POLICY AS POWER:

Providing a Path Toward **BLACK REPRODUCTIVE JUSTICE**

2025 BLACK REPRODUCTIVE JUSTICE POLICY AGENDA

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

CONTRIBUTORS

Organizations

Abortion Care Network

Access Reproductive Care (ARC) – Southeast

Black Alliance for Just Immigration

Black Feminist Future

Black Girl's Guide to Surviving Menopause

Black Mama's Matter Alliance

Black Women's Blueprint

Black Women's Health Imperative

Black Women for Wellness Action Project

Feminist Women's Health Center

GirlTrek

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

Interfaith Voices for Reproductive Justice

Movement for Black Lives

Movement for Family Power

National Birth Equity Collaborative

National Network of Abortion Funds

New Voices for Reproductive Justice

Oshun Family Center

Physicians for Reproductive Health

SisterLove, Inc.

SisterReach

SisterSong National Women of Color Reproductive Justice Collective

SPARK Reproductive Justice Now!, Inc.

The Afiya Center

The Foundation for Housing Equity

Women Engaged

Women With A Vision

Individuals

Stephanie A. Arthur, MPA, Health Policy Analyst

Omisade Burney-Scott

Reia Chapman, MSW, LISW-CP, LCSW

Kenyetta Chinwe, Faith Advocacy Coordinator

Dana-Ain Davis, PhD

Rebecca Shasanmi Ellis, MPH, BSN, RN

Nia Eshu Martin-Robinson, Founding Partner, For The Culture

Erin Grant

Paris Hatcher

Kwajelyn Jackson

Jalessah Jackson

Breya M. Johnson, Reproductive Justice Organizer

Angela C. Johnson, Director, HIV Prevention

Lauren Jones, The Foundation for Housing Equity

Krystal Leaphart

Michelle Mayo, PhD

Monica McLemore, Professor

Pamela Merritt, Executive Director, Medical Students for Choice

Gloria Morgan, EdD, Director of Academic Affairs at The College at Brockport

Maylott Mulugeta

Jacqueline Patterson, Senior Director, Environmental and Climate Justice

Jamila Perritt, MD, MPH, FACOG

Joia Crear Perry, MD, FACOG

Chanel Porchia-Albert, Founder & CEO, Ancient Song Doula Services

Shannan Reaze

Dorothy Roberts, JD

Lynn Roberts, PhD, Reproductive Justice Scholar, Activist

Deneen Robinson, Policy Director

Loretta J. Ross

Elisa Saulsberry

Mandisa Thomas

Vilissa Thompson, LMSW, Social Worker, Speaker, Consultant, Writer, & Activist

Adaku Utah, Organizing Director, National Network of Abortion Funds

Linda Villarosa

Heidi Williamson

from the CO-CONVENORS

Over the past four years, the Black Reproductive Justice Policy Agenda has served as both an anchor and imperative guiding us toward the legislation needed to realize a future where every individual—women, girls, and gender-expansive people, regardless of race, religion, ZIP Code; immigrant status, gender, or gender identity—is afforded the human right to have a child; to not have a child; and to the social and economic supports to parent the children one has, free from violence of any kind. Today, we continue to stand behind the intersectional, interwoven policies the government and society at large must uphold to ensure conditions exist for each individual in the United States to thrive and fully realize their autonomy.

As the political climate and conditions shift rapidly—we must remain timely, and work with urgency to ensure we are tracking our momentum forward and identifying new threats and opportunities to advance our collective Reproductive Justice vision. This 2025 Policy Agenda accomplishes just that.

And, rest assured, in 2025, even as we see political and policy conditions continue to deteriorate in our country, particularly for Black women, girls and gender-expansive people, this agenda takes not one step back from its goals. Our commitment to Reproductive Justice is unwavering. Our demands are bold; our direction is clear.

But, as we publish this agenda, we must emphasize: we are deeply alarmed.

In recent years we've seen an unprecedented assault on access to abortion care; protections for communities that have faced historical discrimination and oppression; health care access; educational equity; and beyond.

We are also seeing unprecedented attacks on democracy itself. Even the concept of equity has been weaponized to sow division and dissent among various communities across the United States. Anything related to diversity, equity, or inclusion is now labeled as unlawful racial discrimination. But, we know that couldn't be further from the truth.

Our call to action could not be more urgent, more necessary, and more unequivocal. And, it rests on what we've long known to be true: Reproductive Justice cannot be achieved unless all members of our society—particularly Black women, girls, and gender-expansive people—have equitable access to the social, economic and political supports that enrich our lives. This equity is not optional—it is the essential correction to historic and persistent injustices and ensures that Black women, girls, and gender-expansive people can reach our full potential.

This policy agenda is grounded in facts, in lived realities, in narratives from Black women and girls, and in truth. It is a resolute rejection of any assertion that inequities don't lie bare within every system and institution in this country. It centers race, class, and gender as inextricable determinants shaping life outcomes. Because every Black woman, girl or gender-expansive person knows it firsthand.

We fundamentally believe that efforts to promote and secure social justice, community justice, safety, and equity in all its forms should never be political. But, we are witnessing a national pendulum swing that is reversing decades of progress.

More than three decades after the founding of the Reproductive Justice movement, Black women, girls, and gender-expansive individuals in the U.S. still confront 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) due to systemic racism, toxic stress, and a long history of medical neglect.

We urge you to join us—not only because the moment is unprecedented, but also because we believe with hopeful determination that Black women's leadership offers the strongest pathway toward a future where every person lives with autonomy, dignity, and freedom. But, this cannot happen without collective action—across communities and movements.

Now is the moment to act. Let's move boldly toward the agenda that follows. Toward Reproductive Justice. We hope you stand with us.

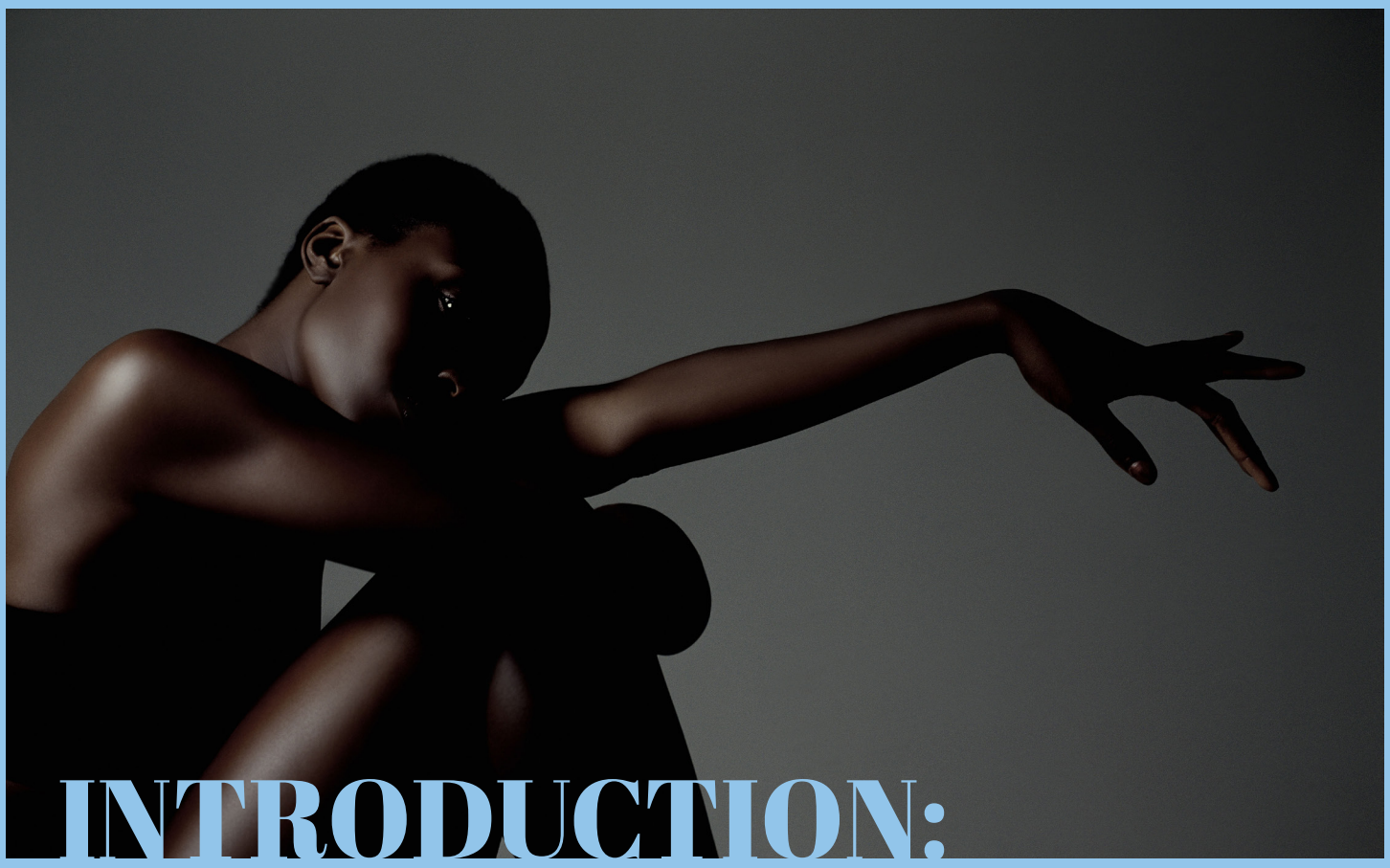
In Solidarity,

Regina Davis Moss, PhD, MPH
President & CEO, In Our Own Voice: National Black Women's Reproductive Justice Agenda

Toni M. Bond, PhD
Co-founder, President & CEO, Interfaith Voices for Reproductive Justice

Dázon Dixon Diallo, DHL, MPH
Founder & President, SisterLove, Inc.

CONTENTS



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 equality, social justice, and human rights.

In 1994, Black women came together to discuss the two-tiered health care system's implications for Black women. We advanced a sexual and Reproductive Justice agenda that offered an intersectional analysis of the unique concerns and lived experiences of Black women and girls of color. The agenda particularly addressed those who faced tremendous health disparities such as 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, reviewing, 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 to center Black women's specific lived experiences. 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 have a child; (2) the right to not 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 Reproductive Justice 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—Black women and girls, as well as other marginalized communities.

Reproductive Justice sheds light on the multiple, combined forms of systemic discrimination and oppression that contribute to the reproductive oppression of Black people. 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 complex, integrative forms of sexual and reproductive oppression that controls and exploits Black women, girls, gender-expansive individuals and others through their bodies, sexuality, labor, and/or reproduction.[2]

Today's Landscape

Today, our nation is faced with unprecedented attacks on Reproductive Justice. These attacks are so widespread and numerous that we may not yet know about new crises that may have arisen by the date of publication of this document—or their reverberating impact on Black women, girls, and gender-expansive people.

We do know, however, that—in the face of attacks on racial justice; attacks on access to abortion care; attacks on academic freedom and intellectual growth; attacks on diversity, equity, and inclusion, and beyond—it is more imperative than ever that we continue to advance Reproductive Justice.

The people are with us. Nearly every week since January 2025, protesters have made their voices heard in support of health care and liberty for LGBTQIA+ individuals; in support of educational institutions that offer equity to underserved communities; and in support of immigrants who are critical pieces of the fabric of so many Black communities across the U.S. And, since the *Dobbs v. Jackson Women's Health Organization*, which overturned *Roe v. Wade,* voters have overwhelmingly supported access to abortion care.

People across the country support bodily autonomy, democracy, and the constitutionally protected right to self-expression. Yet, extreme politicians continue to push their own agenda to limit our access to basic human rights.

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.

Before turning to our policy priorities, we offer just a few of the most egregious historical examples of Reproductive *In*Justice in U.S. health care.

First: throughout the 20th century, state-sponsored sterilization programs existed across the U.S. and specifically targeted Black people. We believe these programs to be acts of genocide. Two deeply painful and dehumanizing experiences of Black sisters—Minnie Lee and Mary Alcie Relf—finally started to change this long-standing practice. As Linda Villagarosa writes,

In the summer of 1973, Minnie Lee and Mary Alice were taken from their home in Montgomery, cut open and sterilized against their will and without the informed consent of their parents by a physician working in a federally funded clinic. The Relf case would change the course of history: A lawsuit filed on their behalf, Relf v. Weinberger, *helped reveal that more than 100,000 mostly Black, Latina and Indigenous women were sterilized under U.S. government programs over decades. It also officially ended this practice and forced doctors to obtain informed consent before performing sterilization procedures—though as it would turn out, forced sterilizations by state governments would continue into the 21st century.*[3]

Second: 1973 also marked the first time that access to abortion care was enshrined as a constitutionally protected right by the United States Supreme Court. After the *Roe v. Wade* decision, opponents turned their attention to restricting access to abortion care for the most marginalized in our nation—Black women among them. Just four years after *Roe*, then-Congressman Henry Hyde (R-IL) explained: "I would certainly like to prevent, if I could legally, anybody having an abortion: a rich woman, a middle class woman, or a poor woman. Unfortunately, the only vehicle available is the…Medicaid bill."[4] The resulting Hyde Amendment bans using any federal funds for abortion care, except in cases of rape, incest, or the life of the pregnant person. The Amendment is still in effect today.

After claiming the Hyde Amendment as a key victory, the political and ideological anti-abortion movement continued to grow, fueling abortion funding restrictions across the U.S. Black Reproductive Justice champions warned that such restrictions were specifically debilitating for Black women, girls, and gender-expansive people. We correctly predicted that the anti-choice movement would not stop with Hyde.

Their decades-long effort culminated in the loss of the *Roe* in 2022 but, once again, we are warning that the extremists will not stop there. Anti-choice activists are working to weaponize a perverse sense of genesis—promoting policies that provide legal rights to cells that form immediately post-conception while destroying policies that support Black mothers and their children after they are born and beyond.

Third: today, an estimated 700 deaths occur each year from pregnancy-related complications during pregnancy, delivery, or within one year postpartum. Black women are nearly three times as likely to die as a result of these complications than white women—complications that are largely preventable and often occur in the precious postpartum period.[5] Further, while infertility affects an estimated 12 percent of women of childbearing age in the U.S., Black women experience infertility rates at more than double that rate.[6 7] 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.

As this document goes to press, health equity, care, and access may be dramatically worsening for Black women, girls, and gender-expansive people. Medicaid—by far the largest payer for health care services for underserved communities—is under attack by the legislative and executive branches of government. Our elected officials are openly trying to cut federal funding for Medicaid's lifesaving family-planning services, prenatal services, childbirth services, and preventive health services for the most impoverished among us—in order to pay for tax cuts for the most wealthy among us. Medicaid saves the lives of Black women, girls, and gender-expansive people in the U.S. each and every day. Attempts to cut Medicaid's funding, restrict access to Medicaid, or eliminate Medicaid's service will strip essential health care away from millions and is a direct attack on Reproductive Justice.

In response to the urgency of our present moment, this section examines key health issues that impact the overall well-being of Black women, girls, and gender-expansive individuals and focuses on health care inequities—particularly those related to sexual and reproductive health. This section covers access to abortion care; maternal health and pregnancy care; comprehensive sexual health education; contraceptive equity; caring for chronic health conditions, including reproductive cancers; mental health care and wellbeing; assisted reproductive technology and fertility care; scientific research; and health care for incarcerated Black people. For each of these key areas, we provide specific recommendations for policymakers.

Access to Abortion Care

For decades, Black Reproductive Justice advocates have been at the forefront of the movement to expand access to abortion care. We know that *Roe v. Wade,* which guaranteed the right to abortion care, was never enough to ensure that everyone has equitable access to reproductive health care. Even under *Roe*, states were allowed to limit abortion care; in the wake of *Roe* being overturned, abortion bans are spreading nationwide. Over half of Black women of reproductive age nationwide (55 percent) live in states that have either banned abortion care or severely limited access.[8] Deadly abortion bans are rooted in anti-Black racism, misogyny, and gender injustice. While some women are experiencing governmental intrusion on their health care decisions for the first time, Black people have always fought for autonomy over our bodies and lives.

Abortion care is a safe and time-sensitive medical option that cannot be separated from other human and reproductive rights. Every person has the right to make fundamental decisions about how, when, and whether to 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 people to make the personal decision that is best for themselves and their families.

This right should be free from unwarranted governmental intrusion. Yet, in June 2022, the U.S. Supreme Court upended nearly 50 years of precedent in *Dobbs v. Jackson Women's Health Organization*, by overturning *Roe v. Wade*. The 5-4 decision was made possible by a more conservative Court.

Since the *Dobbs* decision, more than a dozen states have banned abortion care and others have moved to severely restrict access to abortion care—including medication abortion.[9] [10] Twelve states have total abortion bans– including medication abortion, and twelve states restrict telehealth access to medication abortion, making it nearly impossible to receive abortion care.[11]

These restrictions put critical, intimate health care decisions in the hands of non-medical professionals, and disproportionately harm Black women, girls, and gender-expansive people. Black women have unnecessarily died because of these archaic and harmful laws. In Georgia, Amber Nicole Thurman did not receive timely medical care because physicians were afraid to address a rare but lethal complication she developed from a legal abortion—her death marked the first time, since *Dobbs*, that an abortion-related death has been publicly classified as preventable by a Maternal Mortality Review Committee.[12]

The Impact of Abortion Bans on Black Communities

Despite people across the country supporting reproductive autonomy, extreme politicians continue to push their own agenda to limit bodily autonomy and basic human rights. For example, in 2022, Kansans voted to affirm the right to access abortion in their states. But, during the 2023 state legislative session, politicians introduced and passed an anti-abortion law, restricting access to reproductive health care. Southern states—with the largest Black populations in the country—are many of the same states where most abortions are banned.[13]

Texas, Florida, and Georgia account for one-quarter of the entire population of Black women of reproductive age in the U.S. More than half (55%) of Black women of reproductive age live in abortion-ban states; 44 percent of these women live in those three states.[14]

More than ever, anti-choice activists are succeeding in their efforts to systematically dismantle the reproductive health care system and erect barriers that make abortion services inaccessible—particularly for Black people who may lack economic means and/or high-quality insurance. Since the fall of *Roe v. Wade*, nearly half of U.S. states have enacted near-total bans on procedural and medication abortion; lack abortion providers due to abortion restrictions; and have, or are likely to enact, gestational bans and bans on procedural or medication abortions.[15] Some states have not only attempted to revoke access to medication abortion within their states, but also nationwide.[16]

According to In Our Own Voice's most recent national poll, recent abortion bans have made four in ten women of reproductive age (39 percent) consider their risk of death if they get pregnant. **Black women are more likely to seek abortion care than women of other races/ethnicities, and are more likely to live in states with abortion bans or medically unnecessary abortion restrictions.[17]** Black women and girls account for more than one-third of all U.S. abortions, although they comprise just 13 percent of the population.[18] [19] Several factors drive this disproportionate rate, such as the fact that Black women are more likely to lack economic resources, to be unemployed and/or uninsured, and to be insured by programs that restrict coverage for abortion care.[20] [21] [22] [23] [24] Moreover, Black pregnant people who live in poverty and battle with systemic racism face challenges traveling out of state to receive abortion care.[25]

The Affordable Care Act (ACA) does not require private insurance companies to cover abortion care; as a result, numerous states have enacted bans on abortion coverage for private insurers,[26] while only a handful of states require coverage of abortion care.[27]

Since 1976, the Hyde Amendment has, with limited exceptions, banned federal funding for abortion care. This restriction affects pregnant people who are insured through multiple federal programs, including those covered by Indian Health Services; individuals in federal prisons and detention centers (including those detained for immigration purposes); beneficiaries of Medicaid, Medicare, and the Children's Health Insurance Program; low-income residents of District of Columbia; Peace Corps volunteers; and servicemembers, veterans, and their dependents. Hyde's only exceptions are for pregnancies resulting from rape or incest or if the pregnant person's life is in danger.[28]

Moreover, 51 percent of all women of reproductive-age who are enrolled in Medicaid are women of color, and 55 percent of these same 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. This outcome—being denied abortion care—can push an individual into, or deeper into, poverty.[29] [30]

The Impact of Abortion Bans on Comprehensive Reproductive Health Care

Our 2024 poll also found that access to comprehensive reproductive health care (including abortion) is a critical issue for Black women, girls, and gender-expansive people. Not only are Black women, girls, and gender-expansive people more likely to live in states that restrict abortion access, they are also more likely to face barriers accessing contraception and are offered limited resources to help care for their children.

The result of such barriers is an increase in disparities with respect to accessing comprehensive reproductive health care that is driving the staggering rates of maternal mortality for Black birthing people.[31] Black women are nearly three times more likely to die of pregnancy-related causes than white women—regardless of their geographic region, income, or economic status.[32]

The wave of abortion bans has broad implications for the future of reproductive and sexual health care, particularly in states that already have maternity care deserts.[33] Providers must now consider the threat of penalties and criminalization when making critical health care decisions for their patients, which has led to deadly and paralyzing consequences.[34] In 2024, the Supreme Court failed to decide whether the Emergency Medical Treatment and Labor Act (EMTALA) supersedes state abortion bans and requires federally funded hospitals to provide emergency, stabilizing care to pregnant patients. The decision—and the current Administration's failure to provide clear guidance to protect emergency abortion care—leaves providers at risk of penalties that include loss of licensure or even imprisonment if they provide emergency care; and leaves pregnant people at risk of death, infertility, and other harms.[35]

One tragic example is Adriana Smith, a registered nurse and mother in Georgia, who was declared brain dead following a medical emergency during pregnancy. Due to Georgia's six-week abortion ban, often referred to as the "fetal heartbeat" law, she was kept alive against her family's wishes. Her case has become a painful symbol of how these laws can have devastating and life-altering consequences.

Criminalization is not limited to providers. For Black women and gender-expansive people, the threat of criminalization related to pregnancy is an increasing concern. In the last several years, women have faced the threat of criminalization for seeking emergency pregnancy-related care.[36] According to our 2024 national poll, one in three Black women of reproductive age living in restrictive states (34 percent) have thought about the risk of being arrested due to something related to pregnancy. In November 2022, Candi Miller was afraid to even attempt to approach a medical provider about obtaining an abortion in the months following *Dobbs*; she died at home after attempting to manage abortion care on her own.[37]

Conservative efforts to reverse Food and Drug Administration (FDA) regulations around the use of mifepristone, one of two drugs used in a medication abortion, could result in more tragic, unnecessary deaths like Candi Miller's. The FDA's scientific experts have deemed mifepristone to be safe and effective since 2000, when the drug was first approved. The FDA expanded access to the drug in 2016, allowing mifepristone to be prescribed through the 10th week of pregnancy and, in 2021, allowing mifepristone to be prescribed via telehealth. While the Supreme Court dismissed a lawsuit brought by anti-choice physicians and medical organizations who oppose abortion on moral grounds, conservative's unprecedented politicization of our scientific and medical agencies, including FDA, puts access to mifepristone at risk.

Conclusion

The *Dobbs* decision and its continuing ramifications remain deadly for Black people. Even if *Roe* were restored, Reproductive Justice advocates have always argued that Black women, girls, and gender-expansive people need more than just the right to abortion care to protect their health. *Dobbs* merely compounded the inequities Black people already faced in accessing sexual and reproductive health care services. These inequities continue to have dire consequences, including the country's 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.[38] We face an increasingly dangerous future as harmful policies are predicated in racists and misogynistic ideological agendas. Every level of government must act to ensure that the right to abortion care is fully available to *all* people.[39]

The abortion access crisis will not be solved unless and until Reproductive Justice is centered in policy solutions and efforts to ensure access to the full range of reproductive health services—including abortion care. Only when *all* barriers to bodily autonomy have been dismantled can we ensure that Black women, girls, and gender-expansive people have economic equity and seize opportunities to grow and excel personally, socially, academically, economically, and professionally.[40]

POLICY RECOMMENDATIONS

Today, we face a dangerous future where politicians are dictating the right to abortion care based on their ideological agendas. Policymakers must act to ensure that the right to abortion care is fully available to ***all*** people.[41]

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

Over half of women of reproductive age who are enrolled in Medicaid live in states that restrict insurance coverage for abortion except in limited circumstances.[42] Research suggests that bans on Medicaid coverage for abortion result in one in four low-income women carrying an unwanted pregnancy to term. Denying a pregnant person abortion care and forcing them to give birth can push an individual into, or even deeper into, poverty.[43] [44]

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, including in the long-standing ban on Medicaid coverage for abortion care. The bill would make the federal government a standard-bearer for abortion care by restoring coverage for abortion care to all individuals enrolled in any 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 *Abortion Justice Act***

First introduced in 2023, by Representative Ayana Pressley (D-MA) and Nikema Williams (D-GA) the legislation would decriminalize those seeking or providing abortion services; affirm abortion and miscarriage care, and address disparities and systemic racism within the current U.S. health care system. The *Act* would further serve to create federal investments for abortion care, including training, research, outreach, doula care, and innovation.

