that individuals who receive a longer supply of a prescribed medication are more likely to adhere to their treatment regimen.¹¹⁹ Longer supplies are also critical for Black women, girls, and gender-expansive individuals, who are more likely to live in “pharmacy deserts,” and have difficulty visiting a local pharmacy to pick up prescriptions, including oral contraceptives.¹²⁰

- *Provide funding for anti-Black racism training as well as diversity and cultural competency training for all health care and medical professionals*

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

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

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

- *Increase funding for investments in predominantly Black communities*

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

- *Invest in programs to improve the health care workforce's diversity through low-interest grants, loan repayment programs, scholarships, and fellowships.*

Congress should increase funding to enforce *Title VII of the Civil Rights Act of 1964*, which prohibits employment discrimination based on race, color, religion, sex and national origin.¹²¹ In addition, Congress should pass legislation like the *Allied Health Workforce Diversity Act* (introduced by Representative Bobby Rush [D-IL] in 2021), which would help build a diverse and inclusive health care workforce in the professions of physical therapy, occupational therapy, respiratory therapy, audiology, and speech-language pathology.¹²²

- *Pass legislation to address chronic reproductive health care issues*

Legislation like the *Stephanie Tubbs Jones Uterine Fibroid Research And Education Act* would increase patient and provider education about Black women's unique risks for fibroids. It would establish new funding for NIH, expanding the Centers for Medicare & Medicaid Services' (CMS) chronic condition database to include more information on services provided to people with fibroids, creating a fibroid education program at the CDC, and developing comprehensive fibroids information for health care providers at the Health Resources and Services Administration (HRSA).¹²³

Reproductive Cancers

Reproductive justice can only be achieved when Black women, girls, and gender-expansive individuals have access to high-quality health care; effective prevention and screening programs; and timely treatment to prevent, identify, treat, and survive reproductive cancers. Reproductive cancers affect the breasts, cervix, and ovaries. As a result of systemic racism, Black women, girls, and gender-expansive individuals face challenges in all of these areas.¹²⁴ The outcome is that Black people experience cancer at significantly higher rates than other racial/ethnic groups. Black women are more likely to receive a cancer diagnosis at a later stage (when it is less treatable) and, as a result, have lower survival rates at each stage of diagnosis. There are also specific variations in the types of cancer that Black women are more likely to experience, compared to women of other races/ethnicities.

Breast Cancer

Breast cancer is the second-leading cause of cancer-related deaths in the U.S. While Black women are diagnosed with breast cancer at about the same rate as white women, they have significantly higher rates of death, compared to other racial and ethnic groups.¹²⁵ White women are more likely to be diag-

nosed at an earlier stage, leading to better outcomes. For reasons that are not yet clear, Black women are also more likely than white women to be diagnosed with an aggressive type of cancer called triple negative breast cancer (TNBC).¹²⁶ With early detection and effective treatment, breast cancer is now more treatable than ever. Yet, Black women and gender-expansive individuals are less likely to have high-quality insurance (and, hence, access to timely screening and prevention services) and sufficient medical leave to ensure they can get treated, once diagnosed.¹²⁷

Cervical Cancer

Cervical cancer is one of the most preventable and treatable cancers, as long as women have access to screening and treatment services.¹²⁸ The vast majority of cervical cancers are caused by the Human Papilloma Virus (HPV), an extremely common STI.¹²⁹ Screening using the Pap test is critical to identify and treat HPV before it develops into cervical cancer. In addition to early screening, the HPV vaccine can reduce cervical cancer rates by as much as 90 percent.¹³⁰

Black women experience higher rates of HPV-related cervical cancer, and lower five-year survival rates, compared to other racial and ethnic groups.¹³¹ Lack of access to insurance and high-quality health care makes it harder for Black women, girls, and gender-expansive individuals to access cancer screening,

including Pap tests and the HPV vaccine. And, medical mistrust has slowed uptake of the HPV vaccine among some Black communities.

Ovarian and Uterine Cancer

Ovarian cancer is the leading cause of women's deaths from reproductive cancer and is called the "silent killer" because its symptoms can be mistaken for less serious health issues. For this reason, early detection and treatment is critical to survival. The five-year survival rate for uterine cancer is more than 50 percent higher for women who were diagnosed when the cancer was still localized.¹³² Because of health disparities, including reduced access to health insurance and screening, Black women, girls, and gender-expansive individuals are more likely to be diagnosed at a later stage of ovarian cancer, leading to increased mortality.¹³³ As a result of later diagnosis, Black women experience fewer cases of ovarian cancer annually, but have five-year survival rates that are lower than women of other races/ethnicities.¹³⁴

Toxic ingredients in the personal care products marketed to, and used by, Black women, girls, and gender-expansive individuals also increase these individual's risk of cancers. In particular, Black women, girls, and gender-expansive individuals are more likely to use baby powder that is contaminated with asbestos, a cancer-causing agent.¹³⁵ (See the "Exposure to Dangerous Chemicals" section). For decades,

As a result of later diagnosis, Black women experience fewer cases of ovarian cancer annually, but have five-year survival rates that are lower than women of other races/ethnicities.

Johnson and Johnson knew that its baby powder contained asbestos-contaminated talc but failed to alert regulators or its customers. Instead, the company specifically targeted women of color as customers in order to maintain sales. Multiple studies have found increased risk rates of ovarian cancer among Black women who use talc-based baby powders.¹³⁶

The number of cases of cancer of the uterus, also called endometrial cancer, is on the rise, with the greatest increase among Black women. The CDC reports that non-Hispanic white and Black women have similar incidences of uterine cancer, but that Black women are more likely to be diagnosed with the more aggressive

form of uterine cancers.¹³⁷ Black women are nearly twice as likely as White women to die of endometrial cancer. Additionally, the CDC reports that Black women are more likely to be diagnosed at a later stage of disease, compared to women of other races and ethnicities.

POLICY RECOMMENDATIONS

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

- *Increase funding for federal agencies engaged in cancer research specifically addressing racial inequities*

It is critical to support research to understand why Black women are more likely to die from reproductive cancers as well as public health programs to decrease our morbidity and mortality. Consistent and robust funding for agencies that support cancer research is necessary to support life-saving investigations and program development, including those directed by the NIH, the National Cancer Institute (NCI), and the CDC's Division of Cancer Prevention and Control. Congress should attach funding requirements to recruit diverse participants for clinical trials and investigate connections between cancers and structural racism.

- *Pass legislation to increase prevention and treatment of reproductive cancers that disproportionately impact Black people, including gynecological cancer, triple-negative breast cancer, and endometrial cancer*

Legislation like the *Jeanette Acosta Invest in Women's Health Act* (introduced in 2021 by Representative Jimmy Gomez [D-CA]) would expand access to HPV vaccines, Pap tests, and other diagnostic tests to screen for reproductive cancers; offer grants to community health

and family planning centers to expand gynecological cancer screenings; and fund research on the availability and awareness of screening options for women who are disproportionately affected by reproductive cancers, including Black women.

Legislation like the *Triple-Negative Breast Cancer (TNBC) Research and Education Act of 2023* (introduced by Representative Sheila Jackson Lee [D-TX]) would provide funding for increased research and education on TNBC, which is more common among Black women—focusing on risk factors, screening mechanisms, and effective treatments.

Legislation like the *Endometrial Cancer Research and Education Act* (introduced in 2020 by Representative David Scott [D-GA]) would increase funding for endometrial cancer research, including specifically funding research on racial disparities in diagnosis and mortality.

Behavioral and Mental Health

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

Black people experience mental health issues at the same rate as other racial and ethnic groups in the U.S.¹³⁸ But Black people in America experience profound mental and emotional distress that is uniquely and directly linked to racial oppression and,—for Black women, girls, and gender-expansive individuals—to the intersection of “racial and gender oppression.”^{139 140}

Yet, mental health providers of color—who are “known to give more appropriate and effective care to Black and African American help-seekers—make up a very small portion of the mental health provider workforce.”¹⁴¹ Fewer than four percent of licensed mental health practitioners are Black,¹⁴² meaning that the mental health workforce is inadequate to meet the needs of Black and Brown communities. The mental health field has not yet implemented clinical training that would increase awareness and understanding of the unique psychosocial needs of Black women, girls, and gender-expansive individuals.¹⁴³

Other barriers to accessing culturally competent mental health services include personal and community stigma against help-seeking behaviors, negative experiences with

health care providers, lack of access to mental health services, and inadequate health care coverage.¹⁴⁴ As a result, only about 30 percent of Black people who need mental health care receive it, compared to almost half of white Americans.^{145 146}

And, historically, mental health research has been grounded around Western, white, middle-class males. Women in general, and women of color specifically, have not been engaged in participatory research. This failure contributes to the risk that Black women, girls, and gender-expansive individuals may be misdiagnosed, mistreated, criminalized, and/or labeled as inferior.¹⁴⁷ While the field of Feminist Psychology is growing, a gap remains in available research literature that is centered on the lived experiences and mental health needs of Black women, girls, and gender-expansive individuals.

The COVID-19 pandemic highlighted disparities in the U.S. health care system, particularly for people of color. A study found that specific groups experienced mental health conditions at disproportionately higher rates during the pandemic. These groups include young adults, Black and Hispanic individuals, essential workers, unpaid caregivers for

adults, and those being treated for preexisting psychiatric conditions.¹⁴⁸ At the beginning of the pandemic (April-May 2020), 27.7% of Black individuals reported symptoms of depression,¹⁴⁹ an increase from 19.3% percent in 2019.¹⁵⁰ Black individuals also reported higher rates of increased substance use and having seriously considered suicide in the past month, compared to white and Asian individuals.¹⁵¹

The stereotype of the “strong Black woman” has historically described Black women’s reaction to the sheer need to persevere and be resilient in the face of staggering levels of misogyny and racism—and resulting widespread economic and health disparities. This label, however, places a burden on Black women, girls, and gender-expansive individuals that often carries a significant cost to our mental and emotional wellbeing.

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

POLICY RECOMMENDATIONS

Given all the issues that disproportionately impact the health and wellbeing of Black women, girls, and gender-expansive individuals, our communities need mental health services more than ever. We can no longer ignore the pandemic of mental, emotional, and behavioral needs of Black women, girls, and gender-expansive individuals.

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

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

- *Expand, increase the diversity of, and ensure the cultural competency of, the mental health and substance use workforce*

To ensure that all individuals can access health care that is timely, respectful, and culturally relevant, legislators should expand medical professionals' diversity in general, and their access to diversity and cultural competency training, specifically. Such training can be provided via medical school, board exams, and CME credits. Training should be based on patient-centered and trauma-informed care, which includes Critical Race Theory to address implicit bias. Training should also include support for programs to help those in the educational and criminal justice systems recognize early signs of mental illness and/or substance use, and train them to respond without bias or discrimination, to ensure that people get the help they need and are not further traumatized in the process. The Biden-Harris Administration has made mental health and substance use disorder professionals eligible for the National Health Service Corps loan repayment program for the first time; we encourage continued investment in this program, which supports recruitment and retention of health professionals in underserved communities.

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

COVID-19 highlighted the convenience and popularity of remote access to providers and prescription orders using telemedicine. To ensure consistent access to needed care, clinicians should be allowed to provide behavioral and mental health care services via telehealth and telemedicine, including allowing them to mail prescriptions to clients.

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

Mental health problems can lead to substance use disorders (SUD) if people try to self-medicate with drugs or alcohol. This can be particularly harmful for pregnant people who become drug-dependent and, as a result, risk incarceration and/or loss of custody. Congress should support programs that help individuals who are experiencing SUD to create addiction recovery plans centered on meeting their individual goals. Funding should be expanded for behavioral health and treatment programs for parents as well as those who are pregnant and/or at-risk of pregnancy due to substance abuse.

- *Pass legislation to increase research into racial and gender inequities in mental health and substance use disorders*

Legislation is needed to support data collection and funding related to mental health conditions and its impact based on race/ethnicity, gender, gender-identity, sexuality, and disability.

Assisted Reproductive Technology and Fertility Care

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

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

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

Assisted Reproductive Technology

Since its development in the 1980s, assisted reproductive technology (ART) has been widely used to help people address fertility problems related to having their own biological children. In addition, many same-sex, queer, and gender-expansive

couples turn to ART as a viable way to become pregnant.

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

Black women are more likely, perhaps twice as likely, to experience problems with fertility, compared to white women.^{154 155} The reasons for this are both complicated and inter-connected. Black women are less likely to have high-quality health care that includes infertility treatment;¹⁵⁶ more likely to experience health conditions that impair fertility (including fibroids,¹⁵⁷ STIs, obesity, and overweight¹⁵⁸); more likely to use products that contain harmful endocrine-disrupting chemicals (EDCs);¹⁵⁹ and more likely to experience environmental poisons that impact reproductive health.

Despite experiencing higher rates of infertility, Black women are less likely to seek and/or access treatment for infertility, including ART,^{160 161} largely due to costs. There are stark racial/ethnic and socio-economic divisions affecting access to ART. For example, IVF is very expensive, and is often not covered by health insurance; as a result, it is disproportionately underutilized by Black women. A single IVF cycle can cost between \$12,000 and \$17,000—not including medication.¹⁶² And, more than one cycle is almost always required.¹⁶³ This amount exceeds the reach of many Black families, making IVF essentially unavailable.¹⁶⁴

In addition to concerns about access and costs, ART also raises questions about autonomy and consent. Gestational surrogacy,^{*} egg donation, and egg harvesting are three areas where these questions are particularly profound. With these procedures, one woman provides either the uterus (gestational surrogacy) or the eggs (egg donation or harvesting) to advance another person’s pregnancy.

It is important to protect both the surrogate/donor and the future parents when these forms of ART are used. This is particularly necessary given the increase in both domestic and international surrogacy; the CDC notes that rates of gestational surrogacy tripled from 2007 to 2015.¹⁶⁵

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

Genetic Editing

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

** In traditional surrogacy, the person’s own egg is used, and is artificially inseminated with sperm from a donor; the pregnancy is carried by a third person (the surrogate). In this case, the pregnant person carries their own pregnancy to term.*

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

changes to the individual's genes that are inherited by their offspring (and by future generations).

Both processes are used in medical research and agriculture; the debate around using gene editing—particularly germline editing—to control, promote, or eradicate human conditions raises many ethical questions. Germline editing has the potential to alter a species' evolution by creating changes that are passed down to future generations and creating the ability to engineer human embryos. The range of specific conditions or characteristics to which this technol-

ogy could be applied is vast and includes specific conditions; genders; and attributes, such as enhanced vision or sense of smell.

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

concerns about using medical advancements to address problems created by inequality, oppression, and disenfranchisement.

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

POLICY RECOMMENDATIONS

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

- *Create a Federal Advisory Committee within the Department of Health and Human Services to specifically address new biotechnologies and their bioethical implications and to evaluate and monitor advancements in genetic engineering, use of synthetic biology, and other emerging technologies*

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

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

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

Congress should set parameters for the equitable and ethical practice of ART. These parameters should include efforts to expand access to infertility treatments (i.e., intrauterine insemination, IVF, etc.) through insurance and coverage plan mandates, including the ACA. For example, Congress should pass legislation like the *Access to Infertility Treatment and Care Act*, first introduced in 2018 by Representative Rosa DeLauro (D-CT) and Senator Cory Booker (D-NJ). The Act, which would expand health insurance coverage for infertility treatment and services, should be amended to explicitly state that infertility coverage must include people with disabilities.

Congress should also include funding for research, including research on ART's short- and long-term side effects, particularly on Black women, girls, and gender-expansive individuals; trans men; and people with disabilities. And, it should strive to identify and address the causes of infertility (i.e., environmental factors, genetics, health conditions, etc.). Such legislation should establish a national registry of egg donors that tracks donors' race/ethnicity, age, and income level. Finally, legislation should ensure that individuals who want to have children do not face barriers based on their gender identity or expression, chronic health conditions, or disabilities.

- *Increase federal funding to diversify the fertility care workforce*

As noted, Congress should expand Title VII medical workforce diversity programs to recruit, train, and retain diverse providers in fertility care.

- *Expand fertility preservation and ART research and services to those who have rare diseases*

Black women and gender-expansive individuals, particularly those with rare diseases, need equitable access to services, including insurance coverage for fertility assessments, medications, and procedures (e.g., egg or sperm freezing; consultations with Reproductive Endocrinologist and Infertility physicians and ART). Funding is needed for research that explores fertility preservation options and outcomes for those living with rare diseases. Efforts are needed to promote collaborations between policymakers, rare disease advocacy groups, and fertility clinics to promote accessibility and affordability of fertility preservation services. This could involve negotiating discounted rates or special funding arrangements to ensure that individuals with rare diseases have access to these services. Congress should allocate funding for initiatives to raise awareness about the importance of fertility preservation among individuals with rare diseases and their providers, including available options, the impact of rare diseases on fertility, and the benefits of preserving fertility for future family-building.

Scientific Research

Reproductive Justice can only be achieved when Black women, 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. Black people's contributions to medical science are undeniable; the methods by which these forced contributions were made are reprehensible. This long and shameful history has resulted in medical "mistrust" in the Black community—but, this mistrust is not an artifact of history. It is fueled by structural racism.¹⁷¹ It is compounded by the fact that very few providers are Black themselves—a mere five percent of practicing physicians are Black¹⁷² and just two percent are Black women.¹⁷³

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. Yet, without their involvement, research, treatment, and care for Black individuals will remain sub-par and ill-informed. Black women are recruited for clinical trials significantly less often than white men.¹⁷⁴ 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*.¹⁷⁵

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.¹⁷⁶ 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.¹⁷⁷ Black women, girls, and gender-expansive people are disproportionately affected by this decision because Black women account for more than half of the nation's HIV diagnoses and Black women are more likely to be diagnosed with HIV in their lifetime, compared to Hispanic and white women.¹⁷⁸

Policy and research are intertwined—medical advances are driven by research, and then guide public health policies. To ensure that Black women, 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.¹⁷⁹

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.¹⁸⁰

Black people's contributions to medical science are undeniable; the methods by which these forced contributions were made are reprehensible.