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

First introduced in 2021 by Representative Jan Shakowsky (D-IL), this legislation would repeal the harmful Helms' Amendment and remove distinctions between abortion care and other reproductive care in international aid programs.[45] 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.[46] This *Act* would ensure that pregnant people have bodily autonomy and can seek reliable and effective care.[47]

- **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*.[48] Preclearance should be required for states and local governments that have demonstrated a history of restrictive and medically dangerous policies on abortion care.

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

Abortion is a safe,and life-saving 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."[49] 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 people into continuing unwanted pregnancies.

- **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 professionals who can perform abortion services in pregnancy's early stages will improve outcomes for a large number of women.[50] Nurse practitioners, midwives, physician assistants, and nurses should be allowed to provide this care.[51]

- **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 duplicitous 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.

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 18.6 maternal deaths per 100,000 live births is cause for alarm, as it is the highest rate among high-resource countries.[52] It is important to note, however, that not all women face the same risks.

Black women have the highest rates of maternal mortality in the country and are 2-3 times more likely to die of pregnancy- and childbirth-related causes compared to women of other races and ethnicities—that's a rate of 50.3 deaths per 100,000 live births.[53] [54] Black newborns also have worse outcomes than their counterparts: Black infants are 1.5 times more likely to be born prematurely, and 2.4 times more likely to die in their first year of life.[55] Black newborns face the highest rate of infant death compared to all other races/ethnicities and the rate is more than double the rate of white babies' mortality.[56]

These data hold true even when we control for socioeconomic status—including education level and income. That is because structural racism and Black women's experiences with racism within our health care system contribute to detrimental health outcomes, including maternal mortality. Long-standing research points to substandard care at hospitals, driven by anti-Black racism and discrimination, as another critical driver of disparities across the care continuum.[57] These include overt acts of interpersonal discrimination. Our 2024 national poll reveals that nearly one-quarter of Black women 18 to 44 surveyed felt worried about their health and safety during pregnancy or childbirth because of their race.[58] Nearly 20 percent reported feeling that a health care provider didn't take their pain seriously during pregnancy or childbirth because of their race and/or gender.

Medicaid covers almost half of all U.S. births (42 percent) and two-thirds (66 percent) of Black births. This public insurance program also supports access to care during the prenatal and postpartum period.[59] Coverage was largely only available through 60 days postpartum until the 2021 *American Rescue Plan* incentivized all states to implement 12-month postpartum coverage expansion for all birthing people. Today, all but two states (Arkansas and Wisconsin) have taken advantage of this coverage extension option for birthing people and their newborns. As a result, beneficiaries gained significant and expanded services for pregnancy-related complications, chronic conditions, family planning, and mental health needs.[60] The 2025 budget reconciliation bill, championed by conservative policy-makers, threatens to cut Medicaid eligibility and may imperil Black mothers who depend on the program to care for themselves and their babies.

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, take a physiological toll that Dr. Arlene Geronimus has coined as "weathering," the lasting effect of societal and systemic oppression on the bodies of those who are oppressed. Dr. Geronimus explicitly linked "weathering" to the increased health risks that drive the disproportionate rate of preventable Black maternal and infant deaths.[61]

The impact of this structural racism is evident when we consider what happens when newborn Black babies are cared for by a Black perinatal workforce—includes clinicians (obstetricians, nurse midwives, and family physicians), as well as other professionals like doulas, community health workers, and health care navigators. Data suggest that when Black babies are treated by Black physicians (e.g., pediatricians, neonatologists, family practitioners), their mortality rate compared to white newborns is halved.[62] There is strong evidence about the importance of midwives and doulas in improving maternal health outcomes.[63] [64] [65] [66] Therefore, we should presume the same transformational impact will hold true for other Black reproductive health care professionals—and encourage more epidemiological research in this area.

Black midwives have been a pillar of Black communities since the antebellum period. Forcibly, community midwives 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

The inequities and exposure to racism that Black women experience throughout their lives, including while seeking health care, take a physiological toll that Dr. Arlene Geronimus has coined as "weathering," the lasting effect of societal and systemic oppression on the bodies of those who are oppressed.

areas or regions where physicians refused to care for Black people. The privatization of medicine, increased hospitalization of childbirth, and racist stigmatization of Black health care providers decimated Black midwifery in the late 19th to early 20th century; white male physicians, eager to "found" the field of obstetrics and gynecology, often collaborated to push Black midwives out of the delivery room through legislation, misinformation.[67]

Intersectional 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, childcare, food, and medical care. Despite the positive impacts of the *Affordable Care Act* (ACA)'s support for Medicaid eligibility expansion and the *American Rescue Plan*'s support for Medicaid's postpartum coverage expansion from 60 days to one year, 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 worsen maternal and infant health outcomes—including diabetes, hypertension, obesity, and cardiovascular disease.[68]

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:

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.[69]

PERSONAL STORY: ACCESS TO CARE

"M" is a Black trans, masculine-presenting individual who lives in Philadelphia, PA. Their first pregnancy ended in abortion, which was not really their choice. The father of the baby was not in the picture. When M found out they were pregnant again, they filed for unemployment; 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 transmasculine single parent. For more information about M's journey, visit https://www.natalstories.com/blog (episode 3).

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.

- **Protect, expand, and restore Medicaid.**

Medicaid—our nation's only program providing comprehensive health care and long-term care coverage for low-income people—is a lifeline for Black women, girls, and gender-expansive people. Approximately 24 million of the program's 83 million enrollees are women, of whom more than half are women of reproductive age; more than half are women of color; and about 4.4 million identify as Black.[70] States that have taken advantage of the opportunity to expand Medicaid coverage for postpartum care from 60 days to 1 year have demonstrably reduced postpartum hospitalizations, a key issue in the Black maternal health crisis.

Nearly half of the Medicaid budget is funded by the federal government,and financed based on the number of enrollees and health care costs. Medicaid requires states to provide an array of mandatory benefits for enrollees, such as inpatient and outpatient hospital services, physician services, and rural clinic services. Yet, the program's federal-state partnership model means that states have the ability to either expand or severely restrict non-mandatory benefits. The resulting state-by-state disparities in coverage disproportionately impact the large populations of Black women, girls, and gender-expansive people living in states that do not support Medicaid or other government programs that ensure access to high-quality health care. Without insurance coverage, even the cost of contraceptive services is out of reach for many.

We urge our elected officials to first ensure access to Medicaid is not restricted—through eligibility restrictions, work requirements, reduction in support for state Medicaid expansion, or otherwise—and then continue to fight to expand access to the program that has saved the lives of millions of Black mothers.

- **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 authorize 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.[71] 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 services can help address the needs of all birthing people—particularly those from underserved and low-income communities, communities of color, and communities facing linguistic and/or cultural barriers. 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.[72]

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

Congress should create a National Maternal Mortality Review Board to provide guidance and oversight. Specifically, states and U.S. territories must 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.[73] A federal mandate is necessary to address an increasing number of states refusing to report maternal mortality and morbidity data.[74] 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.

- **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.

- **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 individuals can least afford mounting debt. Removing cost-sharing could make all the difference for low-income households.

- **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 women 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.[75] Instead, legislators should strive to provide funding for effective treatment for substance use, including opioid use disorder.

- **Pass the *Black Maternal Health Momnibus* and other legislation addressing maternal health disparities**

The collection of 13 pieces of legislation was first introduced in the 116th Congress by Representatives Lauren Underwood (D-IL), Alma Adams (D-NC), and then-Senator Kamala Harris (D-CA). The package seeks to comprehensively address the myriad of 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.

- **Restore critical maternal and reproductive health expertise and programming at the Centers for Disease Control and Prevention (CDC)**

Earlier this year, the Administration shut down the Pregnancy Risk Assessment Monitoring System (PRAMS), a survey CDC has run for almost 40 years to collect state-level data about maternal and infant health outcomes and access to perinatal health care. The treasure trove of PRAMS data has been described as "one of the most reliable tools we need to understand how and why Black women are dying during pregnancy and postpartum and what we can do to stop it."[76] Today, PRAMS can no longer function because the public health experts that administered the program were part of a group of over 100 people laid off from CDC's Division of Reproductive Health.[77] This group also included CDC's Fertility Epidemiology Studies team, the scientific experts trained to track reproductive health outcomes, assess access to abortion care, and offer the public critical guidance around the safety and efficacy of contraception. We urge policymakers to restore these CDC offices and functions so critical to address the Black maternal health crisis.

Comprehensive Sexual Health Education and Care

Reproductive Justice can only be achieved when Black women, girls, and gender-expansive people have the "economic, social and political power, and resources"[78] 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, policymakers and elected officials enact policies that actively oppose the provision of legitimate 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.[79] 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.[80])

An indicator of the pressing need for sexual health education is Black individuals' disproportionate risk of experiencing unintended pregnancy and STIs, including HIV, the virus that causes AIDS. 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.[81] In recent years, approximately 38 percent of HIV infections have been reported in Black people. In young people and in women, that share rises dramatically. Half of HIV diagnoses in people ages 13-24 were reported among Black youth.[82] Black women and girls over the age of 13 account for 50 percent of new HIV infections among people assigned female sex at birth, a rate more than double that of white girls and women over the age of 13 and 2.5 times higher than Hispanic/Latino women and girls, over the age of 13.[83]

Further, although teen pregnancy rates have fallen dramatically for some racial and ethnic groups, Black girls are more than twice as likely as white girls to become pregnant before age 19. And, the birth rate among Black teenagers is over 10 times the rate among non-Hispanic Asian teens.[84]

Among respondents to our 2024 national poll, three in four (78 percent of women, 70 percent of men) agreed that health care providers should create space for education and non-judgmental conversations about sexuality, including how to experience pleasure.[85] Comprehensive sexual health education is a catalyst to the information and empowerment needed to navigate whether, when, and how to engage in safe and consensual sexual activity—and how Black people can find pleasure in safe and consensual sexual activity throughout their lifetimes.[86] 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 empower Black people with the tools and information needed to make the best decisions about their own bodies and their own relationships.[87]

...although teen pregnancy rates have fallen dramatically for some racial and ethnic groups, Black girls are more than twice as likely as white girls to become pregnant before age 19.

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 and pregnancy prevention, informed decision-making, gender identity and expression, gender-based violence, and sexual orientation.[88] Programs should also address changes that occur across the lifespan, pay attention to social determinants of health and intersectionality, and include tailored education for victims of incest or rape who become pregnant. Congress should stop funding abstinence-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 interpretations should never be allowed to justify withholding medically accurate information that can preserve the health and wellbeing of young people.

- **Robustly fund the Teen Pregnancy Prevention Program (TPPP), CDC's Division for Adolescent and School Health (DASH), and the Personal Responsibility Education Program (PREP) and prioritize expanded funding for sexual and reproductive health education for vulnerable populations.**

The TPPP funds medically-accurate and age-appropriate programs to reduce teen pregnancy. Congress should expand TPPP by diverting funds from grants that promote ineffective and harmful abstinence-only-until-marriage programs.[89] Funding should be sufficient to restore implementation of evidence-based programming for communities with the highest rates of teen births, including Black teens.[90] [91]

DASH is an example of the importance of local public health support; the program grants funds directly to local education agencies to design their own programs to help children and adolescents understand how sexual risk, substance use disorder, and similar experiences can result in unwanted health outcomes and adversely impact their educational programs.[92] For less than $10 per student, the program supports innovative, school-based, and locally-driven strategies. While experts suggest $100 million per year is needed to enable DASH to support all local education agencies (instead of the current reach of 26) across all 50 states and seven territories, only $38 million was allocated in FY2024 and the current Administration has requested zero funding be allocated to the program for FY2026.[93] [94]

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).[95] 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 *Stop Anti-Abortion Disinformation Act* and the policies included in the *Real Education and Access for Healthy Youth Act (REAHYA)***

The *Stop Anti-Abortion Disinformation Act*, introduced by Senator Elizabeth Warren (D-MA) would prevent "crisis pregnancy centers" from advertising themselves as legitimate, comprehensive reproductive health care providers only to dissuade women who walk through their doors from obtaining abortion care. Some of these centers also illegally obtain patient's health records and share them with law enforcement. The bill would give the Federal Trade Commission authority to prevent these centers from making scientifically-inaccurate and other false claims about both abortion and contraception.[96] [97]

REAHYA, first introduced by Reproductive Justice champion former-Representative Barbara Lee (D-CA), would support comprehensive sexual health education by 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 2019 by Representative Adam B. Schiff (D-CA), 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 forced sterilization policies and practices that targeted marginalized groups (including women of color, low-income women, immigrant women, women with disabilities, and incarcerated women).[98]

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.[99]

Self-determination is 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 is an effective option for treating 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.[100]

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 challenges to their ability 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), only to face challenges in ending their use of such methods. For example, women may be encouraged to get an intrauterine device (IUD), but then not be able to get their IUD removed when they want it to be.[101] Providers must trust Black women to make the best decisions and not assume they "know" what's best for us.[102]

Many people who lack economic power and, therefore, rely on public insurance have trouble accessing care, including family planning services.[103] Approximately 21 million people rely on publicly funded family planning services, 3.4 million of whom are Black.[104] One in four Black women, and approximately 52 percent of Black girls under age 17 are covered by Medicaid.[105] These people often lack access to 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 percent of funds), state sources (13 percent), and Title X of the Public Health Services Act (10 percent).[106] Title X, the only federal program devoted to family planning services, is being systematically dismantled—most recently, all federal funding set to be disbursed to Title X grantees was halted.[107] [108] State funding varies not only with respect to the services provided but also to eligibility requirements. As a result, there are significant state-level variations and inconsistencies in ensuring race, gender, and socio-economic equity in the Title X network's capacity to provide contraceptive services.[109]

Black women, girls, and gender-expansive individuals continue to face provider bias about recommended family planning services, coercion about contraceptive choices and services, and challenges to their ability to access the full range of contraceptives.

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.[110]

- **Fund Federally Qualified Health Centers and Title X to provide pregnancy and STI/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 that they can 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 by passing legislation like the *Right to Contraception Act.* Legislation like the *Access to Birth Control Act* (H. R. 6005, first introduced by Representative Carolyn Maloney [D-NY] in 2021) would require pharmacies to carry FDA-approved contraception, which is critically important in areas without sufficient access to health centers.[111]

- **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.

Caring for 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 reproductive lives and lead to early death. Reproductive Justice can also 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 care to prevent, identify, treat, and survive chronic health conditions, including reproductive cancers. 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.[112] [113] 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.[114] Stress and poverty account for more than one-quarter (27%) of this difference.[115]

Similarly, as a result of systemic racism, Black women, girls, and gender-expansive individuals face disparities in reproductive cancers that affect the breasts, cervix, and ovaries.[116] 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.

Beyond increased susceptibility, Black individuals have worse health outcomes because of the intersectional barriers they face in accessing preventive services for chronic conditions. Further, Black patients often have better outcomes, and experience less pain, when they receive services from a doctor who is a person of color.[117] [118] [119]

Cardiovascular Diseases (CVD)

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.[120]

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.[121] According to the American Heart Association (AHA), Black adults are 32 percent more likely to die from CVD, and are more than twice as likely to die from heart disease, compared to individuals of other races/ethnicities.[122] [123]

Black women have a three-fold greater risk of developing CVD than other women.[124] Heart disease is the leading cause of death among Black women, and stroke is the third-leading cause.[125] Cardiovascular complications are also the leading cause of Black women's pregnancy-related deaths. More than half (59%) of all Black women aged 20 and older are living with a form of cardiovascular disease,[126] yet only one-fifth of Black women know that they might personally be at risk.[127]

These higher risks have multiple causes. Significantly, 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.[128] [129]

Hypertension

Hypertension, or high blood pressure, is one of the leading risks for CVD.[130] Black women develop high blood pressure at earlier ages, and have higher average blood pressures, compared to white women.[131] By age 55, three-quarters (75.7%) of Black women have developed high blood pressure.[132] 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.[133]

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 individuals of other races and ethnicities, Black individuals are more likely to be diagnosed with diabetes, to be hospitalized for lower limb amputations as a result of diabetes complications, and to die from diabetes.[134] 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.[135] Diabetes is the sixth-leading cause of death for Black women.[136]

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, and can cause chronic pelvic pain and infertility. Lack of access to services, and providers' implicit bias against believing Black women's self-reported pain, lead to a failure to identify and diagnose the disease. As a result, Black women are less than half as likely to be diagnosed with endometriosis, compared to white women.[137] And, on average, Black women are diagnosed almost 3 years (2.62 years) later than their white peers.[138]

Fibroids

Fibroids disproportionately affect Black women and can lead to chronic pain; anemia; and increased risks for preterm labor, post-partum hemorrhaging, and other

pregnancy- and delivery-related complications.[139] 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.[140] 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.[141]

Polycystic Ovary Syndrome

Polycystic Ovary Syndrome (PCOS) disproportionately affects Black women. Black women with PCOS experience higher rates of infertility, preeclampsia, obesity, and insulin resistance. They have a higher risk of cardiovascular disease, which can lead to heart disease, high blood pressure, and abnormal cholesterol. While the reason for this is not clear, most experts believe that this is due to a combination of social determinants of health that negatively impact Black women. PCOS can also lead to other health issues that disproportionately affect the Black community. Some examples include diabetes, heart disease, high blood pressure, uterine cancer, endometrial cancer, sleep apnea, depression, anxiety, endometrial cancer, stroke, obesity, and insulin resistance.[142] [143]

Black women, trans people, and gender-expansive individuals often face greater barriers to care and experience systemic inequities that can make it extremely difficult to access adequate treatment for a condition like PCOS. This is compounded by the fact that even receiving an accurate diagnosis of PCOS can be a challenge for Black women.[144] [145] [146] [147]

Reproductive Cancers

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 similar rates to white women, they have mortality rates around 40 percent higher than other racial and ethnic groups.[148] White women are more likely to be diagnosed at an earlier stage, leading to better outcomes. And, 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).[149] 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.[150]

Cervical Cancer

Cervical cancer is one of the most preventable and treatable cancers, as long as women have access to screening and treatment services.[151] The vast majority of cervical cancers are caused by the Human Papilloma Virus (HPV), an extremely common STI.[152] 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 more than 90 percent.[153]

Black women experience higher rates of HPV-related cervical cancer, and lower five-year survival rates, compared to other racial and ethnic groups.[154] 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. Further, 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 relative uterine cancer survival rate for those diagnosed when the cancer is still localized is 95.1%.[155] 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.[156] 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.[157]

The number of cases of uterine cancer (also called endometrial cancer) is on the rise, with the greatest increase among Black women. The Centers for Disease Control and Prevention (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.[158] Black women are nearly twice as likely as white women to die of endometrial cancer.[159] 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.[160]

Toxic ingredients in the personal care products marketed to, and used by, Black women, girls, and gender-expansive individuals also increase their 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.[161] Since the 1950s, Johnson & Johnson has known that its baby powder, first introduced in 1894, contained asbestos-contaminated talc but failed to alert regulators or its customers.[162] [163] Instead, the company specifically targeted women of color as customers in order to maintain sales—and did not stop selling the baby powder with talc until 2020 in the U.S. and 2023 worldwide. Multiple studies have found increased risk rates of ovarian cancer among Black women who use talc-based baby powders—and Johnson & Johnson has faced a protracted class action battle as a result.[164] In early 2025, a federal judge rejected Johnson & Johnson's offer of a nearly $10 billion settlement, suggesting that even this astronomical figure failed to account for all personal injury claimants.[165]

POLICY RECOMMENDATIONS

Chronic health conditions are influenced and often driven by systemic racism, persistent stress, lack of access to health care, and other social determinants of health.[166] These factors are literally killing us. Research focused on the health of Black women, girls, and gender-expansive individuals; better access to screening and treatment; and robust public health education are needed to improve outcomes of those diagnosed with chronic health conditions—especially reproductive cancers.

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

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.[167] Everyone needs access to comprehensive, affordable, and high-quality health care.[168] 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.[169] 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.[170] The *Inflation Reduction Act* capped insulin costs at $35 per month for nearly four million Medicare beneficiaries, saving hundreds of dollars a month.[171] Still, too many Americans will not reap the benefits of this price cap. 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.[172] Longer supplies are also critical for Black women, girls, and gender-expansive individuals, because they are more likely to live in "pharmacy deserts," and have difficulty visiting a local pharmacy to pick up prescriptions, including oral contraceptives.[173]

- **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, in order 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 health promotion resources and 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 encour-

age 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 open 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.[174] In addition, Congress should continue to support funding that builds a diverse and inclusive health care workforce in the professions of physical therapy, occupational therapy, respiratory therapy, audiology, and speech-language pathology.[175]

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

Legislation, like the *Stephanie Tubbs Jones Uterine Fibroid Research And Education Act*, first introduced by Representative Yvette Clarke (D-NY) in 2021, and the *Uterine Fibroid Intervention and Gynecological Health and Treatment (U-FIGHT) Act*, first introduced by Representative Shontel Brown (D-OH) in 2024, would increase patient and provider education about Black women's unique risks for fibroids. The first bill is named for former Congresswoman Stephanie Tubbs Jones (D-OH), the first Black woman to represent Ohio in the House and a champion of fibroid research. The *Act* would establish new research funding for NIH, ensure more comprehensive tracking of fibroid incidence, and increase public health and provider education about fibroids.[176] The *U-FIGHT Act* would fund efforts to promote early detection of uterine fibroids, facilitate earlier and more effective intervention, and address racial disparities in pain management related to fibroids.[177]

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

It is critical to support both research to understand why Black women, girls, and gender-expansive people are more likely to die from reproductive cancers and 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.

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.

Mental Health Care and Wellbeing

Reproductive Justice can only be achieved when Black women, girls, and gender-expansive people can safeguard their 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.[178] But, they experience profound mental and emotional distress that is uniquely and directly linked to racial oppression—and, for Black women, girls, and gender-expansive people—to the intersection of "racial and gender oppression."[179] [180]

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."[181] Fewer than four percent of licensed mental health practitioners are Black,[182] creating a mental health workforce that 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.[183]

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.[184] As a result, only about 30 percent of Black people who need mental health care receive it, compared to almost half of white Americans.[185] [186]

And, historically, mental health research has been grounded in 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.[187]

In addition, 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.

For me, Reproductive Justice also encompasses our mental and emotional well-being. Too often, the "strong Black woman" stereotype places a huge burden on Black women, girls, and gender-expansive individuals to the point where we are expected to constantly place on a mask of strength. To counter this, I hosted a self-care sip and paint event that challenged the "strong Black woman" stereotype and aimed to create a safe space of vulnerability and healing. If we want to continue to advance in Reproductive Justice, it is important to advocate for Black women to receive the help they need when facing psychological and/or emotional distress.

—Victoria Hackshaw, In Our Own Voice, Next Generation Leadership Fellow.

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 and resources 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. This will help ensure that people get the help they need and are not further traumatized in the process. In recent years, mental health and substance use disorder (SUD) professionals were made 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**

The COVID-19 pandemic highlighted the convenience and popularity of remote access to providers and prescription orders via 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 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 access addiction recovery plans that are 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 SUD.

- **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 that takes into account 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.

Throughout U.S. history, medical and technological advancements in reproductive health care have raised critical ethical and safety questions. These have stemmed from our country's troubling legacy, in which Black women's bodies have been used to advance scientific discovery, often without informed consent. This history includes Anarcha, Betsy, and Lucy, the enslaved Black women experimented on by J. Marion Sims, and Henrietta Lacks, whose cells were cultured without her informed consent and have since been used for countless medical research studies and advancements.

Still, these advancements have the potential to promote Reproductive Justice by improving health outcomes and allowing those who desire to become a parent to do so. Since the *Dobbs* decision, anti-choice groups have focused their attention on further stripping away constitutional rights around pregnancy. Many of the state laws criminalizing abortion care do so explicitly from the moment of conception or fertilization onward or ban the destruction of an embryo, which places *in-vitro* fertilization and similar assisted reproductive technologies at risk.

In this critical moment for assisted reproductive technologies (ART) and fertility care, we urge policymakers to consider Loretta Ross' theory of Reproductive Justice Futurisms (RJF), which blends Reproductive Justice and Afrofuturism in order to articulate a Black feminist theory of reproductive science and technology that elevates and centers Black women's reproductive experiences and examines the impact of techno-utopianism and biological determinism through the embodied experiences of Black women. It explores theoretical and practical implications of a wide range of reproductive and genetic technologies including *in vitro* fertilization, surrogacy, preimplantation genetic diagnosis, inheritable genetic modification, transhumanism, longevity research, disease prevention, and the role of doulas and birth workers, among many others. At the same time, as a human rights framework, RJF accounts for gender equality, individual rights, equity in opportunities and outcomes, and the cultural and sociopolitical aspects of disability.[188]

Few of the current reproductive rights and politics discussions have addressed assistive reproductive and genetic technologies. We join Dr. Ross and the Reproductive Justice Futurisms Think Tank in asking "What does this techno-utopian future mean to us? How can we leverage radical Black feminist legacies to co-create a more livable present and futures?"

Assisted Reproductive Technology

Since its development in the 1980s, ART has been widely used to help people address fertility problems related to having their own biological children. 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."[189] Two common forms of ART are *in vitro* fertilization (IVF) and intracytoplasmic sperm injection (ICSI), which can address some male infertility issues.[190]

Black women are more likely, in some cases twice as likely, to experience problems with fertility compared to white women.[191] [192] In certain IVF cycles, Black women experience success—a live birth—at a rate of 18.7 percent versus 26.3 percent in white women.[193] 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;[194] more likely to experience health conditions that impair fertility (including fibroids,[195] STIs, obesity, and overweight[196]); more likely to use products that contain harmful endocrine-disrupting chemicals (EDCs);[197] 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,[198] [199] 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 $15,000 to $20,000, and can exceed $30,000 if a donor egg is involved—not including medication.[200] And, more than one cycle is almost always required.[201] This amount exceeds the reach of many Black families, making IVF essentially unavailable.[202]

Further, Black women and gender-expansive individuals with rare diseases that impact fertility often face inequitable access to fertility services, including insurance coverage for fertility assessments, medications, and procedures (e.g., egg or sperm freezing; consultations with reproductive endocrinology and infertility specialists; and ART).[203]

In addition to concerns about access and costs, ART also raises questions about autonomy, consent, and which peoples' subordinated bodies become treated like reproductive capacity-building and wealth-building commodities. Gestational surrogacy,[204] 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 almost doubled from 2013 to 2022.[205]

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.[206] The proliferation of "baby farms," where women's bodies are exploited to gestate children, is a particular danger.[207]

Gene Editing

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

Both processes are used in medical research and agriculture; the debate around using gene editing—particularly germline editing—to control, promote, or eradicate human conditions raises many ethical questions. Germline editing has the potential to alter a species' evolution by creating changes that are passed down to future generations and creating the ability to engineer human embryos. The range of specific conditions or characteristics to which this technology could be applied is vast and includes specific conditions; genders; and attributes, such as enhanced 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.[208] The resulting embryos were placed into two women who subsequently gave birth to the world's first genetically modified babies.[209] 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.[210]

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.

POLICY RECOMMENDATIONS

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 ART and genetic engineering—which are discussed in silos within the scientific and biomedical communities rather than in conversation with the most underserved communities who are often unable to afford scientific advancements and their potential benefits.

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. Policymakers should look carefully at how to address and balance these important issues—and prioritize Reproductive Justice Futurisms in crafting equitable ART and fertility care policy.

- **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 implications 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.

- **Support 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 support legislation like the *Right to IVF Act*, a package first introduced in 2024 by Senators Cory Booker (D-NJ), Tammy Duckworth (D-IL), and Patty Murray (D-WA) that seeks to establish a nationwide right to IVF and is comprised of several bills introduced over the past several years that seek to protect and expand access to infertility treatment and services.

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**

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.[211] It is compounded by the fact that very few providers are Black themselves—a mere five percent of practicing physicians are Black[212] and just two percent are Black women.[213]

Additionally, 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.[214]

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*.[215] As another example, in 2019, Gilead Services failed to include any cis-gender women in its clinical trials for Descovy, an HIV treatment therapy—only cis-gender men and transgender women were included.[216] As a result, the FDA did not approve Descovy for use by cis-gender women, despite the fact that heterosexual contact drives 83 percent of women's HIV infections.[217] 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.[218]

We recognize that policy and research are intertwined—medical advances are driven by research, and then guide public health policies. We want U.S. biomedical research to advance, grow, and become more inclusive of Black women, girls, and gender-expansive people—we recognize that it absolutely cannot stop. Research funded by the National Institutes of Health (NIH) has saved countless lives in our communities. Current efforts to strip billions of dollars of NIH funding for clinical research and trials will cost Black women, girls, and gender-expansive people their lives.

The Administration has explicitly singled out Black maternal health and HIV prevention research for cuts. An associate professor at the University of North Carolina at Chapel Hill spoke out about losing funding for a project studying birth outcomes in Black families.[219] Several studies related to HIV among Latino and Black men who have sex with men were canceled. A study aiming to reduce health disparities in Black youth with chlamydia was terminated. NIH funding for the Adolescent Medicine Trials Network for HIV Interventions, intended to improve prevention and treatment for youth who have HIV, is at risk.[220]

The future of the biomedical workforce is also at risk: a third-year doctoral student Caleb McIver at Duke was applying for an NIH diversity supplement—a funding opportunity to encourage professors to train minority students—when the application suddenly disappeared.[221]

As we note in this policy agenda, Black women disproportionately suffer from some of the most aggressive forms of breast cancer—such as triple negative breast cancer and inflammatory breast cancer. The fight for a cure for these cancers has been slowed by the current Administration's actions, and may now be stopped in its tracks. Cancer research, which has been championed on a bipartisan basis for decades—with increases in funding, year after year, is on the chopping block.

Critically, the U.S. scientific research enterprise often lifts up entire communities. For example, Johns Hopkins, which runs about 600 NIH-funded clinical trials and other laboratory research, is Baltimore's largest private employer—beyond research, those jobs also include maintenance, janitorial, and other support staff. Baltimore is one of the few majority-Black cities that remain outside of the deep south—in 2023, about 60 percent of its residents were Black. One Hopkins neuroscientist told the *Associated Press*: "If we can't do science and we can't support the science, we can't support the surrounding community either."[222]

To ensure that Black women, girls, and gender-expansive individuals have access to safe and effective medical treatment, NIH first must be robustly funded. Then, NIH must ensure these communities are adequately represented in clinical trials and other scientific research. This is essential to overcome disparities and poor health outcomes.[223]

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.[224]

POLICY RECOMMENDATIONS

Black women, girls, and gender-expansive individuals 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 increasingly intertwined with our everyday lives, it is critical that Black women, girls, and gender-expansive individuals have a seat at the table to advance, inform, and shape scientific research and innovation.[225] Federal funding for science, technology, engineering, and medicine (STEM) education should prioritize recruitment from under-represented 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 and/or have been under-represented to date.[226]

The FDA 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.[227] This is appropriate for this federal agency, which approves and oversees all human and veterinary drugs, biological products, and medical devices; and ensures the safety of the nation's food supply, cosmetics, and other products, all of which affect Americans' health and wellbeing.

- **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, and particularly with organizations that serve 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.[228]

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, these 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.[229] 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.[230] Similarly, Black girls and other girls of color are incarcerated at a rate almost three and a half times that of white girls. And, compared to those of other races/ethnicities, 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.[231] Evidence suggests that pregnant, incarcerated Black women and gender non-conforming people do not receive adequate, comprehensive reproductive and maternal health care. This includes both prenatal care and opportunities to breastfeed and bond with their babies during the postpartum period. They 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.[232] 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.

Compared to those of other races/ethnicities, 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.

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 health care services for detainees that include strict documentation, oversight, transparency, and reporting. Such care must include gender-affirming care, mental health care, prenatal care, substance use treatment, reproductive health services (i.e., abortion, contraception, counseling, menstrual products), screening and treatment for STIs, and regular obstetrics and gynecological care. It should also prohibit 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 humane treatment and care of incarcerated individuals**

The Eighth Amendment's protections against cruel and unusual punishment are routinely tested and violated in court.[233] [234] Legislation is needed to amend the federal Criminal Code and establish requirements for the humane 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*, introduced by Representative Sydney Kamlager-Dove (D-CA) in 2023, would set and/or strengthen minimum health care standards for pregnant women in custody and their newborns. 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.

SOCIAL JUSTICE, SAFETY, AND EQUITY

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.

Most urgently, we must acknowledge that, in this moment, the very concept of equity has been weaponized to promote a specific political agenda and sow division and dissent among various communities across the United States. Conservatives have openly claimed that anything—literally anything—related to diversity, equity or inclusion (DEI) is supporting unlawful discrimination on the basis of race.

Still, this policy agenda underscores that racial inequity and injustice does exist. In Our Own Voice fundamentally believes that efforts to promote and secure social justice, community justice, safety, and equity in all its forms should not be political.

We also must acknowledge that the work to erase diversity, equity, and inclusion cannot be extricated from race, racial equity, and Black communities. We are witnessing an intentional pendulum swing away from our nation's efforts over the last five years to address racial inequity, most notably launched by the murder of George Floyd at the hands of Minneapolis police officers. On Day One of the current Administration, the White House revoked or terminated every Executive Order (EO); agency action; and investment related to racial justice, diversity, equity, or inclusion. This includes the first-ever EO to acknowledge the historic existence of structural and systemic racism in the U.S.[235]

That EO recognized that, although the ideal of equal opportunity is the bedrock of American democracy, our laws, public policies, and institutions too often exacerbate disparities and deny equal opportunity to certain individuals and communities. It emphasized the enormous human costs of systemic racism, persistent poverty, and other disparities. The EO directed the federal government to advance an ambitious, whole-government equity agenda that matched the scale of the challenges we face as a country and the opportunities that exist to build a more perfect union.

Diversity, equity, and inclusion are not dirty words. They are critical to the survival of Black women, girls, and gender-expansive people. They are necessary for Black women to thrive socially and economically. They are just one component of work that is necessary to create equal opportunity for Black women, girls, and gender-expansive people.

Black women, girls, and gender-expansive individuals face unemployment discrimination, over-representation in minimum wage jobs that do not provide paid leave, and an intersectional race-gender wage gap. Black women are one of the most educated populations in the U.S., but are under-represented among the faculty and leadership of institutions of higher education. For generations, Black women, girls, and gender-expansive people have relied on civil rights protections to seek redress for discrimination they have faced in the classroom, the workplace, and their own homes. The overwhelming majority of victims of violence against transgender and gender-nonconforming people are Black. Yet, current efforts are actively seeking to worsen these already dire circumstances and to effectively sanction existing inequality and injustice.

Achieving social justice and community justice requires that individuals have equitable access to resources, protections, and opportunities that foster autonomy, liberty, and well-being. This includes the jobs we work, the schools we attend, the food we eat, the neighborhoods we live in, 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 and community safety issues that impact the health and well-being of Black women, girls, and gender-expansive individuals: economic justice, education justice, LGBTQIA+ liberation, state-sanctioned violence, gender-based violence, voting rights, environmental justice, food justice, housing justice, immigrant justice, aging and elder justice, disability justice, and sex work.

For each of the key areas, we provide policy recommendations for policymakers.

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"[236] 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.[237] Black women earn $1,843 less each month, which translates to $22,120 less per year—almost $1 million dollars less ($884,800) than a white man over the same 40-year career.[238] In order "to close this lifetime wage gap," a Black woman has to work until nearly age 80 or 90 in order to have the same wages as a white man who retires at age 60.[239]

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"[240] 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;[241] 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.

The COVID-19 pandemic exposed to our nation how essential, yet undervalued, 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.[242] These are often minimum wage positions, in a nation that has not raised its federal minimum wage in decades. These sectors that are also the least likely to have access to paid family and 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.[243] 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%).[244] An analysis conducted by the Education Data Initiative found that Black women graduate with more student debt than women of other races and ethnicities.[245]

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, Black and Brown workers have far less wealth than their white counterparts,[246] and the working class includes many women and people of color. Black people own small businesses—and they are often the first to close in the face of extreme economic downturn. During the 2008 recession and the height of the COVID-19, Black businesses closed at the highest rates of any racial and ethnic group, and Black families experienced the greatest losses in wealth.[247] [248] The current tariff strategy threatens to follow these past economic crises in forcing Black businesses to raise prices for their often predominantly Black customers—or close.[249]

In 2025, proposed tariffs, tax cuts for the rich, and gutting of Medicaid are devastating for the economic futures of Black women, girls, and gender-expansive people. The Administration's economic policies are focused on making the rich richer, and ignore the real barriers to economic justice faced by Black women, girls, and gender-expansive people. As Medicaid is on the chopping block to pay for tax cuts for the wealthy, other policymakers must expand their view of who the working class is and consider the economic needs of Black women, girls, and gender-expansive people. Their policies should actively center Black women, girls, and gender-expansive people in conversation. It's past time to do something to address the situation.

POLICY RECOMMENDATIONS

We urge our nation's policymakers to avoid centering only the white working class and white business owners in policies that address economic injustice. Aggressive legislative efforts are needed to address the nation's myriad, 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 and will only increase as we face new economic challenges. 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.

- **Reform eligibility for Medicare and Social Security programs**

Congress should implement eligibility requirements for social support programs to 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 eligibility, 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.

- **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.

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

The United States is the only nation among high-resource countries that lacks 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.[250]

- **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.[251] 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.[252] [253]

- **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. We support long-standing legislative efforts to 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.[254]

- **Pass legislation to ensure equitable pay**

Legislation like the *Paycheck Fairness Act*—first introduced in Representative Rosa DeLauro (D-CT) in 1997 to strengthen the *Equal Pay Act of 1963* but still not signed into law—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.

- **Make 2021 child tax credits permanent**

The changes made to the child tax credit program in the 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.

- **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.

- **Eliminate student debt**

The federal government should continue to implement the Student Loan Debt Relief Plan.[255] Considering the challenges the Plan faced in the courts, Congress should ensure continuation of the program by passing 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.

- **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*, first introduced by Representative Grace Meng (D-NY) in 2019, 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."[256]

- **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…"[257] Legislation to establish such a Commission was first introduced by the late Representative Sheila Jackson Lee (D-TX) in 2021, entitled the *Commission to Study and Develop Reparation Proposals for African Americans Act.*

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 distinct challenges when it comes to the U.S. educational system: lack of access to high-quality educational programs and services; over-policing within schools; and the costs of higher education.

The lack of targeted investment in the nation's public school system disproportionately impacts students of color. For many years, public policy and funding have failed to address the unique challenges faced by students of color—particularly Black students—within the educational 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.[258] Black students are more likely to live in these under-funded and segregated school districts, compared to their white peers.[259] As a result, they experience educational inequalities that include reduced access to highly qualified and effective teachers, curricular offerings (such as advanced courses), extracurricular activities, supplies, and equipment.[260]

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."[261]

In addition, schools with populations that are majority students of color are more likely to have higher student-to-counselor or student-to-school-psychologist ratios.[262] Data increasingly show that students who attend well-funded schools have better educational outcomes.[263]

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 health outcomes.[264] [265]

Beyond lack of support for Black and Brown students, conservatives are attempting to erase Black people from the nation's history lessons, claiming that racism, racial segregation, and misogynoir are not part of U.S. history.[266] Further, they have attacked intellectual tools like Critical Race Theory, which offers a language to understand the historical, legal, political, and sociological development of race in the U.S.[267] They are successfully banishing unbiased textbooks from classrooms and banning acclaimed books from school and public libraries.[268] Conservatives even successfully lobbied the College Board to make inexplicable and inaccurate changes to a long-awaited Advanced Placement course on African-American history.[269]

Further, Black students are more likely to experience harsh punishments within the educational system, compared to their white peers.[270] 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.[271] These negative outcomes include 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.[272]

Research and data show that, just like Black boys, Black girls are disproportionately disciplined within the U.S. education system, compared to white peers. In fact, the U.S. Department of Education (DoE) found that Black girls are six times more likely to be suspended than their white peers.[273] Black girls are currently the fastest-growing population within the juvenile justice system (where they receive harsher sentences than girls of other races/ethnicities).[274] In schools with "zero-tolerance" policies that contract with local police departments, this disproportionate punishment rate subjects Black girls to unnecessary, harmful interactions with law enforcement, including arrest and prosecution. The 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.

It is a fact that our public education system can be improved to better serve Black girls and gender-expansive people. Yet, it must be emphasized that federal oversight of our nation's public schools through the DoE has been critical to ensuring many Black children can access integrated, equitable public education. The Administration's efforts to shut down the DoE presents devastating risks to Black communities.

For many years, public policy and funding have failed to address the unique challenges faced by students of color—particularly Black students—within the educational system.

Beyond attacks on public elementary and secondary education, a war has been waged on some of our nation's oldest private institutions of higher education, as well. While claiming to champion First Amendment rights to free speech and expression on college campuses, the Administration is attacking academic freedom at colleges and universities. Most prominently, the Administration is demanding that Harvard University implement sweeping changes (including preventing international students from enrolling and prioritizing white, conservative students for admission) or risk losing billions in federal funding for cutting edge, life-saving scientific research (which, as this document discusses, has transformed racial health disparities.)

Given the costs of higher education in the U.S., education justice must include financial resources for students of color as well as for Historically Black Colleges and Universities (HBCUs). The country's student debt crisis disproportionately impacts Black communities, because our lower household wealth and earnings mean that Black students are more likely to carry higher loans for longer periods of time. Of the more than 43 million Americans with student loan debt, 8.5 million are Black; upon graduation, these individuals owe $25,000 more, on average, than white borrowers.[275] While only 14 percent of the college-age population is Black, one-quarter of federal student loans belong to Black people.[276]

Within the Black community, the burden of student-debt disproportionately falls on Black women. Between 2011 to 2023, the proportion of Black women who earned a bachelor's degree or higher degree increased approximately 1.5 times, from 21.7 percent to 31.4 percent; that number is still rising.[277] Black women are more likely to attend college and as a result, have student debt levels higher than any other student group: $38,800 in federal undergraduate loans, on average, and $58,252 in graduate student loan debt, on average.[278] Further, Black women are more likely than any other group of women to raise children while in college; forty percent of Black undergraduates are mothers.[279] These heavy burdens have made Black women more likely than any other group to default on student loans—with devastating impacts on economic opportunity for the rest of their lives.[280]

HBCUs enroll twice as many students who are eligible for Pell Grants than non-HBCUs do.[281] These students go on to impact the most critical sectors of U.S. society and enter professions that allow them to build income stability or even generational wealth. For example, of all Black doctors and dentists, 70 percent were trained by HBCUs; half of all Black teachers were trained by HBCUs, and 40 percent of Black engineers are HBCU alums.[282] [283] Yet, the proposed budget would cut the maximum Pell Grant to low- and middle-income students by nearly $2,000.[284] Further, HBCUs are historically underfunded compared to other U.S. institutions of higher education.[285] While Executive Orders and public statements claim to support HBCUs,[286] the proposed federal FY2026 budget would cut $64 million in funding from Howard University, our nation's only federally-chartered HBCU.[287]

Finally, 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.

Given the costs of higher education in the U.S., education justice must include financial resources for students of color as well as for Historically Black Colleges and Universities (HBCUs).

POLICY RECOMMENDATIONS

More must be done to understand and reverse the dire discrepancies in Black students' access to high-quality education. School districts have received unprecedented levels of funding through the pandemic response. Now, 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;"[288] 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 curricula**

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.

- **Protect and bolster 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—laws that protect against race, gender, and disability discrimination. In recent years, funding for OCR has remained flat; if the current Administration succeeds in dismantling the Department of Education, OCR would cease to exist altogether. In order to combat inequalities in the U.S. school system and ensure that people have equal access to education, Congress must protect the OCR and significantly expand its budget.

- **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.[289]

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

Law enforcement officers should not be involved in disciplinary matters at schools. In many cases, mental health intervention is a much more effective tool than suspension from school. Expanded funding of these services allows schools to designate money for in-school mental health services. 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*—first introduced by Representative Ayanna Pressley (D-MA) and Senator Chris Murphy (D-CT) 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.

More broadly, legislation like the *Protect Black Women and Girls Act,* first introduced by Representative Robin Kelly (D-IL) in 2020 and made bipartisan by the cosponsorship of Representative Brian Fitzpatrick (R-PA), would establish an Interagency Task Force to examine the conditions and experiences of Black women and girls in the United States educational system.

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

The current Administration has gutted Title IX, a civil rights law that is critical to protect educational equity and equal opportunity 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.[290]

- **Protect and fund HBCUs**

Between fiscal year (FY) 2021-2024, a record $17 billion in federal funding was directed to HBCUs.[291] Rather than cutting funding to HBCUs, we encourage policymakers to ensure these new and reinvigorated investments continue across research and development capacity building and infrastructure projects; professional development and apprenticeship training programs in partnership with federal agencies; and need-based grants that go directly to HBCU students.

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. In comparison to their cisgender heterosexual counterparts, all LGBTQIA+ individuals in the United States experience disproportionate levels of challenges, discrimination, and harm—particularly when they try to access health care, particularly reproductive health care.[292]

According to research, 8 percent of LGBTQIA+ individuals and 29 percent of transgender individuals reported that, in the last year, they had a health care provider refuse to see them due to their sexual orientation, 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.[293] 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.

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.[294]

These challenges, discrimination, and harm are compounded for LGTBQIA+ people of color, including Black people who identify as lesbian, gay, bisexual, transgender, queer, intersex, and/or asexual.[295] [296] [297] For Black LGBTQIA+ individuals, the challenges, discrimination, and resulting harms are compounded by the well-documented discrimination Black people suffer when seeking health care.[298] [299] [300] [301] [302] [303] These barriers and discrimination contribute to the interconnected factors that create and exacerbate negative health outcomes for Black LGBTQIA+ people.[304] This is especially damaging 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.

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 technology, lack of health coverage can present steep financial barriers.

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. In recent years, hundreds and hundreds of anti-LGBTQIA+ laws have been introduced in state legislatures across the country with a record number of anti-LGBTQIA+ laws being enacted.

Notably, these conservative extremist lawmakers have been particularly focused on targeting transgender youth. As of May 2025, 39.4 percent of transgender youth live in the 26 states that have banned the gender affirming care they need to survive.[305] These bans have resulted in specialized facility closures and fearful clinicians even where gender-affirming care remains legal.[306]

Beyond gender-affirming care, politicians have taken steps to control every aspect of life for LGBTQIA+ youth—particularly their education and wellbeing. As of May 2025, 11 states have enacted laws censoring discussions of LGBTQIA+ issues in schools and five states have laws requiring parental notification of LGBTQIA+-inclusive curricula.[307] Six states explicitly require school staff to out transgender youth to their parents, and two others require the forced outing of transgender youth if parents specifically ask. This number is double the number of states that allowed this practice just two years ago, and places many young people at-risk of serious harm.[308]

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 crucial for those who live in states without existing protections. The *EQUALITY Act* (first introduced in 2021 by Representative David Cicilline [D-RI]) would amend the Civil Rights Act of 1964 and provide explicit protections on the basis of sex, sexual orientation, and gender identity. It would also prohibit discrimination in employment, housing, credit, education, jury service, federally funded programs, and public accommodations.