POLICY RECOMMENDATIONS

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

- *Increase education, scholarships, and fellowship funding to recruit underrepresented communities to all science, technology, engineering, and medical (STEM) fields*

As artificial intelligence becomes more intertwined with our everyday lives, it is more critical than ever that Black women, girls, and gender-expansive individuals have a seat at the table to advance, inform, and shape scientific research and innovation.¹⁸¹ Federal funding for science, technology, engineering, and medicine (STEM) education should prioritize recruitment from underrepresented communities. Further, legislators should require STEM programs to offer robust training and curricula on ethics, racial and gender inequity, and anthropology.

- *Ensure equitable representation of and ensure equitable compensation for Black women, girls, and gender-expansive people who participate in biomedical research and clinical research trials*

Clinical trial participant recruitment must better reflect disease fatality rates across race/ethnicity.

NIH should update its guidelines for the inclusion of women and communities of color in clinical research to ensure not only equality—that clinical trial participants adequately reflect the diversity of the real-world population—but also equity, which may require oversampling of Black, women, girls, and gender-expansive people who are most impacted by the disease or condition being tested or have been underrepresented to date.¹⁸²

The Food and Drug Administration, the federal agency charged with approving and overseeing all human and veterinary drugs, biological products, and medical devices and ensuring the safety of our nation’s food supply, cosmetics, and products that emit radiation, should establish an advisory committee 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.¹⁸³

- *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 that Black researchers are supported and funded*

Congress should dedicate NIH funding for Black researchers. Our researchers are more likely to propose “community or population-level research” that often have the lowest success rate despite the potential impact they could have in developing effective client-centered interventions to address disparities.¹⁸⁴

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.

SOCIAL JUSTICE, COMMUNITY JUSTICE, & SAFETY

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

Black women and gender-expansive individuals face unemployment discrimination, over-representation in poorly paid jobs, and a race-gender wage gap. The economic impact of the COVID-19 pandemic has meant that Black women and their families face a greater risk of financial insecurity—“as breadwinners, they are overrepresented among workers losing their jobs and as essential workers they are risking their health and safety for minimum wage.”¹⁸⁵

Achieving 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, 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 public health and community safety issues that impact the health and well-being of Black women, 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, elder justice, disability, and sex work.



Voting Rights

Reproductive Justice can only be achieved when Black women, girls, and gender-expansive individuals can vote as equal citizens of the United States, freely and without voter suppression—finally making the rights enshrined in the 14th, 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 marred by brutality and murder. In the past, opponents of equal rights used their power to disenfranchise Black communities through numerous barriers to block people from registering to vote, casting ballots, and holding political office.

From Reconstruction until the mid-20th century, state legislatures imposed additional barriers to prevent Black voters from voting, including literacy tests, poll taxes, property-ownership requirements, and moral character tests. Black voters were also intimidated, beaten, and murdered to stop them from casting ballots.¹⁸⁶

[†] The 15th Amendment states: “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.”

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 the 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. Republican legislators in 32 states have introduced more than 150 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 gerrymandering legislative districts.¹⁸⁷ Rather than trying to attract voters by promoting viable policies, Republicans are trying to win and keep power by preventing people from casting their ballots.

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

The January 6, 2021 attack on the U.S. Capitol by white nationalists and other far-right extremists attempting to overturn the free and fair presidential election laid bare how fragile our democracy is. This insurrection was fomented by former 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. Far-right extremists will do anything to maintain their fragile hold on political power, including chipping away at access to the ballot box—one of the most precious tools we have to preserve our democracy.

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 marred by brutality and murder.

Achieving social justice and community justice require that individuals have equitable access to resources, protections, and opportunities that foster autonomy, liberty, and well-being.

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 and the filibuster*

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. Similarly, the filibuster is an antidemocratic tradition of the U.S. Senate with no constitutional basis—eliminating it would allow the Congress to pass critical, overdue legislation—including several bills that would ensure reproductive justice for Black women, girls, and gender-expansive individuals.

- *Pass the John Lewis Voting Rights Advancement Act*

The *John Lewis Voting Rights Advancement Act* would restore the parts of the Voting Rights Act of 1965 gutted by the United States Supreme Court 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.

- *Pass the For the People Act*

The *For the People Act* 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 from voter rolls. It would also enhance and ensure democracy in America by establishing many critical federal election reforms.

Police Violence

Reproductive Justice includes the right to live and raise our families free from state-sanctioned violence. For Black women, girls, and gender-expansive individuals, the constant threat of police violence is an ongoing reality and source of profound stress. This threat impacts our 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, and Black women, girls, and gender-expansive people are more likely to experience rape and sexual assault at the hands of law enforcement.¹⁸⁸ Yet, Black women who are victimized by police violence often receive less media attention, and less responsive public empathy and action, compared to white women.

One 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 8 minutes and 46 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 2022 alone, police killed 1,238 people; Black individuals are almost three times more likely (2/9) to be shot, compared to white individuals.¹⁸⁹ 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.

Despite our commitment to caring for humanity, the very government for whom we place our lives on the line, time and again, has shown us that Black lives have never mattered—as is evidenced by the police killings of unarmed Black men and women, such as George Floyd, Breonna Taylor, Elijah McClain, and far too many others to name. Data from the databases of Mapping Police Violence and *The Washington Post* show that police killed at least one Black woman or man each week in 2020 alone.¹⁹⁰ The peaceful protests regarding these deaths were met with “brute force, ...cracked skulls and mass arrest”¹⁹¹ and additional violence from the former presidential administration and from police departments.

The year 2020 brought increased awareness to police violence against the Black community as people across the nation stayed at home to protect themselves from the pandemic and were often glued to their screens. However, these issues existed long before 2020—they were first born during the era of the *Fugitive Slave Act* in the 19th century. Further, these issues have persisted since. Since our nation's supposed “racial reckoning” in response to the terror of 2020, our society appears to be shifting too easily back to the status quo of violence against Black bodies.

Black people are killed by the police at a rate more than twice that of white people, and Black women, girls, and gender-expansive people are more likely to experience rape and sexual assault at the hands of law enforcement.

POLICY RECOMMENDATIONS

Almost three years since the murders of Breonna Taylor, George Floyd, Tony McDade, and too many others, we are still watching our community be profiled, policed, brutalized, and murdered at the hands of law enforcement including immigration officials. Black Lives Matter and Black Futures Matter—enough is enough. 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.

- *Pass the George Floyd Justice in Policing Act*

Introduced in 2021 by Representative Karen Bass (D-CA), the *George Floyd Justice in Policing Act* would increase accountability in state and local law enforcement and create a national registry to track complaints of misconduct on the part of police.

- *Pass 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 was introduced in 2020 by Representatives Ayanna Pressley (D-MA) and Rashida Tlaib (D-MI). 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.¹⁹²

- *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.

- *Pass legislation to address extreme use of force and militarization in local police forces*

Legislation like 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. It was first introduced in 2019 by Ro Khanna (D-CA).

Legislation like the *Stop Militarization of Law Enforcement Act* would prohibit the transfer of military-grade equipment from the federal government to state and local law enforcement agencies. It was first introduced in 2015 by Rand Paul (R-KY) and Brian Schatz (D-HI).

Gender-Based Violence

Reproductive Justice includes the right to live and raise families free from gender-based violence, including intimate partner violence (IPV), murder, rape, sexual assault, and stalking. Specifically for Black women, girls, and gender-expansive people, gender-based violence is connected to a violent legacy with the goal of objectification, dehumanization and upholding white supremacy. Our country was founded on slave labor, and the plantation slave economy was fueled by sexual violence against Black, female slaves—this history of sexual violence against Black women, girls, and gender-expansive individuals remains pervasive to this day.