- **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 vital 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.

- **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* (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.[309]

State-Sanctioned 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.[310] 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. 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 do not matter as much as others. 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—George Floyd, Breonna Taylor, and far too many others to name.[311] The peaceful protests in response to these deaths were met with "brute force … cracked skulls and mass arrest" and additional state violence from state and local police departments all the way up to the National Guard.[312]

In 2024, the most recent year for which data are available, police killed at least 1,365 individuals—the deadliest year on record in our nation's history.[313] Within that grim record, Black individuals were almost three times more likely to be killed in comparison to white individuals—the rate at which Black people are murdered at the hands of the state far outstrips our proportion of the population.[314]

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.

The U.S. child welfare system—which should more aptly be titled the Family Policing System—disproportionately targets disabled, poor, and Black and Indigenous parents, and raises a series of intersectional crises central to Reproductive Justice.[315] [316] [317] Professor Dorothy Roberts offers a sobering assessment of the system:

Child welfare authorities wield the power to investigate, supervise, and destroy families with stunningly little judicial constraint or public scrutiny. Recent foster care rates for US children, at 576 per 100,000, are about the same as incarceration rates for US adults, at 582 per 100,000…Family policing, like criminal law enforcement and prisons, is designed to serve the US racial capitalist power structure, governed by profit, wealth accumulation, and market competition for the benefit of a wealthy white elite, by regulating and disrupting the most disenfranchised populations in place of meeting human needs. Family policing targets Black families and relies on racist beliefs about Black family dysfunction to justify its terror.[318]

Research suggests that the opioid crisis is a major contributor to maternal mortality and indicates an association between child removal by the family policing system and overdoses among mothers.

In addition to the medical mistrust discussed throughout this agenda, fear of state punishment also fuels hesitation in Black mothers considering whether and where to seek medical care for themselves and their children.[319] In New York City, government data suggest overlap between the rates of maternal mortality and the populations being targeted by family police.[320]

Substance use disorder also fuels maternal mortality; overdose deaths have increased sharply amongst Black women. Research suggests that the opioid crisis is a major contributor to maternal mortality and indicates an association between child removal by the family policing system and overdoses among mothers.[321] [322] [323]

Similarly, Black newborns are disproportionately tested for controlled substances without their mother's consent—with positive tests reported to family police.[324] Finally, abortion bans in states with large Black populations, as discussed earlier in this agenda, will exacerbate existing racial inequities in those states' family policing systems—as Black people are compelled to bear children and then be unsupported by the state in raising those children.[325] The country's Family Policing System in its current state undermines a core tenet of Reproductive Justice: ensuring that all people are granted the human right to have children and raise those children in safe and healthy communities, free from state-sanctioned violence.

Over the past few years, national attention to police violence against the Black community as acts of state-sanctioned violence has waned. Yet these issues existed long before 2020—the systemic criminalization of Black bodies was first born during the antebellum era of the *Fugitive Slave Act* and has persisted since. Five years after 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. We are still watching our community be profiled, policed, brutalized, and murdered at the hands of law enforcement, including immigration officials.

The current Administration has prioritized increased state-sanctioned surveillance and policing. The City of Atlanta, though led by Black leaders, has invested more than $100 million and 85 acres of land into developing a "Cop City" training complex to supposedly professionalize their police force—dozens of other cities are making the same financial investments rather than investing in the social justice needs of their communities and continuing to fight for police reform.[326] [327] [328] State bans on abortion care and gender-affirming care for transgender children are almost always enforced by criminalization of patients, families, providers[329]—criminalization that will undoubtedly disproportionately impact Black people who have always been subjected to the most brutal forms of state-sanctioned policing. We must remain vigilant.

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.

POLICY RECOMMENDATIONS

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* and all legislation that addresses extreme use of force and militarization in local police forces**

First introduced in 2021 by then-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. Some of its most notable policies would change the federal standard for law enforcement officers' use of force, require use of force as a *last* resort, and mandate that officers use de-escalation practices rather than force whenever possible. Pass

- **Introduce and 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 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.[330]

- **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.

- **Abolish state-funded child protective services in their current form and replace Family Policing Systems with increased state support to reimagine child welfare and meet families' needs without tearing families apart**

Professor Dorothy Roberts argues "Family policing is a barrier to galvanizing the radical change and revolutionary care required to keep children safe and thriving."[331] Congress should pass a law requiring states to sunset family policing systems that prioritize consequence and penalization over support for parents in raising children. Policymakers should invest in services that actually address the needs of children experiencing abuse, deprivation, and neglect and that prevent violence against children from occurring in the first place.

- **Invest in state, funded community-based violence-intervention programs**

Too often, Black communities are villainized and unilaterally blamed for violence in our communities—particularly gun violence. However, we know that homicides and assaults resulting from gun violence often reflect decades of underinvestment and pervasive social inequities stemming from systemic racism. Violence-intervention programs offer targeted programming that is community and social network specific—such as community-based outreach personnel who work on the street to identify those most at-risk, actively mediate any conflict, and prevent escalation and retaliation that could lead to gun violence. In Chicago, a summer youth employment program reduced violent arrests among the participants by 43 percent.[332] Policymakers should invest in these evidence-based and cost-effective programs that can effectively provide community safety instead of investing in militarizing police forces that often further perpetuate cycles of violence.

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, more than half of all women experience sexual violence in their lifetime.[333] [334] More 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.[335] For every 1,000 sexual assaults that occur in the U.S., only 230 are ever reported.[336] Among Black women, for every rape that is reported, at least 15 others are not.[337]

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.[338] About 41% of Black women experience IPV in their lifetime, compared to 31% of white women.[339] Further, Black women are far more likely to be victims of homicide than white women: they experience 11.6 deaths for every 100,000 Black women, the rate for white women is 3.0/100,000.[340] More than half of those homicides (55.3%) are related to IPV.[341] Additionally, LGBTQIA+ people experience IPV at equal or higher rates than their cisgender heterosexual counterparts.[342] Black LGBTQIA+ people are more likely to experience IPV in comparison to white LGBTQIA+ people.[343]

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 current health care system and face challenges that prevent them from getting the care they need. [344]

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 Black people's historical experiences of state-sanctioned, systemic sexual assault. Throughout slavery, Black women's sexual and reproductive health was exploited and industrialized to create and continuously replenish a working class. To meet the demands of human labor, the legal systems of slavery had to control slave women's reproduction, which negated any suggestion that a Black woman could be violated as an autonomous person. Among the most egregious form of discrimination perpetrated by the institution of slavery was the criminal law response to Black sexuality. For majority of this nation's history, raping a Black woman was simply not a crime. In the very few places where the law did not bar rape prosecutions either explicitly or procedurally, prejudices and practices kept prosecutions a rare, if extant, occurrence. This resulted in the legitimization of the rape of Black women and the denial of any victimhood.[345]

Further, 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.[346] Sexual abuse survivors are more likely to later be involved with the criminal justice system, due to the "sexual abuse to prison pipeline,"[347] 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.[348] 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 percent of local and private jails and prisons."[349]

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**

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.[350]

- **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 V*iolence 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.

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 real the rights enshrined in the 14th, 15th, and 19th Amendments of the Constitution.[351]

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 that blocked 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.[352]

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, which 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.

Shelby v. Holder's effect 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. In 2024 alone, 10 states enacted 19 restrictive voting laws—North Carolina's was passed after the general election in a rare legislative maneuver, seemingly in response to Democratic state-wide victories; Louisiana alone was responsible for 8 of the 19 restrictive laws.

Beyond the several dangerous bills that have passed, conservative legislators in 40 states have introduced more than 317 pieces of legislation designed 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.[353] [354] Of those bills, 21 state legislatures considered 63 bills specifically related to election interference.

Rather than trying to attract voters by promoting viable policies, conservatives are trying to gain 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 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. The insurrection attempted to discard the votes of many Black and Brown voters. Despite efforts to hold insurrectionists accountable, those who attacked our Democracy and were found guilty by juries of their peers have since been pardoned.

The insurrectionists' actions were a violent nod to white supremacy, and our present Congress is enabling these efforts. Conservatives have not only repeatedly refused to protect voting rights, but also introduced anti-voter legislation. Far-right extremists will do anything to maintain their fragile hold on political power and uphold white supremacy, including chipping away at access to the ballot box—one of the most precious tools we have to preserve our democracy.

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 undermines 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*, introduced by Representative Terri Sewell (D-AL) in 2021, 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*, introduced by Representative John Sarbanes (D-MD) in 2021, 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.

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 Justice is the opposite of environmental racism, a term that 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 increases Black and Brown communities' exposure to toxins, poisons, harmful chemicals, and climate change's impact, including rising temperatures and natural disasters. 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. All of these risks jeopardize Black people's reproductive and overall health.

In recognition of this disproportionate impact, the the Justice 40 Initiative (J40) was implemented to direct 40 percent of the overall benefits from federal investments in climate and clean energy to disadvantaged communities that have been historically underinvested in despite being disproportionately affected by climate change. This whole-of-government effort became even more relevant upon the passage of the Bipartisan Infrastructure Law in late 2021, since it included more than $50 billion for climate resilience. The Law further directed all of its $1.2 trillion funding to prioritize "building infrastructure that is resilient and that helps combat the crisis of climate change."[355]

On January 20, 2025, historic Executive Orders and investments into climate, environmental justice, and clean energy were revoked, including Executive Order 13990 of January 20, 2021 (Protecting Public Health and the Environment and Restoring Science to Tackle the Climate Crisis); Executive Order 14008 of January 27, 2021 (Tackling the Climate Crisis at Home and Abroad); Executive Order 14027 of May 7, 2021 (Establishment of the Climate Change Support Office); Executive Order 14030 of May 20, 2021 (Climate-Related Financial Risk); Executive Order 14037 of August 5, 2021 (Strengthening American Leadership in Clean Cars and Trucks); Executive Order 14052 of November 15, 2021 (Implementation of the Infrastructure Investment and Jobs Act); and Executive Order 14096 of April 21, 2023 (Revitalizing Our Nation's Commitment to Environmental Justice for All).[356]

We are extremely concerned that the revocation of these these Executive Orders will regress our nation's progress on the critical issues of air pollution, clean water, and climate change mitigation.

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.[357] 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).[358] Black women are more than three times as likely to die from asthma than white men.[359] In Louisiana, predominantly Black communities reside alongside 200 fossil fuel, oil, and gas operations in an 85-mile stretch known as "Cancer Alley" because of the devastating impact of the industries' air pollution on the health of those residing there—from disproportionately high rates of miscarriage, infertility, severe asthma, cancer, and even death.[360]

Water pollution exposes communities to harmful industrial chemicals, including polyfluoroalkyl substances (PFAS), endocrine-disrupting chemicals (EDCs), pesticides, and lead. Water pollution's documented harms 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.[361]

For many Black women, girls, and gender-expansive individuals, clean water cannot be taken for granted.[362] In fact, a 2023 Gallup poll found that 76 percent of Black adults were concerned about polluted drinking water;[363] and 35 percent of Black adults reported having to boil their water before it was safe to drink.[364]

Climate change is increasing health risks and compounding Black and Brown communities' pre-existing vulnerabilities. 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 Hurricane Katrina disaster is emblematic of these risks; in 2005, the response and recovery services failed to appropriately and equitably respond to, or support, Black communities in the disaster's aftermath.

Cuts to key agencies like the Federal Emergency Management Agency (FEMA) will only make recovery efforts for Black communities worse and exacerbate inequities in emergency resource distribution.

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 fragrances; and 21 percent of the market for menstrual and hygiene products.[365] Black women purchase and use more beauty products per capita than any other demographic, spending more than $7.5 billion on beauty products every year and 9 times more on hair products than the average consumer.[366]

For decades, the chemical industry has been largely unregulated, with manufacturers allowed to police themselves with respect 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.[367]

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—these powders are now known to be cancer-causing agents, as discussed in the agenda's section on Caring for Chronic Health Conditions.[368]

POLICY RECOMMENDATIONS

It is long past time to actively address environmental racism and safeguard environmental justice in a meaningful way. Congress must step up and take leadership including and centering the voices of Black women, girls, and gender-expansive individuals in efforts to identify and support intersectional solutions to addressing the climate crisis.

- **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*, first introduced in 2018 by Representative Barbara Lee (D-CA), would establish a federal Interagency Working Group on Women and Climate Change within the Department of State. The Working Group would ensure federal agency coordination to improve government response, coordination, and strategies to address the climate change crisis in an intersectional manner.

- **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 directing 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 the FDA'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 Jan Schakowsky (D-IL)'s long-standing gold-standard cosmetics reform legislation, first introduced in 2011, 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 women and communities—who are most often exposed to these toxic chemicals; allocate resources to study safer alternatives; and mandate comprehensive ingredient transparency and disclosure in fragrances.[369] 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. These conditions result in inadequate 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.[370] [371]

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;"[372] and defines "very low food security" as "multiple indications of disrupted eating patterns and reduced food intake."[373] 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 severe for children's development; food insecurity harms physical and mental health, academic performance and achievement, and long-term prosperity.[374]

Food insecurity also 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 2022, more than one-fourth 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. One in every six households with Black children do not have reliable access to food, which is three times the rate for white households.[375]

Families living with lower-income often face challenges in purchasing healthy foods. A study on the nutritional quality of food purchases found that higher-income households bought healthier foods (i.e., fruits, vegetables, and fiber).[376] Lower-income households purchased less-healthy foods (i.e., sweet baked goods, sugar-sweetened beverages, packaged snacks, desserts, and candy).[377]

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.[378] The *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.[379] [380] Many of these programs have run out or are time-limited, however.

Further, conservatives in Congress want to make additional, draconian cuts to critical programs like the Supplemental Nutrition Assistance Program (SNAP) and Medicaid. These funding cuts would create significant barriers to participation in programs like the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

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. This includes policies that discriminated against Black farmers and ranchers and disproportionately deprived them of both land and wealth.[381] While USDA settled a lawsuit in 2010 to address a history of discriminatory lending practices and farm assistance for Black farmers was prioritized, Black farmers lag behind other groups in accessing USDA's loan programs.[382]

Still, Black farmers and Black families who rely on food assistance programs are not the only groups at risk. The United States risks losing what has traditionally been one of the safest food systems in the world.[383] The current Administration is engaged in an anti-regulatory assault on the core safety-related functions of the agencies that ensure our food supply's safety. The FDA regulates the majority of food products, which constitute 80 percent of the nation's food supply.[384] The USDA regulates the other 20 percent (e.g., catfish, barnyard animals and related products, like eggs).[385] This assault puts the safety and integrity of the country's entire food supply at risk for all Black people.[386] Laid-off FDA employees have gone on-record to explain that manufacturers and growers now face exponentially less product oversight, resulting in few to no consequences for those that supply or sell tainted food products.[387]

Even when a deadly contaminant like *E.coli* is identified, the new layers of political approval required for any public health and scientific communications will likely delay timely notification of the public.[388] The Administration's cuts to FDA's food safety assurance programs and elimination of the USDA's two food safety advisory committees will reverberate for years to come—as processes designed to minimize food safety risks have been undermined or shuttered altogether. The system may not survive being actively hamstrung by unsafe, unscientific political decisions.

POLICY RECOMMENDATIONS

Our government must ensure all people in the United States have access to a safe, secure, and sufficient food supply—particularly the Black community that has historically struggled the most with food insecurity. Policymakers must bring an intersectional lens to addressing food deserts and expanding access to healthy foods. This includes improving Black communities' food access, infrastructure, and distribution systems, as well as expanding nutrition programs and school-based programs. Part of this effort also involves 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. This work must prioritize Black farmers and ranchers. Finally, policymakers must lift up the importance of food safety and justice in their efforts to battle the ongoing dangerous deregulation crusade.

- **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. This can be done through the Summer Food Service Program and Seamless Summer Option, which serves meals to children when schools are closed. The USDA should also re-assess the impact of its hunger relief initiatives and extend necessary programs to meet community needs, 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*, first 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**

Congress should pass legislation like the *Justice for Black Farmers Act*, which was most recently introduced by Senator Cory Booker (D-NJ) in 2023. The *Act* would: 1) provide oversight and establish an independent 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 the USDA's 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 and 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.[389]

- **Address food insecurity by making COVID-19 pandemic support permanent**

Congress should increase SNAP benefits to at least 20 percent and extend this benefit and the Pandemic EBT (P-EBT benefit) permanently. In addition, Congress should 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.[390] These policies in place during the COVID-19 pandemic demonstrably ameliorated food insecurity.[391]

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.

Black homeownership is lower today than it was in 1968, when the *Civil Rights Act of 1968/Fair Housing Act* was passed and designed, in part, to address rampant racial discrimination and segregation in access housing.[392] Today, the homeownership rate for white Americans is 73.8 percent, compared to just 45.9 percent for Black families.[393] While staggering, the racial homeownership gap is even wider in specific cities: the Minnesota State Demographic Center reports that Black homeownership is less than half of the overall statewide rate and has fallen significantly over the long term in that city.[394] In 2023, more housing discrimination complaints were filed than in any other year in the time that the data have been collected.

As former Speaker of the House Nancy Pelosi (D-CA) said, "housing security is a matter of justice, as structural racism puts communities of color unfairly at risk of being rent burdened or homeless."[395] This form of structural racism was once furthered by the U.S. government, which established state-sanctioned racial discrimination in housing policy under the Fair Housing Administration (FHA) in the 1930s. The FHA "red-lined" Black neighborhoods across the country, declined to insure mortgages in or near them, simultaneously bankrolled new housing subdivisions nearby, and prohibited any of these new homes from being sold to Black people.[396]

Housing builders and providers continue to benefit from segregation's legacy and Black disenfranchisement, without providing meaningful change to address those long-standing problems.[397]

Home ownership is a key gateway to intergenerational wealth and security. The racial wealth gap would be significantly diminished if homeownership were "racially equalized."[398] Policies and practices that limit access to housing also limit reproductive autonomy, since the right to raise families in safe and sustainable communities is directly impeded by these activities.

The barriers faced by Black women, girls, and gender-expansive individuals in accessing rental housing and owning their homes are varied and complex. Some of the biggest hindrances are:

- *Income levels and economic opportunities*: Salaries and employment history determine what type of housing people can afford and, 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, many of whom are people of color.
- *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 low-income households' need for affordable units, 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.
- *Systematic racial bias in home appraisal for sale or refinancing:* A landmark 2020 *New York Times* investigation revealed that appraisers routinely devalue properties they believe to be owned by Black individuals, and that majority-white neighborhoods report an average home valuation 75 percent higher than majority Black neighborhoods.[399] [400]

In 2025, we face an increasingly devastating challenge to achieving Housing Justice. Draconian budget cuts are not limited to public health and related areas—they also specifically target key public and assisted housing programs upon which Black women, girls, and gender-expansive people often rely to survive.

In announcing the President's FY2026 budget proposal, the White House issued a release entitled "Cuts to Woke Programs."[401] The Administration bragged about its efforts to eliminate funding for the Pathways to Removing Obstacles to Housing Program (which provides grants to state and local agencies to pursue key racial justice, gender justice, and environmental justice goals) and the Community Development Financial Institutions (CDFI) Fund (which seeks to advance racial justice and reimagine the white monopoly on capital, including by supporting transgender housing initiatives).

While their proposed federal FY2026 budget remains aspirational, the Administration has leveraged its executive authority to weaken the crucial civil rights protections of the Fair Housing Act (FHA). The FHA passed in 1968 in the immediate aftermath of Dr. Martin Luther King, Jr.'s assassination, when President Johnson used the national atmosphere of grief to push the bill through a reluctant Congress.

Nearly 60 years later, President Johnson's plea that the federal government must "guarantee a basic American right — the right of a man to secure a home for his family regardless of the color of his skin"—is being rejected.[402] Instead, there is a refusal to uphold the federal government's responsibility to eliminate prejudice, discrimination, and segregation in housing—on the basis of race and/or sexual and gender orientation—traditionally conducted

through HUD investigations and Department of Justice prosecutions of fair housing cases.

HUD's Fair Housing Office has historically struggled with resource constraints that prevent it from fully fulfilling its mission, forcing the Office to rely on grant-funded partnerships with nonprofit fair housing organizations. But, in February 2025, grants for 78 of these organizations. Several grantees have filed suit over the unconstitutionality of the Administration's elimination of Congressionally-appropriated funds. But, fair housing advocates are (rightly) concerned that the actions will worsen the negative national housing landscape.[403]

POLICY RECOMMENDATIONS

Legislators must work harder to overcome the long history of racism and housing discrimination that continue to affect communities of color. These efforts include expanding and enforcing federal laws that prevent bias against potential renters and homeowners of color. Doing so will be 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 more than $150 billion in affordable housing**

Congress should pass the affordable housing provisions of the 2020-2021 *Build Back Better Act*. If enacted, the *Act* would have been the nation's largest investment in expanding access to affordable, accessible housing. The *Act*'s housing provisions would have helped 294,000 households afford rent; built, upgraded, and retrofitted more than 1.8 million affordable housing units; and helped close the racial wealth gap discussed above.[404]

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

The federal government has both directly and indirectly perpetuated housing discrimination. Overcoming this shameful 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 and 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 not only protect existing funding but expand funding for HUD's Fair Housing Assistance Program (FHAP), which funds agencies that administer fair housing laws, and Fair Housing Initiatives Program (FHIP), which helps ensure compliance with the FHA 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 any providers who violate the law from participating in federally financed housing programs. Any mortgages 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 those who do not identify as 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.

- **Continue to make home appraisals records public**

In 2020, the Federal Housing Finance Agency (FHFA) was ordered to make home appraisal records from 2013-2021 available to the public for the first time. The 47 million records corroborated media investigations that revealed the widespread, decades-long practice of devaluation of homes owned by Black families. We urge Congress to codify this practice and ensure transparency by requiring the FHFA to continue to maintain the Uniform Appraisal Dataset (UAD) Aggregate Statistics. This system is our nation's first publicly available dataset allowing for analysis of trends in home valuation and potential racial biases.

Immigrant Justice

Reproductive Justice can only be achieved when efforts to address immigrants' needs fully account for the Black women, girls, and gender-expansive individuals in the U.S. immigrant population.

It is important to note that attacks on the right to birthright citizenship are rooted in reproductive *in*justice—as conservative ideologues believe they should be able to determine which children born in this nation belong, and which do not. Debates about immigration and birthright citizenship highlight the thread that binds Black ancestors who were forcibly brought to the U.S. beginning in the 17th century and today's Black individuals who choose to immigrate to the U.S. Birthright citizenship is protected by the 14th Amendment of the Constitution, which was ratified in the Civil War's aftermath and ensured that formerly enslaved Black individuals would be considered U.S. citizens.[405]

The national debate regarding immigration and immigration reform usually focuses on Hispanic immigrants from Central and South America. 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.[406] Like others, Black individuals and families often immigrate to the U.S. 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.[407]

In the U.S., immigrants face numerous challenges, including difficulty accessing the country's for-profit health care system, limited 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 misogynoir present additional challenges.

Among these myriad problems, the first—lack of access to high-quality health care—has many 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, many develop preventable illnesses and chronic conditions. Many are unable to pay out-of-pocket for health care, since around 20 percent of Black immigrants live below the poverty line.[408] Black immigrant women are put in the position of choosing between seeing a doctor, paying rent, and buying groceries.[409] This can have a particularly negative impact, since Black immigrant women are often the primary caregivers for their families and communities.