Nationally, one in two women experience sexual violence in their lifetime.¹⁹³ ¹⁹⁴More than half of Black women (53%) report experiencing sexual violence, physical violence, or stalking, compared to 48% of white women. And 40-60 percent of Black girls report being the victim of some form of coercive sexual contact by age 18.¹⁹⁵ For every 1,000 sexual assaults that occur in the U.S., only 230 are ever reported.¹⁹⁶ Among Black women, for every rape that is reported, at least 15 others are not.¹⁹⁷

IPV is a preventable form of gender-based violence that includes, but is not limited to, physical violence, sexual violence, stalking, and psychological aggression by a current or former partner.¹⁹⁸ About 41% of Black women experience IPV in their lifetime, compared to 31% of white women.¹⁹⁹ Further, Black women are far more likely to be victims of homicide than white women: they experience 5.7 deaths for every 100,000 Black women, the rate for white women is 1.9/100,000.²⁰⁰ More than half of those homicides (55.3%)

are related to IPV.²⁰¹ Additionally, LGBTQIA+ people experience IPV at equal or higher rates than their cis-gender heterosexual counterparts.²⁰² Black LGBTQIA+ people are more likely to experience IPV in comparison to white LGBTQ+ people.²⁰³

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, girls, and gender-expansive individuals are generally under-supported by our

More than half of Black women (53%) report experiencing sexual violence, physical violence, or stalking, compared to 48% of white women.

current health care system and face challenges that prevent them from getting the care they need.²⁰⁴

These problems are compounded by the racial discrimination Black people too often face when they interact with the U.S. medical system, and directly impact Black women who experience sexual assault. As a result, although Black women, 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, girls, and gender-expansive individuals' 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 retraumatized by the system.

Sexual violence can also feed into victimization by institutional violence. Black and LGBTQIA+ girls are over-represented in the juvenile justice system and an overwhelming number have experienced sexual assault.²⁰⁵ Sexual abuse survivors are more likely to later be involved with the criminal justice system, due to the "sexual abuse to prison pipeline,"²⁰⁶ 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.²⁰⁷ 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 DoJ assessment of violence within prisons, "allegations of staff sexual misconduct were made in all but one state prison, and in 42% of local and private jails and prisons."²⁰⁸

POLICY RECOMMENDATIONS

Black women, girls, and gender-expansive individuals' experiences are alarming and speak to the need to address historic and on-going experiences with sexual violence. 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, 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, 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 provide and advocate and legal aid to those who need it. Currently, the program does not 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, girls, gender-expansive individuals; LGBTQIA+ 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 get needed time away from work, no federal

leave program explicitly includes sexual assault survivors. For Black women, girls, and gender-expansive individuals, this can be a barrier to accessing essential services following an assault.

- *Reauthorize the Family Violence Prevention and Services (FVPSA) Act with critical improvements to center Black communities*

The *Family Violence Prevention and Services Act (FVPSA)* was first authorized in 1984 as the only federal funding dedicated to lifesaving domestic violence shelters and programs, including emergency shelters, crisis hotlines, and counseling. Congress should reauthorize FVPSA to increase funding and also increase support for programs specific to supporting Black communities.²⁰⁹

- *Center Black people and Reproductive Justice in federal implementation of Violence Against Women Act Reauthorization Act (VAWA) and Survivors' Access to Supportive Care Act (SASCA)*

The *Violence Against Women Act (VAWA)* has been critical to providing survivors with the services they need, and it must be fully implemented. The 2022 reauthorization included the *Survivors Access to Supportive Care Act (SASCA)*, which established a series of programs and requirements to improve access to sexual assault exams; established state grants to conduct studies on access barriers; requires hospitals to report on community access to providers, and funds provider training in rural and tribal communities. We urge the Administration to carefully implement these bills through the lens of Reproductive Justice.

Addressing sexual assault requires a multi-pronged effort that centers the lived experiences of all survivors, particularly Black women, girls, and gender-expansive individuals.

Economic Justice

Reproductive Justice can only be achieved when Black women, girls, and gender-expansive individuals have the “economic, social and political power, and resources”²¹⁰ to make important personal decisions for ourselves and our families.

On average, Black women who work full-time for a year make just .67 cents for every \$1.00 a white man does for doing the same job. Black women earn \$1,962 less each month, which translates to \$23,540 less a year—almost \$1 million dollars less (\$941,600) than a white man, over the same 40-year career.²¹¹ In order “to close this lifetime wage gap,” a Black woman has to work until age 85 in order to have the same wages as a white man who retires at age 60.²¹²

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”²¹³ for women of color, including Black women, 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;²¹⁴ 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, girls, and gender-expansive individuals.

COVID-19 exacerbated economic, social, and health inequities—striking Black and Brown communities particularly hard and compounding structural racism, socioeconomic barriers, and racial and gender discrimination.

The pandemic 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.²¹⁵ Women comprise the

majority of workers who are literally risking their lives to provide these services. These sectors that are also 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 health needs and losing their jobs.

As a result of economic injustice embedded in systemic and institutional racism and gender discrimination, Black women, girls, and gender-expansive individuals are more likely to lack economic resources, compared to Americans of other races/ethnicities. For example, 22.5 percent of Black women are living in poverty, compared to 9 percent of white women.²¹⁶ More than one-quarter (28.8) of Black children under age 6 are living in poverty, compared to less than 10 percent of white children in that age range (8.7%).²¹⁷

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,²¹⁸ and many women and people of color are also members of the working class. It’s past time to do something to address the situation.

As a result of economic injustice embedded in systemic and institutional racism and gender discrimination, Black women, girls, and gender-expansive individuals are more likely to lack economic resources, compared to Americans of other races/ethnicities.

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, 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; the following recommendations are merely a starting point.

- *Prioritize student debt relief*

An analysis conducted by the American Association for University Women (AAUW) found that Black women graduate with more student debt than women of other races and ethnicities.²¹⁹ The federal government should continue to implement the Biden-Harris Administration's Student Loan Debt Relief Plan.²²⁰ Considering the challenges that Plan continues to face in the courts, Congress should go further and pass legislation like the *Student Loan Debt Relief Act* (introduced in 2021 by Representative Troy Carter [D-LA]), which would cancel up to \$50,000 in student loan debt for qualified borrowers.

- *Make 2021 child tax credits permanent*

The changes made to the child tax credit program in the Biden-Harris administration's COVID relief package made a transformative impact on child poverty rates. In order to continue to improve childhood poverty rates, these changes must be made permanent by Congress.

- *Reform eligibility for Medicare and Social Security programs*

Congress should implement eligibility requirements better control and account for income fluctuations and race-gender disparities in wages over the course of a lifetime. This would more effectively address economic disparities than current policies affecting Medicare and Social Security, which limit eligibility and economic well-being assessment to isolated annual incomes.

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

Funds should be made available to compensate Black women and gender-expansive people for federal and state governments' historic, 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.

- *Establish a permanent, accessible national paid family and medical leave program*

The United States is the only nation among high-resource countries without a national paid leave program—leaving Black women, girls, and gender-expansive individuals at the mercy of wildly varying (and usually insufficient) federal, state, and local policies. Congress should establish a permanent paid leave program that covers the usual considerations of family and medical leave—childbirth, illness of an employee or a family member— as well as other reasons for leave, like public health emergencies and natural disasters fueled by climate change. Such a program must prioritize Black workers and other low-wage or marginalized workers of color, who are more likely to be ineligible for current leave policies or to struggle to access benefits of paid leave policies.²²¹

- *Establish a federal commission to study and develop reparation proposals for Black Americans*

Congress should pass legislation to “address the fundamental injustice, cruelty, brutality, and inhumanity of slavery in the United States and the 13 American colonies between 1619 and 1865” by establishing a 15-member commission “to study and consider a national apology and proposal for reparations for the institution of slavery, its subsequent de jure and de facto racial and economic discrimination against African Americans, and the impact of these forces on living African Americans...”²²² Legislation to establish such a Commission was introduced by Representative Sheila Jackson Lee (D-TX) in 2021, entitled the *Commission to Study and Develop Reparation Proposals for African Americans Act*.

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.

Pass legislation to raise the minimum wage

The federal minimum wage is regulated by the Fair Labor Standards Act (FLSA) and has been \$7.25 per hour since 2009—which is obviously not a living wage. Legislation like the *Raise the Wage Act* (most recently introduced by Representative Robert Scott [D-VA] in 2021) would raise the federal minimum wage to \$15 an hour, which is a more livable wage. Still, this amount should be the floor, not the ceiling; if the minimum wage kept pace with productivity growth, it would be nearly \$25.²²³

• Pass legislation to ensure equitable pay

Legislation like the *Paycheck Fairness Act* 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.

• Pass the Domestic Workers Bill of Rights Act

The *Domestic Workers Bill of Rights Act* was first introduced in 2019 by Representative Pramila Jayapal (D-WA) and then-Senator Kamala Harris (D-CA). It 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.

• Ensure menstrual equity for all

Lack of access to period products is an unnecessary economic barrier many Black women, girls, and gender-expansive people face across the country. Providing federal funds to various institutions to cover the cost of period products, through legislation like the *Menstrual Equity For All Act*, will allow people to participate in society and thrive.