Additionally, undocumented immigrant women who seek health care increasingly 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 these institutions.[410]

For pregnant people and their caregivers, the fear and risks are even more salient. For these individuals, seeking prenatal and childbirth services could lead to separation of their families; for those detained, most detention centers will deprive them of comprehensive reproductive health services, including abortion care.[411] [412] Pregnant people with pending immigration cases may be barred from traveling more than a certain distance from their residence—making abortion care impossible for those in states with near-total abortion bans in the post-*Roe* era.[413] Further, countless reports have documented that the Office of Refugee Resettlement tracked the menstrual cycles of migrant girls in an attempt to control their reproductive decision-making.[414] [415]

Like other Black 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.[416]

POLICY RECOMMENDATIONS

Black immigrant women, girls, gender-expansive individuals, and their families are core pieces of vibrant communities across the United States; they 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—and prevent all attempts to undermine the protections of the U.S. Constitution for birthright citizenship and naturalization.

- **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**

Over the past several years, federal officials have subjected women and children in DHS custody to previously incomprehensible levels of abuse and neglect. While this inhumane treatment was previously primarily reserved for undocumented immigrants, in recent months individuals residing in the United States legally—through student visas or even permanent resident status—have been subjected to brash, brazen, and unconscionable detention because of their political beliefs. 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 ensures safe conditions for any detained individual.

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

The Deferred Action for Childhood Arrivals (DACA) program protects the right to live in the U.S. for those who came to this country as children—individuals 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), the *HEAL for Immigrant Women and Families Act* 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 Affordable Care Act's health insurance exchanges.

In the U.S., immigrants face numerous challenges, including difficulty accessing the country's for-profit health care system, limited educational and employment opportunities, and harmful interactions with the U.S. Department of Homeland Security (DHS).

Aging and 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 that are specific to older Black individuals.

Sexual and reproductive health advocacy often focuses on reproductive years (typically 18-44 for women). Yet, Black women's sexual and reproductive health needs evolve, particularly during and after the menopausal transition. Menopause is the time after a person stops menstruating, and is typically defined as not having had any bleeding, including spotting, for 12 consecutive months. Menopause follows perimenopause, the period leading up to the final menstrual cycle. Both perimenopause and the menopausal transition can be accompanied by symptoms that 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 more than one million U.S. women experience menopause annually, this period has been largely rendered invisible in cultural and political discussions, as well as in public health research.[417] This is particularly true with respect to older Black women, girls, and gender-expansive individuals' bodily autonomy, agency, and health needs.

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 unstudied for too long. These include social determinants of health such as unhealthy living and working environments and prolonged stress from racism and poverty. 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.[418]

More broadly, pronounced differences in health are seen in Black versus white women during middle age, suggesting an accelerated aging process.[419] Public health researchers have hypothesized that this pattern may reflect a process of biological "weathering," a term coined by Arlene Geronimus and discussed earlier in this agenda. 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.[420]

The number of older Black adults is expected to increase by 115 percent by 2040.[421] More research is needed to better understand Black women's intersectional experiences as they age. This includes more research on the embodied and environmental stressors that contribute to symptoms; effective and holistic symptom treatments; and protection and support for sexual, reproductive, and overall health at all stages of life.

In addition to physiological health, economic security is critical to ensure the wellbeing of Black women and gender-expansive people as we age. The average Black woman must work until she is approximately 85 years old before she makes the same amount as the average white man who retired at age 65.[422] 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.

Finally, offering Reproductive Justice must include sufficient support for aging Black women and gender-expansive people, so they can grow older with dignity in their desired location and with accessible, high-quality long-term services and support. Older Black individuals have less access to home- and community-based services (which more than one-third of those who are dually-eligible for Medicare and Medicaid rely on) so they can avoid moving to institutional settings.[423] Black people who choose, or are forced, to enter a long-term care facility often end up in lower-quality institutions or nursing homes that systematically discriminate against Black residents.[424]

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; generate information about health disparities (i.e., cancer, chronic conditions); and understand 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 HUD's Older Adult Home Modification Program (OAHMP). This program allocates federal funds to help state and local governments, non-profit organizations, and public housing entities implement comprehensive initiatives and support 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 provide permanent enhanced federal Medicaid matching funds to states that choose to participate in enhanced home- and community-based services (HCBS),[425] 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 respond to the growing demand for HCBS that have been exacerbated by the COVID-19 pandemic. Critically, this level of funding would also expand and strengthen caregiving jobs supported by Medicaid HCBS funding. This direct care workforce was also disproportionately impacted by the pandemic and is predominantly made up of Black and Brown women who earn low wages.[426]

- **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) prohibit 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)*, a version of which was first introduced by then-Senator Tom Harkin (D-IA) and Senator Chuck Grassley (R-IA) in 2012, 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 decision in *Gross v. FBL Financial Services Inc.* In that decision, 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."

Disability Justice

Reproductive Justice includes the right to decide whether and when to have children—a right that does not exclude those who have a disability. 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. 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. Unfortunately, Black women, girls, and gender-expansive people with disabilities are often uniquely targeted due to our country's toxic combination of racism, sexism, misogynoir, and ableism.[427]

The *Americans with Disabilities Act (ADA)*, the *Rehabilitation Act*, and other disability rights legislation have been crucial in protecting the civil and human rights of individuals with disabilities—rights that are too often challenged or negotiated. Still, Black disabled individuals have long pushed for disability justice, recognizing that many protections do not address intersectional issues of racism, sexism, homophobia, and classism that individuals with disabilities have historically faced.

This gap is particularly apparent in the rhetoric of Secretary of the Department of Health and Human Services, Robert F. Kennedy, Jr. Kennedy regularly invokes the idea that certain populations are "regressed" and unfit in comparison to other populations.[428] This type of eugenic logic has been weaponized to institutionalize and sterilize Black individuals throughout our nation's history, as detailed elsewhere in this agenda.

According to the Centers for Disease Control and Prevention, one in four Black adults in the U.S. has a disability.[429] Black individuals with disabilities who choose to become parents face particular hurdles with respect to family planning.[430] They are intimately aware that a health care professional or social worker could question their ability to parent, and use their authority to create suspicions or demand an investigation without cause.[431] Rather than joy and excitement, Black individuals with disabilities are forced to focus on this risk 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 they live in a state that has not enacted legislation prohibiting discriminatory and unfounded practices.[432]

Efforts are underway to change the federal government's core functions in ways that directly impact the wellbeing and equity of individuals who have disabilities. On the first day in office in 2025, the White House website's Accessibility Statement was removed. The record of the 2023 Office of Management of Budget guidance seeking to improve compliance with Section 508 of the Rehabilitation Act was also deleted. Section 508 requires that technology paid for, or used by, the federal government must conform with a set standard of federal digital accessibility guidelines.[433]

Similarly, 11 pieces of ADA guidance issued to support businesses to implement accessibility standards and accommodations that are required under law were revoked. For example, the requirements included provision of appropriate sizes for fitting rooms and aisles in retail stores, and the appropriate handles and heights for shower heads in hotel rooms. The Administration defended the decision by saying that its priority is to increase business owners' profits. It also indicated that the Department of Justice may refuse to file suit against businesses that violate the ADA, or to defend the ADA in court. Some of the revoked guidance had been in place for decades.[434]

Still, Black disabled individuals have long pushed for disability justice, recognizing that many protections do not address intersectional issues of racism, sexism, homophobia, and classism that individuals with disabilities have historically faced.

POLICY RECOMMENDATIONS

Working towards Disability Justice is essential to protect all individuals in the United States, including individuals with disabilities. Policymakers at all levels—local, state, and federal—should push back against efforts to reduce or eliminate laws and policies that protect the civil and human rights of individuals with disabilities. Congress must step up and ensure that Black individuals who have a disability are protected from all forms of discrimination, regardless of where they live.

- **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 disabilities. These solutions include addressing obstacles to accessing reproductive health care and other essential social services (such as adoption, child care, and housing support); mitigating disparate treatment in the Family Policing System, 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.

- **Establish a federal eugenics compensation fund**

North Carolina, Virginia, and California have established Eugenics Compensation Funds to start redressing the irreparable harm perpetuated by state governments that forcibly sterilized individuals deemed "unfit" to reproduce—often Black Americans.[435] [436] [437] While these state's eugenic programs were among the most egregious, they are not the only ones that operated in the 20th century United States.[438] Congress should consider these state actions as models for identifying surviving victims of state-sponsored sterilization programs, and establish a federal Eugenics Compensation Fund to ensure these individuals can receive compensation regardless of where they currently live.

- **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.[439] 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.[440] 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, which hampers 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), in 2024, Black people accounted for approximately 37 percent of adult prostitution arrests, despite comprising only 14 percent of the U.S. population. White individuals accounted for 48 percent of these arrests, while comprising 60 percent of the U.S. population.[441] Half of the minors who are arrested for prostitution are Black.[442]

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.[443] Police rarely face consequences for such abuse, and many sex workers are afraid to report their experience due to fears of being arrested. Sex workers who are public-facing are particularly vulnerable to police violence.[444]

Although there are no data on how often members of the police assault sex workers, sexual violence is one of the most reported forms of police misconduct.[445] Criminalization allows law enforcement to harass and abuse sex workers with impunity, simply by threatening them with arrest.[446] 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 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.[447] Approximately half of all trans people of color, and almost one-fifth of all trans people, have been incarcerated.[448]

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.

PROTECTING SEX WORKERS: SHONDA'S 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.

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 it sees fit. Lawmakers and policymakers should support budding state efforts to decriminalize sex work—including through ballot initiatives and legislation.[449] [450]

- **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,"[451] are barred from receiving assistance from the Small Business Administration. Lawmakers should enact legislation to reverse this policy.

- **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; the result, however, has been to harm sex workers by reducing access to online platforms.[452] 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

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

— Dr. Gail E. Wyatt

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 United States. 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 own understanding of Christianity: a religion centered on a just and compassionate God that promised justice and deliverance from slavery rather than a Christianity that taught obedience and passivity to their enslavement."[453]

For many enslaved Americans, religion was resistance. Enslaved laborers sang spirituals not only to cope in the face of inhumane realities in plantations, but also to secretly communicate with others.[454] [455] [456] Churches were safe havens, and many participated in the Underground Railroad.[457] Religious practice became a source of hope and inspiration that gave enslaved Africans the strength to endure. And, in the centuries that followed, religious practice has also been a source from which Black people draw the fortitude to struggle against the horrors of racism, sexism, classism, and white supremacy.

A 2021 survey conducted by the Pew Research Center found that Black Americans are more religious than the American public overall.[458] Almost two-thirds (64 percent) of Black women who participated in the survey reported that religion was an important aspect of their lives.[459] Black women were more likely to say that they had faith in a divine power or God that guides them in being moral people.[460]

For many Black women, girls, and gender-expansive individuals, the Divine or their understood Higher Power is involved in their struggle for survival and 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.[461] 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.[462] Black women's exercise of moral agency to achieve liberation necessarily occurs at the intersections of race, class, gender, and other forms of oppression.[463]

At the same time, religion in the United States has long been weaponized against Black people, especially Black women. It has been used to shame, blame, and control Black women's bodies.

Within the Black community, the church has used religion to institute respectability norms and classify "good" versus "bad" Black women that reflect the attitudes of white society. The Black church has often promoted oppressive theological teachings that deny the reproductive and sexual agency of Black women and promote false narratives that Black women have hypersexual, animalistic desires and an uncontrollable breeding capability.[464]

These narratives are too often couched in sermons or in church practices such as those that require women to acknowledge they engaged premarital sex or experienced unintended pregnancy in front of the entire congregation. Most importantly, we must remember that these myths and tropes originate in white supremacy and evolved from enslavement in order to justify the dehumanization and degradation of Black bodies.

Beyond the Black community, Evangelical Christianity has risen to prominence as a bully pulpit for attacks on the right to control when, how, and if you conceive and bear children; the right to exist as a transgender individual; and the right to marry who you love. Certain white evangelical sects have prioritized far-right politics over the teachings of Christ and essentially co-opted Christianity from its long history of prioritizing Reproductive Justice throughout history.

The Reproductive Justice movement, while not religion-centered, encompasses ancestral and Protestant theories of autonomy, dignity, ethics, self-determination, equity, leadership, and liberation. Black women and other women of color of faith and spirituality have always been present in the RJ movement, although intentionally centering this intersection is a newer, although necessary, concept. Many Black women and LGBTQIA+ individuals who identify as religious have aligned their moral principles as those with womanist liberation epistemologies, which has led them to embrace a broader form of spirituality—one that connects religion, faith, and the principles of Reproductive Justice. Reproductive Justice.

Religion, which inherently affirms personal autonomy and espouses all people's full participation in society, cannot be weaponized as a policy or political tool. Many religions teach that humans are imbued by the Divine with free will and, because of that free will, have agency to make moral decisions. Just as free-will is fundamental to those faith traditions, 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.[465]

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.[466] Decisions about sexual activity, LGBTQIA+ relationships, and autonomy over whether and when to have a child must rest squarely in the hands of the individual—not the government or the church. These decisions, however, have historically been made with a Christo-centric understanding, and government intervention.

We urge policymakers to work to ensure that our government continues to prioritize and practice the constitutionally protected separation of church and state—through policies we have endorsed throughout this agenda and any other necessary efforts. For example: the *Do No Harm Act*, first introduced by then-Representative Joseph P. Kennedy, III (D-MA) and Representative Bobby Scott (D-VA), 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 *Act* 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.

APPENDIX

Current efforts to dismantle federal agencies and the protections of the administrative state for individuals across the United States and across the world include:

AmeriCorps - Operating, mass layoffs

Central Intelligence Agency - Operating, mass layoffs

Comptroller of the Currency - Operating, mass layoffs

Consumer Financial Protection Bureau - Shuttered, pause on functioning

Department of Agriculture - Operating, mass layoffs

Department of Commerce - Operating

Minority Business Development Agency - Reduction in operation, mass layoffs

National Oceanic and Atmospheric Administration - Operating, mass layoffs

Department of Defense - Operating, layoffs

Department of Education - Reduction in operation, mass layoffs

Office of Federal Student Aid - Reduction in operation, mass layoffs

Institute of Education Sciences - Limited operation, mass layoffs

Department of Energy - Operating, mass layoffs

Department of Health and Human Services (consolidate 28 divisions into 15) - Operating

Administration for Children and Families - Operating, layoffs

Administration for Community Living - Shuttered, disbanded

Centers for Disease Control and Prevention - Operating, layoffs

Division of Reproductive Health (Pregnancy Risk Assessment Monitoring System) - Shuttered, dismantled

Division of Environmental Health Science and Practice - Shuttered, entire staff terminated

Epidemic Intelligence Service - Operating, mass layoffs

Centers for Medicare and Medicaid Services - Mass layoffs, "restructuring"

Office of Minority Health - Shuttered

Office of Equal Rights and Opportunity - Shuttered

Office of Program Operations & Local Engagement - Mass layoffs, restructuring

Health Resources and Services Administration - Mass layoffs, "restructuring"

Food and Drug Administration - Operating, mass layoffs

Center for Drug Evaluation and Research - Operating, mass layoffs

National Institutes of Health - Reduction in operations, mass layoffs

National Institute of Occupational Safety and Health - Limited operations, program cuts, mass layoffs

Office of General Counsel - Office closures, "restructuring"

Substance Abuse and Mental Health Services Administration - Shuttered

"Consolidation" of OASH, HRSA, SAMHSA, ATSDR, and NIOSH - Reduction in operations and mass layoffs

Department of Homeland Security - Operating

Federal Emergency Management Agency - Operating, mass layoffs

Office of Civil Rights and Civil Liberties - Reversed shutdown in May

Office of the Citizenship and Immigration Services Ombudsman - Reversed shutdown in May

Office of the Immigration Detention Ombudsman - Reversed shutdown in May

Department of Housing & Urban Development - Operating

Office of Community Planning and Development - Operating, mass layoffs

Office of Fair Housing and Equal Opportunity - Shuttering

Office of Field Policy and Management - Operating, mass layoffs

Department of Justice - Operating, layoffs

Department of Labor - Operating, layoffs

Department of State - Operating, layoffs

Department of the Interior - Operating, layoffs

Department of the Treasury - Operating

Internal Revenue Service - Operating, mass layoffs

Office of Civil Rights and Compliance - Shuttered

Department of Veterans Affairs - Operating, layoffs

Environmental Protection Agency - Operating

Office of Environmental Justice and External Civil Rights - Reduction in operations, mass layoffs

Environmental Justice Divisions - Mass layoffs

General Services Administration - Operating, layoffs

National Highway Traffic Safety Administration - Operating, layoffs

Office of Personnel Management - Operating

Center for Leadership Development - Shuttered

Office of Procurement Operations and Communications - Shuttered

Office of Human Capital Data Management and Modernization - Shuttered

Office of Congressional, Legislative & Intergovernmental Affairs - Shuttered

Small Business Administration - Operating, mass layoffs

Social Security Administration - Operating, layoffs

Office of Transformation - Shuttered

Office of Civil Rights - Reduced operations, offices shuttered, mass layoffs

USAID - Reduced operations, mass layoffs

ENDNOTES

1. Ross LJ, et al., *Radical Reproductive Justice: Foundation, Theory, Practice, Critique*, New York (NY): The Feminist Press at the City University of New York, 2017, page 14.

2. Asian Communities for Reproductive Justice, *A New Vision for Advancing Our Movement for Reproductive Health, Reproductive Rights, and Reproductive Justice,* Asian Communities for Reproductive Justice, 2005.

3. Villarosa L, "The Long Shadow of Eugenics in America," *New York Times Magazine*, June, 8, 2022. Online: https://www.nytimes.com/2022/06/08/magazine/eugenics-movement-america.html?smid=url-share.

4. *123 Cong. Rec. (Bound), Volume 123, Part 17 (June 23, 1977 to June 30, 1977)*, Washington (DC): Government Printing Office, 1977.

5. Petersen, MD, Emily E, Davis, NL, et al., "Racial/Ethnic Disparities In Pregnancy-Related Deaths--United States, 2007-2016," *MMWR Morb Mortal Wkly Rep,* 2019; 68: 762–765. Online: http://dx.doi.org/10.15585/mmwr.mm6835a3.

6. Centers for Disease Control and Prevention (CDC), *FastStats: Infertility,* Atlanta (GA): CDC, 2025. Online: https://www.cdc.gov/nchs/fastats/infertility.htm#:~:text=Infertility%20*%20Percent%20of%20women%20ages%2015%E2%80%9349,who%20have%20ever%20used%20infertility%20services:%2012.2%.

7. National Women's Law Center (NWLC), *The Importance of Equitable Access to Fertility Care for Black Women,* Washington (DC): NWLC, 2025. Online: https://nwlc.org/resource/the-importance-of-equitable-access-to-fertility-care-for-black-women/.

8. Kidd C, Goodman S, Gallagher Robbins K, *Issue Brief: State Abortion Bans Threaten Nearly 7 Million Black Women, Exacerbate the Existing Black Maternal Mortality Crisis,* Washington (DC): National Partnership for Women and Families, 2024. Online: https://nationalpartnership.org/report/state-abortion-bans-threaten-black-women/#:~:text=The%20actions%20of%20certain%20states,reproductive%20age%20in%20the%20nation.

9. Center for Reproductive Rights (CRR), *After* Roe *Fell: Abortion Laws by State,* New York (NY): CRR, no date. Online: https://reproductiverights.org/maps/abortion-laws-by-state/.

10. Guttmacher Institute, *State Bans on Abortion Throughout Pregnancy,* New York (NY): Guttmacher, March 5, 2025. Online: https://www.guttmacher.org/state-policy/explore/state-policies-abortion-bans.

11. KFF, *The Availability and Use of Medication Abortion,* Palo Alto (CA): KFF, March 20, 2024. Online: https://www.kff.org/womens-health-policy/fact-sheet/the-availability-and-use-of-medication-abortion/.

12. Surana K, "Abortion Bans Have Delayed Emergency Medical Care. In Georgia, Experts Say This Mother's Death Was Preventable," *ProPublica*, September 16, 2024. Online: https://www.propublica.org/article/georgia-abortion-ban-amber-thurman-death.

13. Peele C, *Roundup of Anti-LGBTQ+ Legislation Advancing in States Across the Country,* Washington (DC): Human Rights Campaign. May 23, 2023. Online: https://www.hrc.org/press-releases/roundup-of-anti-lgbtq-legislation-advancing-in-states-across-the-country.

14. Kidd C, Goodman S, Gallagher Robbins K, *State Abortion Bans Threaten Nearly 7 Million Black Women, Exacerbate the Existing Black Maternal Mortality Crisis,* Washington (DC): National Partnership for Women and Families, 2024. Online: https://nationalpartnership.org/report/state-abortion-bans-threaten-black-women/#:~:text=The%20actions%20of%20certain%20states,reproductive%20age%20in%20the%20nation.

15. Nash E, Guarnieri, I, *Six Months Post-Roe, 24 US States Have Banned Abortion or Are Likely to Do So: A Roundup,* New York (NY): Guttmacher Institute, 2023. Online: https://www.guttmacher.org/2023/01/six-months-post-roe-24-us-states-have-banned-abortion-or-are-likely-do-so-roundup.

16. Sobel L, Salganicoff A, Felix M, *Update on the Status of Medication Abortion and the Courts,* Palo Alto (CA): KFF, April 21, 2023, Online: https://www.kff.org/policy-watch/update-on-status-alliance-hippocratic-medicine-v-the-food-and-drug-administration-et-al/.

17. KFF, *Reported Legal Abortions by Race of Women Who Obtained Abortion by the State of Occurrence*, Palo Alto (CA): Kaiser Family Foundation, 2021. Online: https://www.kff.org/womens-health-policy/state-indicator/abortions-by-race/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D.

18. Catalyst, *Women of color in the United States (quick take),* New York (NY): Catalyst, 2023. Online: https://www.catalyst.org/insights/2023/women-of-color-in-the-united-states.

19. KFF, *Reported Legal Abortions by Race of Women Who Obtained Abortion by the State of Occurrence,* Palo Alto (CA): KFF, 2021. Online: https://www.kff.org/womens-health-policy/state-indicator/abortions-by-race/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D.

20. Jerman J, Jones RK, Onda T, *Characteristics of U.S. Abortion Patients in 2014 and Changes Since 2008,* New York (NY): Guttmacher Institute, 2016. Online: https://www.guttmacher.org/report/characteristics-us-abortion-patients-2014.

21. Salganicoff A, Sobel L, Ramaswamy A. *Coverage for Abortion Services in Medicaid, Marketplace Plans and Private Insurance.* Palo Alto (CA): KFF. 2019. Online: https://www.kff.org/womens-health-policy/issue-brief/coverage-for-abortion-services-in-medicaid-marketplace-plans-and-private-plans/.

22. Guttmacher Institute, *Fact Sheet: Induced Abortion in the United States,* New York (NY): Guttmacher Institute, 2017. Online: https://www.guttmacher.org/ fact-sheet/induced-abortion-united-states.

23. National Women's Law Center (NWLC), *Women and Poverty, State by State,* Washington (DC): NWLC, no date. Online: https://nwlc.org/resources/women-and-poverty-state-state/.

24. National Coalition on Black Civic Participation and the Black Women's Roundtable, *Black Women in the United States, 2014: Progress and Challenges,* Washington (DC): National Coalition on Black Civic Participation and the Black Women's Roundtable, 2014. Online: https://www.washingtonpost.com/r/2010-2019/. WashingtonPost/2014/03/27/National-Politics/Stories/ 2FinalBlackWomenintheUS2014.pdf.

25. Cineas F, "Black Women Will Suffer the Most Without *Roe*," *Vox*, June 19, 2022. Online: https://www.vox.com/2022/6/29/23187002/black-women-abortion-access-roe.

26. Norris L, "Do plans sold in the health insurance exchanges cover abortion?," *Healthinsurance.org*, February 28, 2025. Online: https://www.healthinsurance.org/faqs/do-health-insurance-plans-in-acas-exchanges-cover-abortion/.