• Pass the CROWN Act

Congress should follow the lead of 20 states across the nation and pass the *Creating a Respectful and Open World for Natural Hair (CROWN) Act*. The *Act* (first introduced in 2022 by Representative Bonnie Watson Coleman [D-NJ]) prohibits race-based hair discrimination—“the denial of employment and educational opportunities because of hair texture or protective hairstyles including braids, locs, twists, or bantu knots.”²²⁴

• Protect the right to organize

Black workers are paid about 13.7 percent more when they belong to a union. Black workers are more likely than their counterparts of other races/ethnicities to be union members; the decline of unionization in recent decades is closely tied to the widening of our nation’s racial wage gap.²²⁵ Congress should pass legislation like the *Protecting the Right to Organize (PRO) Act* (reintroduced in 2023 by a bipartisan group of Members of Congress). This *Act* would fix loopholes in our existing labor laws and expand workers’ rights by ensuring their ability to freely and fairly form a union and bargain together for needed changes in the workplace.^{226 227}

• Increase access to banking in Black communities

Black and Brown communities are disproportionately under-banked and have a heightened risk of victimization by predatory lending practices. Legislation like the *Postal Banking Act* (first introduced in 2018 by Senator Kirsten Gillibrand [D-NY]) would establish comprehensive retail bank accounts through the U.S. Post Service (USPS), in an effort to combat these challenges.

Education Justice

Reproductive Justice can only be achieved when Black women, 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.²²⁸

Black students are more likely to live in these under-funded and segregated school districts, compared to their white peers.²²⁹ As a result, they experience educational inequalities that include reduced access to highly qualified and effective teachers, curricular offerings (such as advanced courses), extra-curricular activities, supplies, and equipment.²³⁰ 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.”²³¹ Data increasingly show that students who attend well-funded schools have better educational outcomes.²³²

In addition, Black students are more likely to experience harsh

punishments within the educational system, compared to their white peers. Awareness is growing about the “school to prison pipeline,” a phrase that 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. Yet, the discussion often centers on male students and fails to describe the pipeline's impact on Black girls and other girls of color. Research and data show that, just like Black boys, Black girls are disproportionately disciplined within the U.S. education system, compared to white peers. In fact, the U.S. DoE found that Black girls are six times more likely to be suspended than their white peers.²³³

Law enforcement officers should not be involved in disciplinary matters at schools. In 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).²³⁴ This 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 of the classroom.

The COVID-19 pandemic was particularly debilitating for Black and brown students. As schools reopened for in-person or hybrid instruction, schools in communities of color were more likely to maintain completely remote instruction—which significantly impacted students' academic, social, emotional, and mental

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.

health outcomes.²³⁵ ²³⁶Even before the pandemic, schools with majority students of color were more likely to have higher student to counselor or school psychologist ratios.²³⁷

The newest frontier in education injustice is the effort by several state and local leaders to erase Black people from academic curricula—claiming that racism, racial segregation, and misogynoir are not part of United States history. They are successfully banishing unbiased textbooks from classrooms, and banning acclaimed books from public libraries. They have even successfully lobbied the College Board to make inexplicable and inaccurate changes to a long-awaited Advanced Placement course on African-American history.

Education justice in higher education must include equitable resources for historically black colleges and universities (HBCUs) as other institutes of higher education. Further, education justice must also extend beyond campuses for those who choose not to pursue a college education, and include federal support for increased access to high-quality technical training and vocational schools.

POLICY RECOMMENDATIONS

More must be done to understand and reverse this dire situation. School districts have received unprecedented levels of funding through the Biden-Harris Administration’s pandemic response—this funding can and should be leveraged to ensure adequate and equal funding of all schools; robust oversight to guarantee all students have equal access to educational resources; programs to ensure there is a “caring, competent, and qualified teacher for every child;”²³⁸ and schools that are organized and able to support the success of all students.

- *Establish a federal commission to study how to best provide oversight for existing programs that target inequalities in schools, including the biased curriculums*

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 resources is important to ensure that funds are used effectively to create equitable schools. Congress should establish a commission to understand the scope of inequities across our nation’s public school districts, including a particular analysis of districts and localities that have implemented biased, anti-Black curricula or eliminated curricula related to Black history.

- *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.

- *Establish universal prekindergarten nationwide*

Early childhood education is essential to overcoming inequities and ensuring young children’s future development—but it is not universally available. Legislation like the *Universal Prekindergarten and Early Childhood Education Act* (first introduced by Representative Eleanor Holmes Norton [D-DC] in 2019) would provide grants to help states establish or expand full-day prekindergarten programs for three- and four-year-olds. Black children are less likely to be enrolled in preschool programs than their white peers, a disparity that this Act would address.²³⁹

- *Recognize and address the social and emotional needs of Black students by reducing over-policing and increasing mental health services*

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. Legislation like the *Supporting Trauma-Informed Education Practices Act* (introduced by Representative Jahana Hayes [D-CT] in 2022) would provide grants for trauma support and mental health services in schools.

Legislation like the *Counseling Not Criminalization in Schools Act* (introduced by a group of Members of Congress in 2020) would prohibit the use of federal funds to hire, maintain, or train officers in schools. It would provide funds to enable public schools to replace law enforcement officers with programs and personnel that provide effective mental health and trauma-informed services.

Legislation like the *Mental Health Services for Students Act* (introduced by Representative Grace Napolitano [D-CA] in 2021) would invest in resources to address Black children’s mental and emotional needs without violence and aggression. The *Act* would redirect funding from school policing and expand support for school counselors and social workers in order to ensure that schools can be a safe haven for Black youth.

- *Restore Title IX protections for students and prioritize ameliorating sexual assault on campuses*

The Trump-Pence Administration gutted Title IX, a civil rights law that is critical to protect educational equity and equal opportunity for in our nation’s schools and institutions of higher education. The federal government should act quickly and comprehensively to restore crucial Title IX protections for students who are survivors of sexual harassment, assault, or sex-based discrimination.²⁴⁰

LGBTQIA+ Liberation

Reproductive justice can only be achieved by centering the needs and voices of Black lesbian, gay, bisexual, transgender, queer, intersex, and asexual (LGBTQIA+) folks.

LGBTQIA+ 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.^{241 242}

Many LGBTQIA+ people have difficulty finding providers who are knowledgeable about their needs, encounter discrimination from insurers or providers, and/or delay or forgo care because of concerns about how they will be treated. In the absence of federal legislation prohibiting health care discrimination based on sexual orientation, gender identity, or gender expression, LGBTQIA+ people are often left with little recourse when discrimination occurs.²⁴³

For Black LGBTQIA+ individuals, the challenges, discrimination, and resulting harms are compounded by the well-documented discrimination Black people suffer when seeking health care.^{244 245 246 247 248 249} These barriers and discrimination contribute to the interconnected system of factors that creates and exacerbates negative health outcomes for Black LGBTQIA+ people.²⁵⁰ 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.

LGBTQIA+ individuals 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, LGBTQIA+

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.

According to research, 8 percent of LGBTQIA+ individuals or 29 percent of transgender individuals reported that, in the last year, they had had a health care provider refuse to see them due to their sexual orientation, gender identity, or gender expression. 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 of transgender respondents reported having had a negative interaction with a health care provider in the last year due to their gender identity.²⁵¹ These incidents of harm and oppression are not new; they are a continuation of institutionalized homophobia and transphobia that impact LGBTQIA+ people's mental and physical health and access to quality care.

LGBTQIA+ 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.

More recently, politicians across the nation are increasingly attacking LGBTQIA+ individuals by criminalizing gender expression, targeting transgender youth in schools, and stripping away critical health care for transgender individuals. For example, Tennessee has attempted to pass a first-in-the-nation bill to ban drag shows that take place on public property or in any location that can be viewed by individuals under the age of 18.²⁵² Nine states across the country have laws censoring discussions of LGBTQIA+ issues in schools and five states have laws requiring parental notification of LGBTQIA+ inclusive curricula.²⁵³

Additionally, three states explicitly require school staff to out transgender youth to their parents, opening up many children to the risk of serious harm.²⁵⁴ Approximately one-third of states have banned gender-affirming care for transgender youth—resulting in specialized facility closures and fearful clinicians even where gender-affirming care remains legal.²⁵⁵ Most recently, Florida and Missouri have banned or attempted to ban gender-affirming care for young people and adults.²⁵⁶

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Politicians across the nation are increasingly attacking LGBTQIA+ individuals by criminalizing gender expression, targeting transgender youth in schools, and stripping away critical health care for transgender individuals.

POLICY RECOMMENDATIONS

A complete and robust vision of Reproductive Justice includes and prioritizes the unique needs and vulnerabilities of Black LGBTQIA+ women, girls, and gender-expansive individuals. As a baseline, LGBTQIA+ people need provisions that explicitly prohibit exclusion and discrimination on the basis of sexual orientation or gender identity.

- *Pass the EQUALITY Act*

For those who face additional and compounded risk of discrimination (such as Black LGBTQIA+ individuals), expanding federal anti-discrimination protections is particularly important, and is particularly crucial for those who live in states without existing protections. The *EQUALITY Act* would amend the Civil Rights Act of 1964 to provide explicit protections on the basis of sex, sexual orientation, and gender identity. It would prohibit discrimination in employment, housing, credit, education, jury service, federally funded programs, and public accommodations. It was first introduced in 2021 by Representative David Cicilline (D-RI).

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

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 LGBTQIA+ individuals' 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 LGBTQIA+ patients. The federal government should support grant programs that provide financial support for medical students who wish to provide care for LGBTQIA+ patients, particularly those who live in underserved areas.

- *Pass legislation to ensure child welfare agencies do not discriminate against LGBTQIA+ foster or adoptive families and are fully prepared and equipped to support LGBTQIA+ youth*

Legislation like the *John Lewis Every Child Deserves a Family Act* (introduced by Representative Danny Davis (D-IL) in 2021) 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.

Legislation like the *Protecting LGBTQ Youth Act* would amend the Child Abuse Prevention and Treatment Act to explicitly include LGBTQIA+ youth. The Act (which was introduced in 2021 by David Scott [D-GA], Ritchie Torres [D-NY], and Mondaire Jones [D-NY]) would direct agencies to research ways to protect LGBTQIA+ children from abuse and neglect, provide funding to train personnel on the needs of LGBTQIA+ youth, and expand the demographic data collected in child abuse reports.

- *Pass legislation to improve national data collection on sexual orientation, gender identity, and variations in sex characteristics*

Congress should pass legislation like the *LGBTQI+ Data Inclusion Act*, which was introduced in 2021 by Representative Raul Grialva [D-AZ]). It would require the collection of voluntary, self-disclosed demographic data on sexual orientation, gender identity, and variations in sex characteristics in federal surveys—including through the National Violent Death Reporting System—while maintaining confidentiality and privacy standards.²⁵⁹

Environmental Justice

Reproductive Justice includes the human right to live, thrive, and raise families in healthy, safe, and sustainable communities that are free from the harmful effects of climate change.

Environmental racism encompasses the deliberate targeting of Black communities and other communities of color for disposal of hazardous pollutants, lethal chemicals, and toxic industrial waste. 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 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, paper mills, and near-roadway toxic air emissions.

Air pollution's documented risks include cognitive impairment—ranging from neurocognitive development in infancy to cognitive decline and dementia later in life—endocrine disruption, and pregnancy-related complications. These risks disproportionately impact Black people.²⁶⁰ The asthma rate for Black children in the U.S. is more than twice the rate of their white counterparts (5.5% of white children vs. 12.3% of Black children).²⁶¹ Black people overall; Black women are more than three times as likely to die from asthma than white men.²⁶²

For many Black women, girls, and gender-expansive individuals, clean water cannot be taken for granted.²⁶³ In fact, a 2023 Gallup poll found that 76% of Black adults are concerned about polluted drinking water²⁶⁴; an even larger number reported having to boil their water before it was safe to drink.²⁶⁵

Water pollution exposes these communities to harmful industrial chemicals including 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 elevated lead levels compared to white children.²⁶⁶

Climate change is increasing health risks and compounding pre-existing vulnerabilities of Black and brown communities. 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.

Reproductive Justice also 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, girls, and gender-expansive individuals have long been expected to chemically alter their 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.²⁶⁷ 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 personal care and beauty industry annually,²⁶⁸ including \$2.5 billion annually on hair care products.²⁶⁹

For decades, the chemical industry has been largely unregulated, with manufacturers 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.²⁷⁰

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. 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.

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 toxic chemicals, compared to products predominantly used by white women. 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.²⁷¹

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, girls, and gender-expansive individuals in efforts to identify and support intersectional solutions to this complex problem.

- *Fully implement and enforce Justice40*

The Justice 40 Initiative (J40) is the broad term given for President Biden’s goal of directing 40 percent of the overall benefits from federal investments in climate and clean energy to disadvantaged communities. These are areas that have been underinvested in and which are disproportionately affected by climate change. The White House describes Justice 40 as a whole-of-government effort and has directed all agencies to outline equity action plans.

- *Establish new, standardized funding sources and associated protocols to ensure swift clean-up and remedial compensation to Black communities that are 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.

- *Pass the Environmental Justice For All Act*

Introduced in 2020 by Representative Raul Grijalva (D-AZ), this Act 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.

- *Pass legislation that specifically addresses the risks Black women, girls, and gender-expansive individuals face from climate change*

Legislation like the *Protecting Moms and Babies Against Climate Change Act*, introduced as part of the Black Maternal Health Momnibus, would invest in community-based programs to identify risks related to climate change for pregnant and postpartum people and infants. (The Momnibus was first introduced in 2020 by Representatives Lauren Underwood [D-IL], Alma Adams [D-NC], and then-Senator Kamala Harris [D-CA]). 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. The bill 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.

Legislation like the *Women and Climate Change Act* would establish a federal Interagency Working Group on Women and Climate Change within the Department of State and ensure federal agency coordination to improve government response, coordination, and strategies to address the climate change crisis in an intersectional manner. It was introduced in

- *Pass legislation to make drinking water safer for Black communities*

Legislation like the *Water Affordability, Transparency, Equity and Reliability Act* (introduced in 2019 by Representative Brenda Lawrence (D-MI)) would make water safer, more affordable, and more accessible by funding pollution control and drinking water safety programs. The Act would improve requirements for clean water and drinking water State Revolving Funds (SRFs). It would 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.

- *Fully implement comprehensive modernization of federal regulation of cosmetics and personal care products*

On December 29, 2022, Modernization of Cosmetics Regulation Act (MoCRA), was signed into law through the federal omnibus. For the first time ever, and after years of Congressional efforts, the cosmetics and personal care products will be required to comply with federal regulation, rather than voluntary compliance that has been the *status quo* since the adoption of the Federal Food, Drug, and Cosmetic Act (FFDCA) in 1938. By the end of 2023, the FDA will finally have the authority to issue a mandatory recall of any cosmetic product or personal care products or to suspend a production facility's registration for serious adverse health concerns, which they can assess through the inspection of required records. Cosmetics and personal care products companies will be subject to specific product labeling; facility registration; good manufacturing practices (GMPs), serious adverse event reporting; and safety substantiation.

While we strongly support the provisions of this legislation, we believe it should go further. Rather than direct-

ing FDA to adopt standardized test methods of asbestos in talc-containing products—often marketed aggressively to Black women, girls, and gender-expansive individuals—talc should be phased out completely. Further, we are disappointed that some new provisions will preempt states that have already implemented their own, more-robust cosmetics and personal care products laws and regulations. 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.

Lawmakers should also increase funding for Food and Drug Administration's Center for Food Safety and Applied Nutrition (CFSAN) Office of Cosmetics and Colors in order to implement this legislation and its associated enforcement.

- *Pass the Safer Beauty Bill Package*

The latest iteration of Representative Janice Schakowsky (D-IL)'s longstanding gold-standard cosmetics reform legislation would ban 11 of the most harmful chemicals found in cosmetics and animal testing; increase protections for communities of color and salon workers—often Black communities and Black women—who are most often exposed to these toxic chemicals; allocate resources to study safer alternatives; and mandate comprehensive ingredient transparency and disclosure in fragrances.²⁷² The package includes the *Cosmetic Fragrance and Flavor Ingredient Right to Know Act*, *The Cosmetic Safety for Communities of Color and Professional Salon Workers Act*, *the Cosmetic Supply Chain Transparency Act*, and the *Toxic-free Beauty Act*.

- *Establish financial incentives for the sale of safe cosmetic products and disincentivize the sale of dangerous products*

Congress should fund incentives—such as small business tax credits—for Black-owned businesses that meet health and safety standards and sell, distribute, and market safe cosmetics and personal care products. Congress should also 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, including research that explicitly looks at the impact of toxic chemical products on Black reproductive health to inform interventions and fund community-based organizations and health providers working directly with impacted communities.

Food Justice

Reproductive Justice can only be achieved when Black women, 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 that are “food deserts” and to experience food insecurity. The term “food desert” describes an area where residents have reduced access to healthy, nutritious, and affordable food. They result in reduced access to a range of healthy, affordable food options, which can contribute to numerous health disparities and diet-related health problems, including overweight, obesity, diabetes, and cardiovascular disease.^{273 274}

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;”²⁷⁵ and defines “very low food security” as “multiple indications of disrupted eating patterns and reduced food intake.”²⁷⁶ 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.²⁷⁷

Food insecurity contributes to a number of reproductive and overall health disparities for Black women, 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.

In 2021, almost one-fifth of Black individuals lived in a food-insecure household. Compared to their white peers, Black individuals are almost three times as likely to experience hunger; and

22% of Black children live in households that are food-insecure. Black children are almost three times as likely to experience hunger, compared to white children.²⁷⁸

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).²⁷⁹ Lower-income households purchased less healthy foods (i.e.,

sweet baked goods, sugar-sweetened beverages, packaged snacks, desserts, and candy).²⁸⁰

Barriers to healthy, affordable food were exacerbated by the COVID-19 pandemic and the resulting economic crisis. In 2020, one survey found that roughly 14 million children were not getting enough to eat as a direct result of the pandemic-related recession.²⁸¹ The Biden-Harris Administration’s *American Rescue Plan Act*, passed in March 2021, recognized this crisis and invested a historic \$12 billion in USDA’s nutrition assistance programs—a lifeline for the 1 in 5 Black families struggling with food insecurity at that time.^{282 283} However, many of these programs have run out or are time-limited.