27. Norris L, "Do plans sold in the health insurance exchanges cover abortion?," *Healthinsurance.org*, February 28, 2025. Online: https://www.healthinsurance.org/faqs/do-health-insurance-plans-in-acas-exchanges-cover-abortion/.

28. All* Above All, *Each Act Fact Sheet*, All* Above All, 2024. Online: https://allaboveall.org/resource/each-act-fact-sheet/.

29. All* Above All, *Each Act Fact Sheet*, All* Above All, 2024. Online: https://allaboveall.org/resource/each-act-fact-sheet/.

30. Greene Foster D, *The Turnaway Study: Ten Years, a Thousand Women, and the Consequences of Having—or Being Denied—an Abortion,* New York (NY): Scribner, 2020. Online: https://www.ansirh.org/research/ongoing/turnaway-study.

31. The Black Maternal Health Federal Policy Collective, *The Intersection of Abortion Access and Black Maternal Health,* Washington (DC): The Century Foundation, August 12, 2024. Online: hhttps://tcf.org/content/facts/the-intersection-of-abortion-access-and-black-maternal-health/.

32. Centers for Disease Control and Prevention (CDC), *Working Together to Reduce Black Maternal Mortality*, Atlanta (GA): CDC, 2024. Online: https://www.cdc.gov/healthequity/features/maternal-mortality/index.html.

33. Stoneburner A, Lucas R, Fontenot J, Brigance C, Jones E, DeMaria AL. *Nowhere to Go: Maternity Care Deserts Across the US.* (Report No 4). Harlan (IA): March of Dimes, 2024. Online: https://www.marchofdimes.org/maternity-care-deserts-report.

34. Winny A, *Abortion Restrictions and the Threat to Women's Health*, Johns Hopkins School of Public Health, Baltimore (MD): Johns Hopkins School of Public Health, May 19, 2023. Online: https://publichealth.jhu.edu/2023/a-year-without-roe.

35. Milikin Institute School of Public Health, *High Court's Ruling in EMTALA Cases Could Extend Beyond Emergency Abortions,* Washington (DC): George Washington University, January 11, 2024. Online: https://publichealth.gwu.edu/high-courts-ruling-emtala-cases-could-extend-beyond-emergency-abortions.

36. Pregnancy Justice, *The Rise of Pregnancy Criminalization: A Pregnancy Justice Report,* New York (NY): Pregnancy Justice, no date. Online: https://www.pregnancyjusticeus.org/rise-of-pregnancy-criminalization-report/.

37. Surana K, "Afraid to Seek Care Amid Georgia's Abortion Ban, She Stayed at Home and Died," *ProPublica*, September 18, 2024. Online: https://www.propublica.org/article/candi-miller-abortion-ban-death-georgia.

38. Brief of 12 organizations dedicated to the fight for reproductive justice as amici curiae supporting petitioners, *Whole Women's Health v. Hellerstadt,* 2016. Online: https://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/In%20Our%20Own%20 Voice%20Willkie.pdf.

39. In Our Own Voice, *Blueprint for Sexual and Reproductive Health, Rights, and Justice Policy Agenda,* Washington(DC): In Our Own Voice, 2023. Online: https://reproblueprint.org/.

40. Advocates for Youth, *African-American Voices on Sexual Health,* Washington (DC): Advocates for Youth, 2013. Online: poll, http://blackrj.wpengine.com/wp-content/uploads/2015/01/AAattitudes.pdf.

41. In Our Own Voice, *Blueprint for Sexual and Reproductive Health, Rights, and Justice Policy Agenda,* Washington (DC): In Our Own Voice, 2023. Online: https://reproblueprint.org/.

42. All* Above All: Catalysts for Abortion Justice: https://allaboveall.org/campaign/abortion-coverage/.

43. All* Above All, *EACH Act Fact Sheet,* All Above All, no date. Online: https://allaboveall.org/resource/each-act-fact-sheet.

44. Advancing New Standards in Reproductive Health (ANSIRH) *The Turnaway Study*, University of California, San Francisco (CA): ANSIRH, no date. Online: https://www.ansirh.org/research/ongoing/turnaway-study.

45. National Organization for Women (NOW), *Abortion is Health Care Everywhere Act Would Repeal the Helms Amendment, Which Bars U.S. Foreign Assistance Funding for Abortion, Expanding Abortion Access Globally,* Washington (DC): NOW, no date. Online: https://now.org/media-center/press-release/abortion-is-health-care-everywhere-act-would-repeal-the-helms-amendment-which-bars-u-s-foreign-assistance-funding-for-abortion-expanding-abortion-access-globally/.

46. Cappello O, *In 2020, States are Primed to Build on Recent Gains in Protecting and Expanding Abortion Rights,* New York (NY): Guttmacher Institute, February 13, 2020. Online: https://www.guttmacher.org/article/2020/02/2020-states-are-primed-build-recent-gains-protecting-and-expanding-abortion-rights.

47. IPAS, *Repeal the Helms Amendment. It will Save Women's Lives,* Chapel Hill (NC): IPAS, December 17, 2019. Online: https://www.ipas.org/news/repeal-the-helms-amendment-it-will-save-womens-lives/.

48. Warren E, *Plans: Congressional Action to Protect Choice,* Boston (MA): Warren for Senate, no date. https://elizabethwarren.com/plans/action-to-protect-choice.

49. FINRA Investor Education Foundation, *FINRA Foundation National Financial Capability Study,* FINRA, 2021. Online: https://www.usfinancialcapability.org/.

50. Weitz TA, Taylor D, Desai S, et al., "Safety of aspiration abortion performed by nurse practitioners, certified nurse midwives, and physician assistants under a California legal waiver," *Am J Public Health*, 2013; 103(3): 454-61. Online: 10.2105/AJPH.2012.301159.

51. National Abortion Federation (NAF), *Clinicians in Abortion Care (CIAC),* Washington (DC): NAF, no date. Online: https://prochoice.org/providers/ciac/.

52. Hoyert DL, *Maternal mortality rates in the United States,* 2021, National Center for Health Statistics, Health E-Stats. 2023. Online: doi.org/10.15620/cdc:124678.

53. Centers for Disease Control and Prevention (CDC), *Pregnancy Mortality Surveillance System*, Atlanta (GA): CDC, 2023. Online: https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm#race-ethnicity.

54. Hoyert DL, *Maternal mortality rates in the United States, 2021,* National Center for Health Statistics, Health E-Stats, 2023. Online: https://dx.doi.org/10.15620/cdc:124678.

55. Centers for Disease Control and Prevention (CDC), *Infant Mortality*, Atlanta (GA): CDC, 2024. Online: https://www.cdc.gov/maternal-infant-health/infant-mortality/?CDC_AAref_Val=https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm.

56. Centers for Disease Control and Prevention (CDC), *Infant Mortality*, Atlanta (GA): CDC, 2022. Online: https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm.

57. KFF, *What the Data Show: Black Women Report More Pervasive Negative Experiences in Health Care Compared to Other Groups,* Palo Alto (CA): KFF, 2024. Online: https://www.kff.org/racial-equity-and-health-policy/press-release/what-the-data-show-black-women-report-more-pervasive-negative-experiences-in-health-care-compared-to-other-groups/#:~:text=Although%20overall%2C%20most%20Black%20women,careful%20about%20their%20appearance%20to; https://pmc.ncbi.nlm.nih.gov/articles/PMC8893054/.

58. In Our Own Voice, *The Lives and Voices of Black Families in 2024: Results from a Survey of Black Adults,* Washington (DC): In Our Own Voice, 2024. Online: https://blackrj.org/wp-content/uploads/2024/03/In-Our-Own-Voice_-Lives-Voices-of-Black-Families-2024.pdf.

59. Martin JA, Hamilton BE, Osterman MJK, "Births in the United States, 2019," *NCHS Data Brief no 387*, Hyattsville (MD): National Center for Health Statistics, 2020. Online: https://www.cdc.gov/nchs/products/databriefs/db387.htm.

60. Ranji U, Gomez I, Salganicoff A, *Expanding Postpartum Medicaid Coverage,* Palo Alto (CA): KFF, March 9, 2021. Online: https://www.kff.org/womens-health-policy/issue-brief/expanding-postpartum-medicaid-coverage/.

61. Geronimus A, *Weathering: The Extraordinary Stress of Ordinary Life on the Body in an Unjust Society*, New York (NY): Little, Brown, Spark, 2023.

62. Cunningham A, "What we can learn from how a doctor's race can affect Black newborns' survival," *Science News*, August 25, 2020. Online: https://www.sciencenews.org/article/black-newborn-baby-survival-doctor-race-mortality-rate-disparity.

63. Niles PM, Zephyrin LC, *Issue Brief: How Expanding the Role of Midwives in U.S. Health Care Could Help Address the Maternal Health Crisis,* New York (NY): The Commonwealth Fund, 2023. Online: https://www.commonwealthfund.org/publications/issue-briefs/2023/may/expanding-role-midwives-address-maternal-health-crisis.

64. Berghella V, Baxter JK, Chauhan SP. "Evidence-based labor and delivery management," *Am J Obstet Gynecol*, 2008; 199(5): 445-54.

65. Gruber KJ, Cupito SH, Dobson CF, "Impact of doulas on healthy birth outcomes," *J Perinat Educ,* 2013; 22(1): 49-58.

66. Kozhimannil KB, Hardeman RR, Attanasio LB, Blauer-Peterson C, O'Brien M, "Doula care, birth outcomes, and costs among Medicaid beneficiaries," *Am J Public Health*, 2013; 103(4) :e113-21.

67. Smithsonian Institution (SI), *The Historical Significance of Doulas and Midwives,* Washington (DC): SI, no date. Online: https://nmaahc.si.edu/explore/stories/historical-significance-doulas-and-midwives.

68. Doshi RP, Aseltine RH, Sabina AB, Graham GN, "Racial and ethnic disparities in preventable hospitalizations for chronic disease: prevalence and risk factors," *Journal of racial and ethnic health disparities*, 2017; 4(6): 1100-1106.

69. Ancient Song Doula Services, *Full Spectrum Doula Training,* Montclair (NJ): Ancient Song Doula Services, 2018. Online: www.ancientsongdoulaservices.com/training.

70. National Partnership, *From Maternal Health to Long-Term Care: Medicaid is Vital for Women's Lifelong Health*, Washington (DC): National Partnership, 2024. Online: https://nationalpartnership.org/wp-content/uploads/medicaid-vital-for-womens-lifelong-health.pdf.

71. Maternal Health Task Force (MHTF) at the Harvard Chan School, *What Role Could Doulas Play in Addressing Black American Maternal Mortality?,* Cambridge (MA): MHTF, 2020. Online: mhtf.org.

72. Ancient Song Doula Services, *Advancing Birth Justice: Community-Based Doula Models as a Standard of Care for Ending Racial Disparities,* Montclair (NJ): Ancient Song Doula Services, 2019. Online: https://b5c19f22-2ef4-49b4-94b0-7621fdb5dbba.filesusr.com/ugd/f36f23_7d-936f97617a4e34aaddd8a052ac1de6.pdf.

73. The National Birth Equity Collaborative (NBEC), *The Birth Equity Agenda: A Blueprint for Reproductive Health and Wellbeing,* Washington (DC): NBEC, 2020. Online: https://birthequity.org/birth-equity-agenda/.

74. Minovi D, *When States Suppress Maternal Mortality Data, Pregnant People Pay the Price,* Cambridge (MA): Union of Concerned Scientists, 2024. Online: https://blog.ucs.org/dminovi/when-states-suppress-maternal-mortality-data-pregnant-people-pay-the-price/#:~:text=In%20Texas%2C%20the%20state%20Maternal,overall%20after%20the%20Dobbs%20decision.

75. Jacobs Institute of Women's Health at George Washington University, *Pregnant women and substance use: Overview of research and policy in the United States*, Washington (DC): Jacobs Institute, 2017. Online: https://publichealth.gwu.edu/sites/default/files/downloads/JIWH/Pregnant_Women_and_Substance_Use_updated.pdf.

76. Taylor JM, "Let's Honor Black Mothers by Confronting the Policies That Endanger Them," *Newsweek*, April 18, 2025. Online: https://www.newsweek.com/lets-honor-black-mothers-confronting-policies-that-endanger-them-opinion-2060603.

77. Centers for Disease Control and Prevention (CDC), *About the Division of Reproductive Health,* Atlanta (GA): CDC, 2024. Online: https://www.cdc.gov/nccdphp/divisions-offices/about-the-division-of-reproductive-health.html.

78. Asian Communities for Reproductive Justice, *A New Vision for Advancing our Movement for Reproductive Health, Reproductive Rights and Reproductive Justice,* Asian Communities for Reproductive Justice, 2005.

79. Guttmacher Institute, *Fact Sheet: Evidence-Based Sex Education: The Case for Sustained Federal Support,* New York (NY): Guttmacher Institute, 2025. Online: https://www.guttmacher.org/fact-sheet/sex-education.

80. Essence Magazine and the National Campaign to Prevent Teen and Unplanned Pregnancy, "Almost Half of Black Youth Report Pressure to have Sex," *Essence Magazine*, September 7, 2011. Online: https://www.prnewswire.com/news-releases/almost-half-of-black-youth-report-pressure-to-have-sex-129399623.html.

81. Centers for Disease Control and Prevention (CDC), *Sexually Transmitted Infections Surveillance, 2023,* Atlanta (GA): CDC, 2024. Online: ttps://www.cdc.gov/sti-statistics/annual/index.html.

82. KFF, *The Impact of HIV on Black People in the United States,* Palo Alto (CA): KFF, 2024. Online: https://www.kff.org/hivaids/fact-sheet/the-impact-of-hiv-on-black-people-in-the-united-states/#:~:text=Young%20People,White%20gay%20and%20bisexual%20men.

83. HIV.gov, *US Statistics*, Washington (DC): Department of Health and Human Services, 2025. Online: https://www.hiv.gov/hiv-basics/overview/data-and-trends/statistics.

84. Osterman MJK, Hamilton BE, Martin JA, Driscoll AK, Valenzuela CP, "Births: Final data for 2023," *National Vital Statistics Reports,* 2025; 74(1): 1-86. Online: https://dx.doi.org/10.15620/cdc/175204.

85. In Our Own Voice, *The Lives and Voices of Black Families in 2024: Results from a Survey of Black Adults*, Washington (DC): In Our Own Voice, 2024. Online: https://blackrj.org/wp-content/uploads/2024/03/In-Our-Own-Voice_-Lives-Voices-of-Black-Families-2024.pdf.

86. National Conference of State Legislatures, (NCSL), *State Policies on Sex Education in Schools,* Washington (DC): NCSL, 2020. Online: https://www.ncsl.org/research/health/state-policies-on-sex-education-in-schools.aspx.

87. Bridges E, Hauser D, *Youth Health and Rights in Sex Education,* Future of Sex Education (FoSE), 2014. Online: www.futureofsexed.org/youthhealthrights.html.

88. National Conference of State Legislatures (NCSL), *State Policies on Sex Education in Schools,* Washington (DC): NCSL, 2020. Online: https://www.ncsl.org/research/health/state-policies-on-sex-education-in-schools.aspx.

89. Boyer J, *New Name, Same Harm: Rebranding of Federal Abstinence-Only Programs*, New York (NY): Guttmacher Institute, 2018. Online: https://www.guttmacher.org/gpr/2018/02/new-name-same-harm-rebranding-federal-abstinence-only-programs.

90. *Blueprint for Sexual and Reproductive Health, Rights, and Justice: Policy Agenda*, 2023. Online: https://reproblueprint.org/wp-content/uploads/2023/10/Blueprint-for-Sexual-Reproductive-Health-Rights-Justice_October-2023.pdf.

91. *Blueprint for Sexual and Reproductive Health, Rights, and Justice: Policy Agenda*, 2023. Online: https://reproblueprint.org/wp-content/uploads/2023/10/Blueprint-for-Sexual-Reproductive-Health-Rights-Justice_October-2023.pdf.

92. American Public Health Association (APHA), *Letter from 43 public health organizations to the Office of Management and Budget on the FY 2023 budget proposal*, September 14, 2021. Online: https://www.apha.org/getcontentasset/a06b4be4-0dc3-4611-95f0-b26c1803ca67/7ca0dc9d-611d-46e2-9fd3-26a4c03ddcbb/210914_tppp_fy23_appropriations.pdf?language=en.

93. Online: *https://www.apha.org/getcontentasset/a06b4be4-0dc3-4611-95f0-b26c1803ca67/7ca0dc9d-611d-46e2-9fd3-26a4c03ddcbb/210914_tppp_fy23_appropriations.pdf?language=en.*

94. Trust for America's Health (TFFAH), *Division of Adolescent and School Health (DASH)...FY 2026 Labor HHS Appropriations Bill*, Washington (DC): TFAH, no date. Online: https://www.tfah.org/wp-content/uploads/2025/04/FY26_CDC_DASH_FINAL.pdf.

95. *Blueprint for Sexual and Reproductive Health, Rights, and Justice: Policy Agenda*, 2023. Online: https://reproblueprint.org/wp-content/uploads/2023/10/Blueprint-for-Sexual-Reproductive-Health-Rights-Justice_October-2023.pdf.

96. American College of Obstetricians and Gynecologists (ACOG), *Issue Brief: Crisis Pregnancy Centers*, Washington (DC): ACOG, no date. Online: https://www.acog.org/advocacy/abortion-is-essential/trending-issues/issue-brief-crisis-pregnancy-centers.

97. *Stop Anti-Abortion Disinformation Act*, 119th Congress. Online: https://www.warren.senate.gov/imo/media/doc/senate_sad_act_-_119th_congress.pdf.

98. ACOG Committee opinion no. 554: reproductive and sexual coercion. *Obstet Gynecol*. 2013; 121(2 Pt 1): 411-415. doi: 10.1097/01.AOG.0000426427.79586.3b. PMID: 23344307.

99. Asian Communities for Reproductive Justice (ACRJ), *Reproductive Justice Agenda*, ACRJ, no date. Online: http://apirh.org/reproductive.html.

100. United Nations (UN) Department of Economic and Social Affairs, Population Division, *World Fertility and Family Planning 2020: Highlights* (ST/ESA/SER.A/440), Geneva (Switzerland): UN, 2020. Online: https://www.un.org/development/desa/pd/sites/www.un.org.development.desa.pd/files/files/documents/2020/Aug/un_2020_worldfertilityfamilyplanning_highlights.pdf.

101. Eeckhaut MCW, Hara Y, "Reproductive Oppression Enters the Twenty-First Century: Pressure to Use Long-Acting Reversible Contraception (LARC) in the Context of 'LARC First'," *Socius*, 2023; 9: 1-15. Online: https://doi.org/10.1177/23780231231180378.

102. Mathis D, *Black Women and Contraceptive Care*, Washington (DC): Power to Decide, 2019. Online: https://powertodecide.org/news/black-women-and-contraceptive-care.

103. Ranji U, Gomez I, Salganicoff A, Rosenzweig C, Kellenberg R, Gifford K, *Medicaid Coverage of Family Planning Benefits: Findings from a 2021 State Survey*, Palo Alto (CA): KFF, 2022. Online: https://www.kff.org/womens-health-policy/report/medicaid-coverage-of-family-planning-benefits-findings-from-a-2021-state-survey/#:~:text=Broadening%20Access&text=Extended%20supply%20and%20pharmacist%20prescribing,is%20limited%20at%20this%20time.

104. Guttmacher Institute, *Publicly Supported Family Planning Services in the United States*, New York (NY): Guttmacher Institute, 2025. Online: https://www.guttmacher.org/fact-sheet/publicly-supported-FP-services-US.

105. National Partnership for Women and Families (National Partnership), *Black Women Experience Pervasive Disparities in Access to Health Insurance*, Washington (DC): National Partnership, 2019. Online: black-womens-health-insurance-coverage.pdf.

106. Guttmacher Institute, *Fact Sheet: Publicly Supported Family Planning Services in the United States*, New York (NY): Guttmacher Institute, 2025. https://www.guttmacher.org/fact-sheet/publicly-supported-FP-services-US#.

107. Center for Reproductive Rights (CRR), *Freezing of Title X Funds Will Deny Millions Access to Family Planning Services,* New York (NY): CRR, 2025. Online: https://reproductiverights.org/trump-title-x-freeze-family-planning/

108. Burroughs E, *A New Trump Administration Funding Freeze Imperils Reproductive Care*, Washington (DC): Urban Institute, 2025. Online: https://www.urban.org/urban-wire/new-trump-administration-funding-freeze-imperils-reproductive-care.

109. Guttmacher Institute, *The Domestic Gag Rule has Reduced Title X Network's Capacity by 46% Nationwide*, New York (NY): Guttmacher Institute, February 5, 2020. Online:

110. Sonfield A, A Fragmented System: *Ensuring Comprehensive Contraceptive Coverage in all US Health Insurance Plans,* New York (NY): Guttmacher Institute, 2021. Online: https://www.guttmacher.org/gpr/2021/02/fragmented-system-ensuring-comprehensive-contraceptive-coverage-all-us-health-insurance.

111. Ramaswamy A, Diep K, Frederiksen B, Salganicoff A, *Pharmacies as an Access Point for Expanding Contraceptive Care: A Geographic Analysis*, Palo Alto (CA): KFF, 2025. Online: https://www.kff.org/womens-health-policy/issue-brief/pharmacies-as-an-access-point-for-expanding-contraceptive-care-a-geographic-analysis/.

112. Geronimus AT, Bound J, Waidmann TA, Hillemeier MM, Burns PB, "Excess mortality among blacks and whites in the United States," *N Engl J Med,* 1996; 335(21): 1552-8. Online: 10.1056/NEJM199611213352102.

113. Geronimus AT, Bound J, Colen CG, "To live and die in the United States: Race, place, and black-white health inequalities during the 1990s," Paper presented at the Annual Meeting of the Population Association of America, New Orleans (LA), 2008.

114. Geronimus AT, Bound J, Waidmann TA, et al., "Excess mortality among blacks and whites in the United States," N Engl J Med, 1996; 335(21): 1552-8. Online: 10.1056/NEJM199611213352102.

115. Geronimus AT, Bound J, Waidmann TA, et al., "Excess mortality among blacks and whites in the United States," *N Engl J Med*, 1996; 335(21): 1552-8. Online: 10.1056/NEJM199611213352102.

116. Hirschey R, Xu J, Ericson K, et al., "A Systematic Review of Interpersonal Interactions Related to Racism in Studies Assessing Breast and Gynecological Cancer Health Outcomes Among Black Women," *J Racial Ethn Health Disparities*. 2024;11(5):3128-3138. Online: 10.1007/s40615-023-01769-1.

117. Tweedy D, "The Case for Black Doctors," *New York Times*, May 17, 2015. Online: https://www.nytimes.com/2015/05/17/opinion/sunday/the-case-for-black-doctors.html.

118. Stallings, E, "Black Patients, Black Physicians, and the Need to Improve Health Outcomes for Aftican Americans," *NBC News*, May 6, 2019. Online: https://www.nbcnews.com/news/nbcblk/black-patients-black-physicians-need-improve-health-outcomes-african-americans-n1000696.

119. Association of Black Cardiologists (ABCardio), *Advocacy*, Washington (DC): ABCardio, no date. Online: http://abcardio.org/advocacy.

120. National Heart, Lung, and Blood Institute (NHLBI), *Know the Differences: Cardiovascular Disease, Heart Disease, Coronary Heart Disease*, Rockville (MD): NHLBI, no date.

121. Centers for Disease Control and Prevention (CDC), *Heart Disease Facts*, Atlanta (GA): CDC, 2024. Online: https://www.cdc.gov/heart-disease/data-research/facts-stats/index.html.

122. Centers for Disease Control and Prevention (CDC), *Health, United States: Spotlight Racial and Ethnic Disparities in Heart Disease*, Atlanta (GA): CDC, 2019.

123. Centers for Disease Control and Prevention (CDC), *Health Spotlight: Racial and Ethnic Disparities in Heart Disease*, Atlanta (GA): CDC, 2019.

124. Beatty J, *H.Res.873 - 116th Congress (2019-2020): Recognizing the impact and importance of improving prevention, detection, and treatment modalities for African-American women with cardiovascular disease and diabetes.* Online: https://www.congress.gov/bill/116th-congress/house-resolution/873/text/ih.

125. Centers for Disease Control and Prevention (CDC), *Women and Stroke*, Atlanta (GA): CDC, 2023. https://www.cdc.gov/stroke/women.htm.

126. American Heart Association (AHA), *Heart Disease and Stroke in Black Women,* Dallas (TX): AHA, no date. Online: https://www.goredforwomen.org/en/about-heart-disease-in-women/facts/heart-disease-in-african-american-women.

127. Ogunniyi MO, Mahmoud Z, Commodore-Mensah Y, et al. "Eliminating Disparities in Cardiovascular Disease for Black Women: JACC Review Topic of the Week," *J Am Coll Cardiol.* 2022;80(18):1762-1771. Online: 10.1016/j.jacc.2022.08.769.

128. Beatty J, Text - *H.Res.873 - 116th Congress (2019-2020): Recognizing the impact and importance of improving prevention, detection, and treatment modalities for African-American women with cardiovascular disease and diabetes.* Online: https://www.congress.gov/bill/116th-congress/house-resolution/873/text/ih.

129. National Heart, Lung, and Blood Institute (NHLBI), *The TRUTH About African American Women and Heart Disease (Publication 23-HL-8206),* Bethesda (MD): NHLBI, 2023. Online: https://www.nhlbi.nih.gov/sites/default/files/publications/The_Truth_%20About_%20African_%20American_%20Women_%20and_%20Heart_%20Disease_%20Factsheet_0.pdf.

130. Centers for Disease Control and Prevention (CDC), *Heart Disease Risk Factors*, Atlanta (GA): CDC, 2024. Online:https://www.cdc.gov/heart-disease/risk-factors/index.html.

131. Thomas SJ, Booth JN, Dai C, et al., "Cumulative Incidence of Hypertension by 55 Years of Age in Blacks and Whites: The CARDIA Study," *J Am Heart Assoc*, 2018; 7(14): e007988. Online: 10.1161/JAHA.117.007988.

132. American Heart Association (AHA), *Most Black Americans Have High Blood Pressure by Age 55,* Dallas (TX): AHA, 2018. Online: https://newsroom.heart.org/news/most-black-adults-have-high-blood-pressure-before-age-55.

133. Centers for Disease Control and Prevention (CDC), *Leading Cause of Death – Females – Non-Hispanic Black, US 2019,* Atlanta (GA): CDC, 2019. Online: https://www.cdc.gov/women/lcod/2016/nonhispanic-black/index.htm

134. US Department of Health and Human Services (DHHS), Office of Minority Health, *Diabetes and African Americans*, Washington (DC): DHHS, 2023. Online: https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=18

135. US Department of Health and Human Services (DHHS), Office of Minority Health, *Diabetes and African Americans,* Washington (DC): DHHS, 2023. Online: https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=18

136. Centers for Disease Control and Prevention (CDC), *Leading Cause of Death – Females – All Races and Origins, 2021,* Atlanta (GA): CDC, 2024. Online: https://www.cdc.gov/womens-health/lcod/females.html#:~:text=Leading%20causes%20of%20death%2C%20Black,all%20ages%2C%202021%20data%20table.

137. Bougie O, Nwosu I, Warshafsky C, "Revisiting the impact of race/ethnicity in endometriosis," *Reprod. Fertil*, 2022; 3(2): R34-R41. Online: 10.1530/RAF-21-0106.

138. Li R, Kreher DA, Gubbels AL, et al., "Prevalence and Time of Diagnosis of Endometriosis across Racial and Ethnic Groups in the US," *MedEx preprint*, 2021. Online: https://doi.org/10.1101/2021.07.28.21261303.

139. U.S. Department of Health and Human Services (DHHS) Office on Women's Health, *Uterine Fibroids*, Washington (DC): DHHS, 2021. Online: https://www.womenshealth.gov/a-z-topics/uterine-fibroids

140. Goler Blount L, *It's Not Normal: Black Women, Stop Suffering from Fibroids,* Washington (DC): Black Women's Health Imperative, 2019. Online: https://bwhi.org/2019/04/03/its-not-normal-black-women-stop-suffering-from-fibroids/.

141. Berman JM, Bradley L, Hawkins SM, Levy B. "Uterine Fibroids in Black Women: A Race-Stratified Subgroup Analysis of Treatment Outcomes After Laparoscopic Radiofrequency Ablation," *J Womens Health* (Larchmt). 2022;31(4):593-599. Online: 10.1089/jwh.2020.9001.

142. Resilient Sisterhood Project, *Black Women and Polycystic Ovary Syndrome (PCOS),* Cambridge (MA): Resilient Sisterhood Project, no date. Online: https://rsphealth.org/pcos/.

143. Leaphart K, *Why Black Women Need Polycystic Ovarian Syndrome to Be Treated as a Reproductive Justice Issue*, New York (NY): The Century Foundation, 2024. Online: https://tcf.org/content/commentary/why-black-women-need-polycystic-ovarian-syndrome-to-be-treated-as-a-reproductive-justice-issue/.

144. Resilient Sisterhood Project, *Black Women and Polycystic Ovary Syndrome (PCOS),* Cambridge (MA): Resilient Sisterhood Project, no date. Online: https://rsphealth.org/pcos/.

145. Ndugga N, Pillai D, Artiga S, *Disparities in Health and Health Care: 5 Key Questions and Answers*, Palo Alto (CA): KFF, 2024. Online: https://www.kff.org/racial-equity-and-health-policy/issue-brief/disparities-in-health-and-health-care-5-key-question-and-answers/.

146. Powdthavee N, Lekfuangfu WN, Wooden M. "What's the good of education on our overall quality of life? A simultaneous equation model of education and life satisfaction for Australia," *J Behav Exp Econ*. 2015; 54: 10-21. Online: 10.1016/j.socec.2014.11.002.

147. National Institute of Child Health and Human Development (NICHD), *How do providers diagnose PCOS?,* Bethesda (MD): NICHD, 2024. Online: https://www.nichd.nih.gov/health/topics/pcos/conditioninfo/diagnose.

148. Malhotra P, *Black Women and Breast Cancer: Why Disparities Persist and How to End Them*, New York (NY): Breast Cancer Research Foundation, no date. Online: https://www.bcrf.org/about-breast-cancer/black-women-breast-cancer-disparities/.

149. National Cancer Institute (NCI), *Press Release: NCI Launches Largest Ever Study of Breast Cancer Genetics in Black Women,* Bethesda (MD): NCI, 2016. Online: www.cancer.gov/news-events/press-releases/2016/breast-cancer-genetics-black-women.

150. National Cancer Institute (NCI), *Press Release: NCI Launches Largest Ever Study of Breast Cancer Genetics in Black Women,* Bethesda (MD): NCI, 2016. Online: www.cancer.gov/news-events/press-releases/2016/breast-cancer-genetics-black-women.

151. World Health Organization (WHO), *Cervical Cancer*, Geneva (Switzerland): WHO, 2024. Online: https://www.who.int/news-room/fact-sheets/detail/cervical-cancer.

152. World Health Organization (WHO), *Human papillomavirus and cancer,* Geneva (Switzerland): WHO, 2024. Online: https://www.who.int/news-room/fact-sheets/detail/human-papilloma-virus-and-cancer.

153. Centers for Disease Control and Prevention (CDC), *Cancers Caused by HPV*, Atlanta (GA): CDC, 2025. Online: https://www.cdc.gov/hpv/about/cancers-caused-by-hpv.html#:~:text=cause%20these%20cancers.-,Recommendations,child's%20doctor%20about%20HPV%20vaccination.

154. Cryer K, *Why do Black women have the highest cervical cancer mortality compared to all other groups in the United States?,* Memphis (TN): St. Judes, 2024. Online: https://www.stjude.org/research/progress/2024/why-do-black-women-have-the-highest-cervical-cancer-mortality.html.

155. National Cancer Institute (NCI), *Cancer Stat Facts: Uterine Cancer*, Bethesda (MD): NCI, no date. Online: https://seer.cancer.gov/statfacts/html/corp.html.

156. Mei S, Chelmow D, Gecsi K, et al. "Health Disparities in Ovarian Cancer: Report From the Ovarian Cancer Evidence Review Conference," *Obstet Gynecol*. 2023;142(1):196-210. Online: 10.1097/AOG.0000000000005210.

157. Siegel RL, Miller KD, Fuchs HE, Jemal A, "Cancer statistics 2022," CA, 2022; 72(1): 7-33. Online: https://doi.org/10.3322/caac.21708.

158. Desmond D, Arter Z, Berenberg JL, Killeen JL, Bunch K, Merritt MA. "Racial and ethnic differences in tumor characteristics among endometrial cancer patients in an equal-access healthcare population," *Cancer Causes Control*. 2023; 34(11): 1017-1025. Online: 10.1007/s10552-023-01716-9.

159. Park AB, Darcy KM, Tian C, et al. "Racial disparities in survival among women with endometrial cancer in an equal access system," *Gynecol Oncol*. 2021; 163(1): 125-129. Online: 10.1016/j.ygyno.2021.07.022.

160. Centers for Disease Control and Prevention (CDC), *Ovarian Cancer by Race and Ethnicity*, Atlanta (GA): CDC, 2016. Online: www.cdc.gov/cancer/ovarian/statistics/race.htm.

161. The Resilient Sisterhood Project (RSP), *Black Women and Ovarian Cancer*, Boston (MA): RSP, no date. Online: https://www.rsphealth.org/ovarian-cancer.

162. Breast Cancer Prevention Partners (BCPP), *Johnson and Johnson's Toxic Talc: A Timeline Toward Victory*, San Francisco (CA): BCPP, no date. Online: https://www.bcpp.org/resource/johnson-and-johnsons-toxic-talc-a-timeline-toward-victory/#:~:text=For%20decades%2C%20J%26J%20kept%20this,downs%20of%20remaining%20product%20continued)

163. Johnson & Johnson, *Timeline of our Story*, New Brunswick (NJ): Johnson & Johnson, no date. Online : https://ourstory.jnj.com/johnson%E2%80%99s-baby-powder.

164. Behringer A, "The Cost of Being Silky Soft," *KCRW*, April 1, 2020. Online: https://www.kcrw.com/culture/shows/bodies/johnson-johnsons-baby-powder-lawsuit.

165. Chapman G, "Bankruptcy Judge Denies J&J Settlement Related to Baby Powder Containing Talc," *AP*, April 1, 2025. Online: https://apnews.com/article/johnson-talc-red-river-bankruptcy-tort-92635cde7709ede6712a6a56b1342ee2

166. Marmot M, Friel S, Bell R, Commission on Social Determinants of Health, et al., "Closing the gap in a generation: health equity through action on the social determinants of health," *Lancet*, 2008; 372: 1661–1669. Online: 10.1016/S0140-6736(08)61690-6.

167. Association of Black Cardiologists (ABCardio), *Advocacy*, Washington (DC): ABCardio, no date. Online: http://abcardio.org/advocacy.

168. Association of Black Cardiologists (ABCardio), *Advocacy*, Washington (DC): ABCardio, no date. Online: http://abcardio.org/advocacy/.

169. Association of Black Cardiologists (ABCardio), *Advocacy*, Washington (DC): ABCardio, no date. Online: http://abcardio.org/advocacy.

170. Rajkamur SV, "The High Cost of Insulin in the United States: An Urgent Call to Action," *Mayo Clinic Proceedings*, 2020; 95(1): 22-28. Online: https://www.mayoclinicproceedings.org/article/S0025-6196(19)31008-0/fulltext.

171. *Inflation Reduction Act of 2022*, Public Law No. 117-169. Online: https://www.congress.gov/bill/117th-congress/house-bill/5376/text.

172. Rymer JA, Fonseca E, Bhandary DD, et al., "Difference in Medication Adherence Between Patients Prescribed a 30-Day Versus 90-Day Supply After Acute Myocardial Infarction," *J Am Heart Assoc*, 2021; 10(1): e016215. Online: 10.1161/JAHA.119.016215.

173. University of Southern California (USC) Schaeffer Center, *Pharmacy Deserts Disproportionately Affect Black and Latino Residents in Largest US Cities*, Los Angeles (CA): USC, 2021. Online: https://healthpolicy.usc.edu/article/pharmacy-deserts-disproportionately-affect-black-and-latino-residents-in-largest-u-s-cities/#:~:text=Black%20and%20Latino%20neighborhoods%20in,racial%20and%20ethnic%20health%20disparities.

174. *Title VII, Public law 88-352, Section 2000e*. Online: https://www.eeoc.gov/statutes/title-vii-civil-rights-act-1964.

175. Association of Black Cardiologists (ABCardio), *Advocacy*, Washington (DC): ABCardio, no date. Online: http://abcardio.org/advocacy.

176. *H.R.4572 - Stephanie Tubbs Jones Uterine Fibroid Research and Education Act of 2023*. Online: https://www.congress.gov/bill/118th-congress/house-bill/4572.

177. *H.R.8247 - Uterine Fibroid Intervention and Gynecological Health Treatment Act of 2024*. Online: https://www.congress.gov/bill/118th-congress/house-bill/8247/text.

178. Floyd L, "Black Women Are Facing an Overwhelming Mental Health Crisis," *Prevention.com,* November 6, 2020. Online: https://www.prevention.com/health/mental-health/a33686468/black-women-mental-health-crisis.

179. Pendarvis, D, "Resilience: Understanding the Role of Coping in a Racialized Society Among Black Women," *ETD Collection. 20*, 2024. https://digitalcommons.pace.edu/etd/20.

180. Mental Health America (MHA), *Black and African American Communities and Mental Health,* Alexandria (VA): MHA, no date. Online: https://www.mhanational.org/issues/black-and-african-american-communities-and-mental-health.

181. Mental Health America (MHA), *Black and African American Communities and Mental Health*, Alexandria (VA): MHA, no date. Online: https://www.mhanational.org/issues/black-and-african-american-communities-and-mental-health.

182. Lin L, Stamm K, Christidis P, "How Diverse is the Psychology Workforce?" *Monitor on Psychology*, 2019; 49(2): 19. Online: https://www.apa.org/monitor/2018/02/datapoint.

183. Brown D, Blackmon S, Griffin-Fennell F, Darden T, Bannerman, D, "Intersectional Perspectives of Black Women's Mental Health: Strategies for Clinical Training," *Women & Therapy*, 2020; 43:3-4, 330-347. Online: 10.1080/02703149.2020.1729467.

184. Mental Health America (MHA), *Black and African American Communities and Mental Health*, Alexandria (VA): MHA, no date. Online: https://www.mhanational.org/issues/black-and-african-american-communities-and-mental-health.

185. Floyd L, "Black Women Are Facing an Overwhelming Mental Health Crisis," *Prevention.com*, November 6, 2020. Online: https://www.prevention.com/health/mental-health/a33686468/black-women-mental-health-crisis.

186. National Alliance on Mental Illness (NAMI), *Black/African American,* Arlington (VA): NAMI, no date. Online: https://www.nami.org/Your-Journey/Identity-and-Cultural-Dimensions/Black-African-American.

187. Spates K, "The Missing Link: The Exclusion of Black Women in Psychological Research and the Implications for Black Women's Mental Health," *SAGE Open*, 2012; 2(3). Online: https://doi.org/10.1177%2F2158244012455179.

188. *Reproductive Justice Futurisms Think Tank Convening*, Northampton (MA): Smith College and Amherst College, March 12-14, 2025.

189. Centers for Disease Control and Prevention (CDC), *About ART*, Atlanta (GA): CDC, 2024. Online: https://www.cdc.gov/art/about/index.html.

190. Jouannet P, "Evolution des techniques de l'assistance médicale à la procréation (AMP) [Evolution of assisted reproductive technologies]," *Bull Acad Natl Med*, 2009; 193(3): 573-82. Online: https://pubmed.ncbi.nlm.nih.gov/19883012/.

191. McFarling UL, "For Black Women, the Isolation of Infertility is Compounded by Barriers to Treatment," *STAT News*, October 14, 2020. Online: https://www.statnews.com/2020/10/14/for-black-women-isolation-of-infertility-compounded-by-barriers-to-treatment/.

192. Chandra A, Copen CE, Stephen EH, "Infertility and Impaired Fecundity in the United States, 1982–2010: Data from the National Survey of Family Growth," *National Center for Health Statistics,* November 67, August 14, 2013. Online: https://www.cdc.gov/nchs/data/nhsr/nhsr067.pdf.

193. Armstrong A, Plowden TC, "Ethnicity and assisted reproductive technologies," *Clin Pract (Lond),* 2012; 9(6): 651-658. Online: doi:10.2217/cpr.12.65.

194. American Society for Reproductive Medicine (ASRM), *Caring for Black Women Seeking Fertility Treatment: Challenges, Stigma, and Hope,* Washington (DC): ASRM, 2025. Online: https://www.asrm.org/news-and-events/asrm-news/latest-news/caring-for-black-women-seeking-fertility-treatment-challenges-stigma-and-hope/.

195. Goler Blount L, *It's Not Normal: Black Women, Stop Suffering from Fibroids*, Washington (DC): Black Women's Health Imperative, 2019. Online: https://bwhi.org/2019/04/03/its-not-normal-black-women-stop-suffering-from-fibroids/.

196. Gailey S, Bruckner TA, "Obesity among black women in food deserts: An 'omnibus' test of differential risk," *SSM Popul. Health*, 2019; 7: 100363. Online: 10.1016/j.ssmph.2019.100363.

197. Watson S, "Vaginal Douching: Helpful or Harmful?," *WebMD*, 2018. Online: https://www.webmd.com/women/guide/vaginal-douching-helpful-or-harmful.

198. McFarling UL, "For Black Women, the Isolation of Infertility is Compounded by Barriers to Treatment," *STAT News*, October 14, 2020. Online: https://www.statnews.com/2020/10/14/for-black-women-isolation-of-infertility-compounded-by-barriers-to-treatment/.

199. National Women's Law Center (NWLC), *The Importance of Equitable Access to Fertility Care for Black Women,* Washington (DC): NWLC, 2025. Online:https://nwlc.org/resource/the-importance-of-equitable-access-to-fertility-care-for-black-women/#:~:text=Access%20to%20fertility%20care%20is,related%20conditions%20like%20uterine%20fibroids.

200. Duff-Brown B, *Striking costs of infertility point to importance of IVF access and affordability*, Stanford (CA): Stanford University Institute for Economic Policy Research, 2024. Online: https://siepr.stanford.edu/news/striking-costs-infertility-point-importance-ivf-access-and-affordability#:~:text=But%20the%20costs%20remain%20high,cycles%2C%E2%80%9D%20the%20researchers%20write.

201. American Society for Reproductive Medicine (ASRM), *It Takes More Than One*, Washington (DC): ASRM, no date. Online: https://www.asrm.org/advocacy-and-policy/fact-sheets-and-one-pagers/it-takes-more-than-one/

202. Bhutta N, Chang AC, Dettling LD, et al., *FEDS Notes: Disparities in Wealth by Race and Ethnicity in the 2019 Survey of Consumer Finances,* Washington (DC): Board of Governors of the Federal Reserve System, September 28, 2020. Online: https://doi.org/10.17016/2380-7172.2797.

203. Gadson AK, Sauerbrun-Cutler MT, Eaton JL. "Racial Disparities in Fertility Care: A Narrative Review of Challenges in the Utilization of Fertility Preservation and ART in Minority Populations," *J Clin Med*. 2024;13(4):1060. Online: doi:10.3390/jcm13041060.

204. 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.

205. Centers for Disease Control and Prevention (CDC), *Assisted Reproductive Technology: National ART Summary,* Atlanta (GA): CDC, 2024. Online: https://www.cdc.gov/art/php/national-summary/index.html?cove-tab=0.

206. Center for Genetics and Society, *Surrogates face higher risk of pregnancy complications, study finds,* Berkeley (CA): Center for Genetics and Society, no date. Online: https://surrogacy360.org/relationship/surrogates/.

207. Roache M, "Ukraine's baby factories: the human cost of surrogacy," *Aljazeera*, September 13, 2018. Online: https://www.aljazeera.com/indepth/features/ukraine-baby-factories-human-cost-surrogacy-180912201251153.html.

208. Cyranoski D, "The CRISPR baby-scandal: what's next for human gene editing?" *Nature*, February 26, 2019. Online: https://www.nature.com/articles/d41586-019-00673-1.

209. Normili D, "Chinese scientist who produced genetically altered babies is sentenced to 3 years in jail," *Science Insider*, December 30, 2019. Online: https://www.sciencemag.org/news/2019/12/chinese-scientist-who-produced-genetically-altered-babies-sentenced-3-years-jail.

210. Voice of America (VOA), *WHO to Create Registry for Genetic Research*, Washington (DC): VOA, August 19, 2029. Online: https://www.voanews.com/science-health/who-create-registry-genetic-research.

211. Hammonds EM, Reverby SM, "Taking a Medical History: COVID, 'Mistrust,' and Racism," *the Mudsill*, 2021; 1(7). Online: https://themudsill.substack.com/p/the-mudsill-vol-1-no-7.

212. Sobowale K, "We Need More Black Physicians," *Scientific American,* July 17, 2020. Online: https://www.scientificamerican.com/article/we-need-more-black-physicians/.

213. Bajaj SS, Tu L, Stanford FC. "Superhuman, but never enough: Black women in medicine," *Lancet*. 2021;398(10309):1398-1399. Online: 10.1016/S0140-6736(21)02217-0.

214. Pepperrell T, Hill A, Moorhouse M, et al., "Phase 3 trials of new antiretrovirals are not representative of the global HIV epidemic," *J Virus Erad*, 2020; 6(2): 70-73.

215. Harrison R, *A Drug for Women, Tested on Men*, New Haven (CT): Yale School of Medicine, 2016. Online: https://medicine.yale.edu/news-article/11874/.

216. Blackstock O, "Barring cisgender women from the Descovy trials was a bad call," *STAT*, November 25, 2019. Online: https://www.statnews.com/2019/11/25/descovy-trials-excluded-cisgender-women-bad-call/.

217. KFF, *The Impact of HIV on Women in the United States,* Palo Alto (CA): KFF, 2024. Online: https://www.kff.org/hivaids/fact-sheet/women-and-hivaids-in-the-united-states/.

218. KFF, *The Impact of HIV on Women in the United States*, Palo Alto (CA): KFF, 2024. Online: https://www.kff.org/hivaids/fact-sheet/women-and-hivaids-in-the-united-states/.

219. Hellmann J, "Trump cancels NIH grants on equity research," *Roll Call*, March 24, 2025. Online: https://rollcall.com/2025/03/24/trump-cancels-nih-grants-on-equity-research/.

220. Hellmann J, "Trump cancels NIH grants on equity research," *Roll Call*, March 24, 2025. Online: https://rollcall.com/2025/03/24/trump-cancels-nih-grants-on-equity-research/.

221. Seminara M, "Universities are facing big cuts to research funding. At Duke, it's a time for 'damage control,'" *Associated Press*, March 8, 2025. Online:

222. Neergaard L, Pananjady K, "NIH research cuts threaten the search for life-saving cures and jobs in every state," *Associated Press*, March 6, 2025. Online: https://apnews.com/article/trump-science-medicine-research-cancer-funding-university-0ef3fa47694784e47b0ecd51680410ba.

223. Barot S, "The Need for a Revitalized National Research Agenda on Sexual and Reproductive Health," *Guttmacher Policy Review,* 2011; 14(1): 16-22. Online: https://www.guttmacher.org/gpr/2011/03/need-revitalized-national-research-agenda-sexual-and-reproductive-health.