Despite the pandemic’s toll, we must not forget that Black food insecurity is rooted in systemic racism. Part of addressing food justice must include redressing racist policies that impact Black Americans’ access to food, including policies that discriminated against Black farmers and ranchers and disproportionately deprived them of both land and wealth.²⁸⁴ While USDA settled a lawsuit to address a history of discriminatory lending practices and the Biden-Harris Administration has prioritized farm assistance for Black farmers, Black farmers are trailing behind other groups in accessing USDA’s loan programs.²⁸⁵

Food insecurity contributes to a number of reproductive and overall health disparities for Black women, girls, and gender-expansive individuals.

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, as well as expanding nutrition programs and school-based programs. Part of this effort will also involve investing in 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. Finally, this work must prioritize Black farmers and ranchers.

- *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 through the upcoming reauthorization of the Farm Bill. Doing so will support families who will continue to struggle financially as a result of the pandemic, even as the public health emergency ends. Congress should also reduce restrictions on SNAP use, including discriminatory drug policies and overly stringent work requirements; incentivize increased access to food; and ensure that SNAP and EBT recipients can use these benefits to pay for food delivery.²⁸⁶

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

Congress 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). USDA should also re-assess the impact of its hunger relief initiatives and extend necessary programs to meet community needs, including extensions for state-specific Child Nutrition Area Eligibility Waivers.

- *Invest in expanding access to healthy food in food deserts nationwide*

Legislation like the *Food Deserts Act* 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 was introduced in 2023 by Representative Andre Carson (D-IN). would also prioritize loans to entities that employ workers from underserved communities, offer nutrition education services, and source products from local urban gardens and farms.

Legislation like the *Healthy Food Access for All Americans (HFAAA) Act* would: 1) 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; and 2) 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. The Act was first introduced in 2017 by a bipartisan group of Representatives.

- *Strengthen protection against racial discrimination in USDA programs and dedicate funding to supporting, training, and restoring Black farmers and ranchers*

Pass legislation like the *Justice for Black Farmers Act*, which was most recently introduced by Senator Cory Booker (D-NJ). The Act would: 1) provide oversight and establish an independent civil rights board to review civil rights complaints and investigate discrimination reports with the USDA; 2) offer protection against foreclosures and restore the land base lost by Black farmers; 3) increase USDA funding for programs that give Black and other socially disadvantaged farmers first priority for assistance; 4) allocate substantial resources to nonprofit organizations and Historically Black Colleges & Universities (HBCUs); and 5) establish a Farm Conservation Corps to train residents of socially disadvantaged and food-insecure areas to work in the farming industry.²⁸⁷

Housing Justice

Reproductive Justice can only be achieved when Black women, 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 a 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 homeownership rate for white Americans is 72.7 percent, compared to just 44 percent for Black families.²⁸⁸ 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.²⁸⁹

As former Speaker Nancy Pelosi (D-CA) has said, “housing security is a matter of justice, as structural racism puts communities of color unfairly at risk of being rent burdened or homeless.”²⁹⁰ That structural racism was once furthered by the United States government, which established state-sanctioned racial discrimination in housing policy through the development in Fair Housing Administration (FHA) in the 1930s. FHA “redlined” Black neighborhoods across the United States—declining to insure mortgages in or near them, while bankrolling new housing subdivisions outside of them and requiring that none of the homes be sold to Black people.²⁹¹ Housing builders and providers continue to benefit from segregation’s legacy and Black disenfranchisement, without providing meaningful change to address those long-standing problems.²⁹²

The barriers that Black women, girls, 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.”²⁹³ 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.

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.

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, girls, and gender-expansive individuals have a safe place to live with dignity, and without fear of exploitation.

- *Invest over \$150 billion affordable housing*

Congress should pass the affordable housing provisions of the Build Back Better proposal, which would be the largest investment in our nation's history to expand access to affordable, accessible housing; help 294,000 households afford their rent; build, upgrade, and retrofit over 1.8 million affordable housing units; and help close the racial wealth gap discussed above.²⁹⁴

- *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. Congress should mandate the development of a committee or task force to examine the longstanding and generational impact of systemic racism as well as the impact of the 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 the U.S. Department of Housing and Urban Development's (HUD) 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.

- *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. Congress should pass legislation barring providers who violate the law 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, girls, and gender-expansive individuals who identify as non-Christian and/or are LGBTQIA+, living with HIV/AIDS or a disability, are unmarried, etc. Claims of religious freedom must not be allowed to be weaponized against the right to housing.

- *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.

Immigrant Justice

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

The national debate about immigration and immigration reform largely ignores the experiences and realities of Black immigrants. Yet, an estimated 4.6 million Black immigrants live in the U.S., many of whom came to this country from Africa, the Caribbean, and Latin America.²⁹⁵ Like other immigrants, these individuals and their families often immigrated to escape war, destabilization, economic insecurity, environmental degradation, and/or genocide. Many women, including Black immigrant women, girls, and gender-expansive people, are also fleeing gender-based violence.²⁹⁶

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, girls, and gender-expansive individuals, sexism and misogyny present additional challenges.

Among these myriad problems, the first—lack of access to high-quality health care—has multiple and profoundly negative outcomes. 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 14 percent of Black immigrants live below the poverty line.²⁹⁷ Black immigrant women are put in the position of choosing between seeing a doctor, paying rent, and buying groceries. This can be particularly hard, since Black immigrant women are often the primary caregivers for their families and communities.

While the Biden-Harris Administration has taken critical executive actions to expand health care access to undocumented immigrants since entering office, more permanent solutions are necessary. When undocumented immigrant women seek health care, they risk encountering DHS agencies—such as Immigration and Customs Enforcement (ICE) and Customs and Border Patrol (CPB)—and being detained and/or deported. Although hospitals have been deemed to be “sensitive locations” where ICE activities are *generally* suspended, there have been many cases of immigrants being detained when they seek care at hospital facilities.²⁹⁸ 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 and since some facilities attempt to deprive them of comprehensive reproductive health service, including abortion.^{299 300} Pregnant people with pending immigration cases may be barred from traveling more than a certain distance from their residence—making abortion impossible for those living in states that have implemented near-total abortion bans since the Supreme Court annihilated *Roe*.³⁰¹ Further, countless reports have documented that during the Trump-Pence Administration, the Office of Refugee Resettlement tracked the menstrual cycles of migrant girls in an attempt to control their reproductive decision-making.^{302 303}

Like other Black and Brown residents of this country, many immigrants are deterred from accessing therapy or seeking help during an emergency, due to 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.³⁰⁴

POLICY RECOMMENDATIONS

Black immigrant women, 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, including the prohibition of sterilization or invasions of reproductive health privacy for individuals in federal detention*

The actions of the Trump-Pence Administration generated countless reports about abuse and neglect experienced by women and children in DHS custody—and the legacy of the Administration’s policy is still lasting. Comprehensive immigration reform is needed to protect the lives of immigrant Black women, girls, and gender-expansive individuals. Reform must focus on creating a generous and humane immigration system and a path to citizenship that ensure 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 the right to live in the U.S. for those who came to this country as children— 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; it is unknown how many DACA-eligible, Latin American immigrants are Black.

- *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, including a full and public report on the forced sterilization and health privacy violations of detained women.

- *Pass the Health Equity and Access under the Law (HEAL) for Immigrant Women and Families Act*

Initially introduced in 2019 by Representatives Pramila Jayapal (D-WA) and Deb Haaland (D-NM), 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.

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).

Elder Justice

Reproductive Justice can only be achieved by addressing the fact that Black women, girls, and gender-expansive individuals' health needs and experiences change with age. These needs and experiences include all of the issues discussed in this agenda—health, cultural, economic, housing—as well as certain issues specific to older Black individuals.

Black women's 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 public health research.

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, girls, 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 races/ethnicities; and often with more intensity and interference with quality of life.³⁰⁵

More broadly, pronounced differences in health are seen in Black versus white women during middle age, suggesting an accelerated aging process.³⁰⁶ Public health researchers have hypothesized that this age pattern may reflect a process of biological "weathering." In other words, Black people may be biologically older than whites of the same chronological age due to the cumulative impact of repeated social and environmental stressors.³⁰⁷

More research is needed to better understand Black women's intersectional experiences as they age. 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 at all stages of life.

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 65.³⁰⁸ Cumulatively, the wage gaps influence our ability to ensure safety and comfort as we age.

Black women, 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, girls, and gender-expansive individuals need better protections to ensure their safety and stability later in life, particularly once they are retired.

Black women's reproductive health needs evolve over time, including during and after the menopausal transition.

POLICY RECOMMENDATIONS

Black women, girls, and gender-expansive individuals need access to information, services, and support throughout our lifespans, and particularly so 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.

- *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.

- *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.

- *Invest \$400 billion to expand access to Medicaid home- and community-based services (HCBS) for older Americans and people with disabilities and strengthen the direct care workforce—while ensuring cultural competency in training and care.*

Congress should pass this provision of the Build Back Better proposal,³⁰⁹ which would offer permanent enhanced federal Medicaid matching funds to states that choose to participate in enhanced home- and community-based services (HCBS), which are not covered by Medicare. HCBS include self-care, such as eating and bathing, and household activities, such as preparing meals. This funding would finally adequately respond to growing demands for HCBS that existed before the pan-

demio and have been exacerbated by it. Critically, this level of funding would also expand and strengthen caregiving jobs supported by Medicaid HCBS funding. This direct care workforce has also been disproportionately impacted by the pandemic and is predominantly made up of Black and brown female people earning low wages.³¹⁰

- *Pass legislation related to improving long-term facilities for residents and protecting long-term care workers, who are predominantly Black and brown women*

Legislation like the *Quality Care for Nursing Home Residents and Workers Act* would: 1) require a 24/7 registered nurse presence and establish higher minimum staffing levels for nursing homes under Medicare and Medicaid; 2) expand training requirements and supervision for all nursing staff; 3) create whistleblower and other protections for nursing home residents and personnel; 4) prohibits the use of forced arbitration agreements between residents and any nursing home entity; and 5) develop a standardized protocol for nursing facilities to obtain written informed consent from residents for treatment with psychotropic drugs. The Act was most recently introduced by Representative Lloyd Doggett (D-TX) and Jan Schakowsky (D-IL) in 2023.

- *Pass legislation to protect older workers against employment discrimination*

Legislation like the *Protecting Older Workers Against Discrimination Act (POWADA)* would restore critical protections against age-related discrimination to the Age Discrimination in Employment Act of 1967. These provisions were struck down by the 2009 U.S. Supreme Court (SCOTUS) decision in *Gross v. FBL Financial Services Inc.* In *Gross*, SCOTUS ruled that older employees must now prove that their age was a "decisive factor" in an employer's decision not to hire, to discipline, or to terminate, rather than a "mitigating factor." The Act was passed by the House of Representatives in 2021.

Black Parents Who Have A Disability

Reproductive Justice includes the right to decide whether and when to have children—a right that does not exclude those who have a disability. 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. Further, Black women, girls, and gender expansive people with a disability are often uniquely targeted due to our country's toxic combination of racism, sexism, misogynoir, and ableism.³¹¹

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.³¹²

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.^{313 314}

Black parents are intimately aware that a health care professional or social worker could question their ability to parent, and to use their authority to create suspicions or demand an investigation without cause. This is the reality that Black individuals with disabilities focus on during their parenting journey—when considering their family planning options, seeking prenatal care, giving birth, or preparing to take their baby home for the first time. With each milestone, Black parents with disabilities know that their rights may not be fully protected, particularly if the state where they live has not enacted legislation prohibiting discriminatory and unfounded practices.³¹⁵

Black women, girls, and gender expansive people with a disability are often uniquely targeted due to our country's toxic combination of racism, sexism, misogynoir, and ableism.

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 and Children 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.³¹⁶ Congress should fund grants for medical and professional schools to provide training about the historic and ongoing discrimination faced by Black people who have disabilities, including those who are, or want to be, parents.

Sex Work

Reproductive Justice can only be achieved when Black women 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.”³¹⁷ 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 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.³¹⁸ Half of minors arrested for prostitution are Black.³¹⁹

Like other sex workers, Black women 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.³²⁰ Police rarely face consequences for such abuse, and many sex workers are afraid to report their experience due to fears of being arrested. Sex

PERSONAL STORY

Shonda, a Black transgender woman, 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.

workers who are public-facing are particularly vulnerable to police violence.³²¹

Although there are no data on how often police assault sex workers, sexual violence is one of the most reported forms of police misconduct.³²² Criminalization allows law enforcement to harass and abuse sex workers with impunity, simply by threatening arrest.³²³ 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 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.³²⁴ Approximately half of all trans people of color, and almost one-fifth of all trans people have been incarcerated.³²⁵

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.”

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. State and federal legislators should take an active role to ensure the human and civil rights of those who choose to engage in sex work.

- *Support state efforts to decriminalize sex work*

Under the 10th Amendment, each state is free to regulate sex work as they see fit. Lawmakers and policymakers should support budding state efforts to decriminalize sex work—including through ballot initiatives and legislation.^{326 327}

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

Currently, businesses of a “prurient sexual nature” or business 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,”³²⁸ are barred from receiving assistance from the Small Business Administration.

- *Closely examine existing federal regulation around online sex trafficking*

Online platforms are an essential tool for sex workers, allowing them to screen clients, work in safer environments, and reduce their interactions with law enforcement. The Stop Enabling Sex Traffickers Act and the Allow States and Victims to Fight Online Sex Trafficking Act (SESTA/FOSTA) was designed to fight sex trafficking; in the end, however, it has harmed sex workers by reducing access to online platforms for support.³²⁹ Legislation like the *SESTA/FOSTA Examination of Secondary Effects for Sex Workers Study Act (SAFE SEX Workers Study Act)* would require the federal government to study the impact of SESTA/FOSTA—a necessary first step in addressing the harms caused by the legislation. The Act was last introduced in 2022 by Senator Elizabeth Warren (D-MA).

RELIGION & REPRODUCTIVE JUSTICE

Religion—the belief and participation in a particular system of faith and worship—has long been an important aspect in the lives of Black people in the U.S. Denied the right to find solace in the African Traditional Religions of their homeland, enslaved Africans were forced to embrace a form of Christianity endorsed by their white enslavers.

They were also denied the right to gather, out of fear that they would plan uprisings to liberate themselves. Instead, they were “forced to meet in secret locations at night called ‘hush harbors’ to combine their African Traditional Religious practices with their understanding of a Christianity centered on a God that would free Black people from slavery rather than a slaveholding Christianity that taught obedience and passivity to their enslavement.”³³⁰

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

A survey conducted by the Pew Research Center found that Black Americans are more religious than the American public overall.³³¹ Almost two-thirds (64%) of Black women who participated in the survey reported that religion was an important aspect of their lives.³³² Black women were more likely to say that they have faith in a divine power or God that guides them in being moral people.³³³

At the same time, religion in America has long been weaponized against Black people, especially Black women. It has been used to shame, blame, and control Black women's bodies. The Black church has used religion to institute respectability norms and classify “good” versus “bad” Black women that reflected the attitudes of white society. The Black church has often promoted oppressive theological teachings that denied reproductive and sexual agency of Black women and promoted false narratives that Black women had hypersexual, animalistic desires and an uncontrollable breeding capability.³³⁷ These myths and tropes originate in white supremacy and evolved from enslavement in order to justify the dehumanization and degradation of Black bodies.

cy to make moral decisions. Just as free-will is fundamental to faith, it is also fundamental to the struggle for reproductive and sexual justice. All humans have free will and agency, are in the likeness of the *Imago Dei*, have the ability to make moral decisions, and are moral agents.[‡]

Efforts to control the reproduction and sexuality of Black women's, girls', and gender-expansive individuals' run counter to the concepts of free-will and moral authority upon which most religious traditions rest.³³⁸ Decisions about sexual activity, same-gender loving relationships, and autonomy over whether and when to have a child must rest squarely in the hands of the individual—not the government nor the church.

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

— *Dr. Gail E. Wyatt*

For many Black women, girls, and gender-expansive individuals, God is involved in their struggle for survival and their moral decision-making. Womanist theologian Delores Williams observes that Black women understand “making a way out of no way” as a personal testimony about a higher power that supports their struggle for equality, liberation, and justice.³³⁴ Black women, girls, and gender-expansive individuals embrace a set of moral precepts that often do not conform to traditional normative ethical systems but that allow them to live, and have an accounting of their lives, on their own terms.³³⁵ Black women's exercise of moral agency to achieve liberation necessarily occurs at the intersections of race, class, gender, and other forms of oppression.³³⁶

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

Many religions teach humans are imbued by God with free will and, because of that free will, have agen-

The *Do No Harm Act*, for example, would restore the Religious Freedom Restoration Act (RFRA) to its original purpose: to protect religious exercise and ensure that religious freedom is not used to erode civil rights protections. The Act seeks to address the sharp rise in RFRA's misapplication to justify discrimination on the basis of “religious freedom.” The bill would limit the use of RFRA in cases involving discrimination, child labor, child abuse, wages, collective bargaining, access to health care, public accommodations, and social services provided through government contracts.

[‡] Defined as the “*Image of God*,” *Imago Dei* is a Latin theological term, applied uniquely to humans, denoting the symbolical relation between God and humanity. It is a term used in Christianity and Judaism

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