224. Adebayo OW, Salerno JP, Francillon V, Williams JR, "A systematic review of components of community-based organisation engagement," *Health Soc Care Community*, 2018; 26(4): e474-e484. Online: 10.1111/hsc.12533.

225. The White House, *Blueprint for an AI Bill of Rights*, Washington (DC): White House, no date. Online: https://bidenwhitehouse.archives.gov/ostp/ai-bill-of-rights/.

226. Kelsey MD, Patrick-Lake B, Abdulai R, et al., "Inclusion and diversity in clinical trials: Actionable steps to drive lasting change," *Contemp Clin Trials*, 2022; 116: 106740. Online: 10.1016/j.cct.2022.106740.

227. US Food and Drug Administration (FDA), *Institutional Review Boards (IRBs) and Protections of Human Subjects in Clinical Trials,* Rockville (MD): FDA, 2019. Online: https://www.fda.gov/about-fda/center-drug-evaluation-and-research-cder/institutional-review-boards-irbs-and-protection-human-subjects-clinical-trials.

228. Hoppe TA, Litovitz A, Willis KA, et al., "Topic choice contributes to the lower rate of NIH awards to African-American/black scientists," *Science Advances*, 2019; 5(10): eaaw7238. Online: 10.1126/sciadv.aaw7238.

229. Dyer L, Hardeman R, Dovile V, Theall K, Wallace M, "Mass incarceration and public health: the association between black jail incarceration and adverse birth outcomes among black women in Louisiana," *BMC Pregnancy Childbirth, 2019*; 19: 525. Online: doi.org/10.1186/s12884-019-2690-z.

230. Budd KM, *Incarcerated Women and Girls,* Washington (DC): The Sentencing Project, 2024. Online: https://www.sentencingproject.org/publications/incarcerated-women-and-girls/.

231. Sufrin C, Jones RK, Mosher WD, Beal L, "Pregnancy Prevalence and Outcomes in U.S. Jails," *Obstet Gynecol.* 2020; 135(5): 1177-1183. Online: 10.1097/AOG.0000000000003834.

232. Swavola E, Riley K, Subramanian R, *Overlooked: Women and Jails in an Era of Reform*. New York (NY): Vera Institute of Justice, 2016.

233. Cohen A, *Cruel and Unusual: The Eighth Amendment Turned Upside Down,* New York (NY): Brennan Center, 2019. Online: https://www.brennancenter.org/our-work/analysis-opinion/cruel-and-usual-eighth-amendment-turned-upside-down.

234. Cohen A, *The Eighth Amendment, the Death Penalty, and the Supreme Court*, New York (NY): Brennan Center, 2022. Online: https://www.brennancenter.org/our-work/analysis-opinion/eighth-amendment-death-penalty-and-supreme-court.

235. Economic Policy Institute (EPI), *Rescission of Biden-era EOs on Racial Equity and Racial Justice for AANHPI, Black, Hispanic and Native Americans,* Washington (DC): EPI, 2025. Online: https://www.epi.org/policywatch/rescission-of-biden-era-eos-on-racial-equity-and-racial-justice-for-aanhpi-black-hispanic-and-native-americans/.

236. Asian Communities for Reproductive Justice, *A New Vision for Advancing our Movement for Reproductive Health, Reproductive Rights and Reproductive Justice,* 2005, page 6.

237. Mendoza C, Peterson M, Elakbawy S, *Black Women Won't Reach Pay Equity Until 2227,* Washington (DC): Institute for Women's Policy Studies, 2024. Online: https://iwpr.org/wp-content/uploads/2024/07/Black-Women-Wage-Gap-Fact-Sheet-2024.pdf.

238. Javaid S, *The Wage Gap Robs Women Working Full Time, Year-Round of Hundreds of Thousands of Dollars Over a Lifetime,* Washington (DC): National Women's Law Center, 2024. Online: https://nwlc.org/wp-content/uploads/2023/03/EPD-FS-2024-3.1.24.pdf.

239. Javaid S, *The Wage Gap Robs Women Working Full Time, Year-Round of Hundreds of Thousands of Dollars Over a Lifetime*, Washington (DC): National Women's Law Center, 2024. Online: https://nwlc.org/wp-content/uploads/2023/03/EPD-FS-2024-3.1.24.pdf.

240. Ross L, *Understanding Reproductive Justice*, Trust Black Women, 2011. Online: https://www.researchgate.net/publication/259857714_Understanding_Reproductive_Justice_Transforming_the_Pro-Choice_Movement.

241. Sonfeld A, Hasstedt K, Kavanaugh ML, Anderson R, *Social and Economic Benefits of Women's Ability to Determine Whether and When to Have Children*, New York (NY): Guttmacher Institute, 2013. Online: www.guttmacher.org/pubs/social-economic-benefits.pdf.

242. Taylor J, *It's 2020 and Black Women aren't Even Close to Equal Pay,* Washington (DC): NWLC, 2020. Online: https://nwlc.org/wp-content/uploads/2020/07/Black-Womens-Equal-Pay-Day-Factsheet-7.27.20-v3.pdf.

243. Bleiweiss R, Boesch D, Cawthorne Grimes A, *The Basic Facts about Women and Poverty,* Washington (DC): Center for American Progress, 2020. Online: https://www.americanprogress.org/article/basic-facts-women-poverty/.

244. Children's Defense Fund (CDF), *Child Poverty in America 2019: National Analysis*, Washington (DC): CDF, 2020.

245. Hansen M, *Student Loan Debt by Race,* Education Data Initiative, 2025. Online: https://educationdata.org/student-loan-debt-by-race.

246. Pew Research Center (Pew), *How Wealth Inequality has changed in the U.S., since the Great Recession, by race, ethnicity and income,* Washington (DC): Pew, 2017. Online: https://www.pewresearch.org/fact-tank/2017/11/01/how-wealth-inequality-has-changed-in-the-u-s-since-the-great-recession-by-race-ethnicity-and-income/.

247. Mckernan SM, Ratcliffe C, Steuerle E, Zhang S, *Impact of the Great Recession and Beyond: Disparities in Wealth Building by Generation and Race,* Washington (DC): Urban Institute, 2014. Online: https://www.urban.org/sites/default/files/alfresco/publication-pdfs/413102-Impact-of-the-Great-Recession-and-Beyond.PDF.

248. US Black Chambers, Inc., *Black Business Owners' Ranks Collapse by 41% in U.S. Lockdowns*, Washington (DC): US Black Chambers, no date.

249. Mahoney A, Wright A, "'We're the First to Go': Black Businesses Brace for Trump's Tariffs," *Capital B*, April 11, 2025. Online: https://capitalbnews.org/black-owned-businesses-trump-tariffs-costs/.

250. Romig K, Bryant K, *A National paid Leave Program Would Help Workers, Families,* Washington (DC): Center on Budget and Policy Priorities, 2021. Online: https://www.cbpp.org/research/economy/a-national-paid-leave-program-would-help-workers-families.

251. AFL-CIO, *5 Ways the PRO Act Will Help Address Systemic Racism,* Washington (DC): AFL-CIO, 2021. Online: https://aflcio.org/2021/4/29/5-ways-pro-act-will-help-address-systemic-racism.

252. AFL-CIO, *What is the PRO Act?,* Washington (DC): AFL-CIO, 2021.. https://aflcio.org/pro-act.

253. McNicolas C, Poydock M, Rhinehart L, *How the PRO Act restores workers' right to organize,* Washington (DC): Economic Policy Institute, 2021. Online: https://www.epi.org/publication/pro-act-problem-solution-chart/.

254. Baker D, *This is What Minimum Wage Would be if it Kept Pace with Productivity,* Washington (DC): Center for Economic Policy Research, 2020. Online: https://cepr.net/this-is-what-minimum-wage-would-be-if-it-kept-pace-with-productivity/.

255. National Student Debt Forgiveness Center, *The Biden-Harris Administration's Student Debt Relief Plan Explained,* Hauppauge (NY): National Student Debt Forgiveness Center, no date. Online:

256. The CROWN Coalition, The *CROWN Act*, no date. Online: https://www.thecrownact.com/about.

257. US Congress, *Commission to Study and Develop Reparation Proposals for African Americans Act*, Washington (DC): US Congress, 2021. Online: https://www.congress.gov/bill/117th-congress/house-bill/40/text.

258. The Century Foundation, *Closing America's Education Funding Gaps,* New York (NY): The Century Foundation, 2020. Online: https://tcf.org/content/about-tcf/tcf-study-finds-u-s-schools-underfunded-nearly-150-billion-annually/.

259. Annie E Casey Foundation, *Racial Inequality in Education,* Baltimore (MD): Annie E Casey Foundation, 2024. Online: https://www.aecf.org/blog/racial-inequality-in-education#:~:text=Black%20students%2C%20for%20example%2C%20are,by%20the%20Albert%20Shanker%20Institute.

260. United Way of the National Capital Area (NCA), *Understanding Racial Inequality in Education: Challenges and Solutions*, Washington (DC): United Way NCA, 2025. Online: https://unitedwaynca.org/blog/racial-inequality-in-education/#:~:text=Socioeconomic%20Factors%20and%20Implicit%20Bias,support%20they%20need%20to%20succeed.

261. Darling-Hammond L, *Unequal Opportunity: Race and Education,* Washington (DC): Brookings Institution, 1998. Online: https://www.brookings.edu/articles/unequal-opportunity-race-and-education/.

262. US Department of Education, *Data Point: Mental Health Staff in Public Schools, by School Racial and Ethnic Composition,* Washington (DC): DoE, 2019. https://nces.ed.gov/pubs2019/2019020.pdf.

263. Partelow L, Shapiro S, McDaniels A, et al., *Fixing Chronic Disinvestment in K-12 Schools,* Washington (DC): Center for American Progress, 2018. Online: https://www.americanprogress.org/issues/education-k-12/reports/2018/09/20/457750/fixing-chronic-disinvestment-k-12-schools/.

264. Center for Reinventing Public Education (CRPE), *How Has the Pandemic Affected Students' Social-Emotional Well-Being? A Review of the Evidence to Date,* Tempe (AZ): CRPE, 2021. Online: https://crpe.org/wp-content/uploads/SEL-report-2021-final-8-10.pdf.

265. U.S. Department of Education (DoE), *Supporting Child and Student Social, Emotional, Health, and Behavioral Health Needs,* Washington (DC): DoE, no date. Online: https://www.ed.gov/sites/ed/files/documents/students/supporting-child-student-social-emotional-behavioral-mental-health.pdf.

266. Legal Defense Fund (LDF), *LDF Sounds Alarm on Trump Administration's Attempt to Reinvigorate Pseudo-Scientific Racism and Erase Black People from American History,* Washington (DC):LDF, March 29, 2025. Online: https://www.naacpldf.org/press-release/ldf-sounds-alarm-on-trump-administrations-attempt-to-re-invigorate-pseudo-scientific-racism-and-erase-black-people-from-american-history/.

267. Ray R, Gibbons A, *Commentary: Why are states banning critical race theory?,* Washington (DC): Brookings Institute, 2021. Online. https://www.brookings.edu/articles/why-are-states-banning-critical-race-theory/.

268. PEN America, *Banned in the USA: Beyond the Shelves,* New York (NY): PEN America, 2024. Online: https://pen.org/report/beyond-the-shelves/ .

269. Hartocollis A, Fawcett E, "The College Board Strips Down Its A.P. Curriculum for African American Studies," *New York Times*, February 1, 2023. Online: https://www.nytimes.com/2023/02/01/us/college-board-advanced-placement-african-american-studies.html.

270. Darling-Hammond S, Ho E. "No Matter How You Slice It, Black Students Are Punished More: The Persistence and Pervasiveness of Discipline Disparities,"*AERA Open*, 2024; 10. Online: https://doi.org/10.1177/23328584241293411.

271. American Civil Liberties Union (ACLU), *Legal Justice: School-to-Prison Pipeline,* New York (NY): ACLU, no date. Online: https://www.aclu.org/issues/racial-justice/school-prison-pipeline.

272. Crenshaw K, *Black Girls and the School-To-Prison Pipeline* | MAKERS Moment, YouTube, June 19, 2023. Online: https://www.youtube.com/watch?v=LkfhGbHw78M.

273. Williams Crenshaw K, Ocen P, Nanda J, *Black Girls Matter: Pushed Out, Overpoliced, and Underprotected,* New York (NY): Columbia University Center for Intersectionality and Social Policy Studies, 2015. Online: https://www.atlanticphilanthropies.org/wp-content/uploads/2015/09/BlackGirlsMatter_Report.pdf.

274. Williams Crenshaw K, Ocen P, Nanda J, *Black Girls Matter: Pushed Out, Overpoliced, and Underprotected*, New York (NY): Columbia University Center for Intersectionality and Social Policy Studies, 2015. Online: https://www.atlanticphilanthropies.org/wp-content/uploads/2015/09/BlackGirlsMatter_Report.pdf.

275. EdTrust, *Black Student Debt (Series),* Washington (DC): EdTrust, no date. Online: https://edtrust.org/series/black-student-debt/.

276. Lee-Sanders D, *How the Supreme Court Decision Blocking Student Loan Forgiveness Affects Black Women Like Me,* Washington (DC): EdTrust, August 7, 2023. Online: https://edtrust.org/blog/how-the-supreme-court-decision-blocking-student-loan-forgiveness-affects-black-women-like-me/.

277. Smith DA, Moutrie T, *Black Women's Experiences Financing Their College Education,* New York (NY): The Century Foundation, 2024. Online: https://tcf.org/content/report/black-womens-experiences-financing-their-college-education/#:~:text=Black%20women%20finish%20their%20undergraduate,among%20all%20students%20is%20$13%2C500.

278. Lee-Sanders D, *How the Supreme Court Decision Blocking Student Loan Forgiveness Affects Black Women Like Me,* Washington (DC): EdTrust, August 7, 2023. Online: https://edtrust.org/blog/how-the-supreme-court-decision-blocking-student-loan-forgiveness-affects-black-women-like-me/.

279. Smith DA, Moutrie T, *Black Women's Experiences Financing Their College Education,* New York (NY): The Century Foundation, 2024. Online: https://tcf.org/content/report/black-womens-experiences-financing-their-college-education/#:~:text=Black%20women%20finish%20their%20undergraduate,among%20all%20students%20is%20$13%2C500.

280. Lee-Sanders D, *How the Supreme Court Decision Blocking Student Loan Forgiveness Affects Black Women Like Me,* Washington (DC): EdTrust, August 7, 2023. Online: https://edtrust.org/blog/how-the-supreme-court-decision-blocking-student-loan-forgiveness-affects-black-women-like-me/.

281. Hammond M, Owens L, Gulko B, HBCUs *Transforming Generations: Social Mobility Outcomes for HBCU Alumni*, Washington (DC): UNCF, 2021. Online https://uncf.org/news/hbcus-fuel-the-american-middle-class.

282. Bevins F, Fox K, Pinder D, Sarakatsannis J, Stewart S, *How historically Black universities and colleges are drivers of U.S. growth*, Davos (Switzerland): World Economic Forum, August 10, 2021. Online: https://www.weforum.org/stories/2021/08/mckinsey-report-highlights-importance-of-supporting-hbcus-in-the-united-states/.

283. The White House, *The Economics of HBCUs,* Washington (DC): The White House, May 16, 2024. Online: https://bidenwhitehouse.archives.gov/cea/written-materials/2024/05/16/the-economics-of-hbcus/.

284. Fergussen HT, *Trump's FY 2026 Budget Request Calls for Decreasing Maximum Pell Grant and More Reductions for Student Aid Programs,* Washington (DC): National Association of Student Financial Aid Administrators, June 2, 2025. Online: https://www.nasfaa.org/news-item/36431/Trump_s_FY_2026_Budget_Request_Calls_for_Decreasing_Maximum_Pell_Grant_and_More_Reductions_for_Student_Aid_Programs.

285. Sequeria R, "Black colleges ponder their future as Trump makes cuts to education dollars," *Stateline*, April 3, 2025. Online: https://stateline.org/2025/04/03/black-colleges-ponder-their-future-as-trump-makes-cuts-to-education-dollars/.

286. The White House, *Executive Order: White House Initiative to Promote Excellence and Innovation at Historically Black Colleges and Universities,* Washington (DC): The White House, April 23, 2025. Online: https://www.whitehouse.gov/presidential-actions/2025/04/white-house-initiative-to-promote-excellence-and-innovation-at-historically-black-colleges-and-universities/.

287. Legal Defense Fund (LFD), *LDF Denounces Trump Administration's Fiscal Year 2026 Budget Proposal,* Washington (DC): LDF, May 5, 2025. Online: https://www.naacpldf.org/press-release/ldf-denounces-trump-administrations-fiscal-year-2026-budget-proposal/.

288. Darling-Hammond L, *Unequal Opportunity: Race and Education,* Washington (DC): Brookings Institution, 1998. Online: https://www.brookings.edu/articles/unequal-opportunity-race-and-education/.

289. National Center for Education Statistics, *Enrollment Rates of Young Children,* Washington (DC): U.S. Department of Education, Institute of Education Resources, 2023. Online: https://nces.ed.gov/programs/coe/indicator/cfa/enrollment-of-young-children#:~:text=Between%202021%20and%202022%2C%20the,from%2079%20to%2084%20percent).

290. Department of Education (DoE), *FACT SHEET: U.S. Department of Education's 2022 Proposed Amendments to its Title IX Regulations,* Washington (DC), DoE, no date. Online: https://www.ed.gov/sites/ed/files/about/offices/list/ocr/docs/t9nprm-factsheet.pdf.

291. The White House, *FACT SHEET: Biden-Harris Administration Announces $1.3 Billion in Additional Funding and a Record of Over $17 Billion in Total Support for Historically Black Colleges and Universities (HBCUs),* Washington (DC): White House, September 16, 2024. Online: https://bidenwhitehouse.archives.gov/briefing-room/statements-releases/2024/09/16/fact-sheet-biden-harris-administration-announces-1-3-billion-in-additional-funding-and-a-record-of-over-17-billion-in-total-support-for-historically-black-colleges-and-universities-hbcus/.

292. Montero A, Hamel L, Artiga S, Dawson L, *LGBT Adults' Experiences with Discrimination and Health Care Disparities: Findings from the KFF Survey of Racism, Discrimination, and Health*, Palo Alto (CA): KFF, 2024. Online: https://www.kff.org/racial-equity-and-health-policy/poll-finding/lgbt-adults-experiences-with-discrimination-and-health-care-disparities-findings-from-the-kff-survey-of-racism-discrimination-and-health/.

293. Human Rights Watch (HRW), *You Don't Want Second Best: Anti-LGBT Discrimination in Health Care,* New York (NY): HRW, 2018. Online: https://www.hrw.org/report/2018/07/23/you-dont-want-second-best/anti-lgbt-discrimination-us-health-care#.

294. Human Rights Watch (HRW), *You Don't Want Second Best: Anti-LGBT Discrimination in Health Care,* New York (NY): HRW, 2018. Online: https://www.hrw.org/report/2018/07/23/you-dont-want-second-best/anti-lgbt-discrimination-us-health-care#.

295. Montero A, Hamel L, Artiga S, Dawson L, *LGBT Adults' Experiences with Discrimination and Health Care Disparities: Findings from the KFF Survey of Racism, Discrimination, and Health,* Palo Alto (CA): KFF, 2025. Online: https://www.kff.org/racial-equity-and-health-policy/poll-finding/lgbt-adults-experiences-with-discrimination-and-health-care-disparities-findings-from-the-kff-survey-of-racism-discrimination-and-health/#:~:text=A%20quarter%20(24%25)%20of,White%20LGBT%20adults%20(4%25).

296. Howard SD, Lee KL, Nathan AG, et al., "Healthcare Experiences of Transgender People of Color," *J. Gen. Intern. Med.* 2019; 34: 2068–2074.

297. Casanova-Perez R, Apodaca C, Bascom E, et al., "Broken down by bias: Healthcare biases experienced by BIPOC and LGBTQ+ patients." *AMIA Annu Symp Proc,* 2022; 2021: 275-284. Online: https://pmc.ncbi.nlm.nih.gov/articles/PMC8861755/.

298. Macapagal K, Bhatia R, Greene GJ. "Differences in healthcare access, use, and experiences within a community sample of racially diverse lesbian, gay, bisexual, transgender, and questioning emerging adults," *LGBT Health*, 2016; 3(6): 434-442.

299. Yearby R, "Structural Racism and Health Disparities: Reconfiguring the Social Determinants of Health Framework to Include the Root Cause," *J. of L. Med. & Ethics,* 2020; 48: 518-526.

300. Krehely J, *How to Close the LGBT Health Disparities Gap: Disparities by Race and Ethnicity,* Washington (DC): Center for American Progress, 2009.

301. Randall VR, "Race, Health Care and the Law Regulating Racial Discrimination in Health Care," *United Nations Research Institute for Social Development Conference*, September 2001.

302. Yearby R, "Breaking The Cycle of 'Unequal Treatment' with Health Care Reform: Acknowledging and Addressing the Continuation of Racial Bias," 44 Conn. *L. Rev,* 2012; 44(4): 1281-1324.

303. Institute of Medicine (US) Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care, Smedley BD, Stith AY, Nelson AR (editors), *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care,* Washington (DC): National Academies Press, 2003.

304. Brown GR, Jones KT, "Racial Health Disparities in a Cohort of 5,135 Transgender Veterans," *J. Racial and Ethnic Health Disparities,* 2014; 1: 257-266.

305. Human Rights Campaign (HRC), *Map: Attacks on Gender-Affirming Care by State,* Washington (DC): HRC, 2024. Online: https://www.hrc.org/resources/attacks-on-gender-affirming-care-by-state-map.

306. Messerly M, "Health care access for trans youth is crumbling, and not just in red states," *Politico*, April 23, 2023. Online: https://www.politico.com/news/2023/04/23/docs-who-treat-trans-youth-under-attack-00093322.

307. Movement Advancement Project (MAP), *LGBTQ Curricular Laws*, Boulder (CO): MAP, no date. Online: https://www.lgbtmap.org/equality-maps/curricular_laws.

308. Movement Advancement Project (MAP), *Forced Outing of Transgender Youth in Schools*, Boulder (CO): MAP, no date. Online: https://www.lgbtmap.org/equality-maps/youth/forced_outing.

309. Congressional Equality Caucus, *Equality Caucus Celebrates Passage of the LGBTQI+ Data Inclusion Act,* Washington (DC): Congressional Equality Caucus, June 23, 2022. Online: https://lgbtq.house.gov/media-center/press-releases/equality-caucus-celebrates-house-passage-of-the-lgbtqi-data-inclusion.

310. Black Women's Blueprint, Tomlinson YMS, *Invisible Betrayal: Police Violence and the Rapes of Black Women in the United States,* Brooklyn (NY): Black Women's Blueprint, 2014. Online: https://enforcerapelaws.org/wp-content/uploads/2015/07/invisible-betrayal-final.pdf.

311. Cohen L, "Police in the U.S. Killed 164 Black People in the First 8 Months of 2020. These Are Their Names. (Part I: January-April)," *CBSnews.com*, September 10, 2020. Online: https://www.cbsnews.com/pictures/black-people-killed-by-police-in-the-u-s-in-2020/.

312. Booker B, "Protests in Black and White, and the Different Response of Law Enforcement," *National Public Radio,* January 7, 2021. Online: https://www.npr.org/2021/01/07/954568499/protests-in-white-and-black-and-the-different-response-of-law-enforcement.

313. Campaign Zero, *Mapping Police Violence: 2024 Was the Deadliest Year for Police Violence,* Campaign Zero, 2025. Online: https://campaignzero.org/research/mapping-police-violence-2024-was-the-deadliest-year-for-police-violence/.

314. Campaign Zero, Mapping Police Violence, Campaign Zero, 2025. Online: https://mappingpoliceviolence.org/.

315. https://www.stanfordlawreview.org/print/article/disabling-families/.

316. Movement for Family Power, *Abolishing the Family Policing System: A Reproductive Justice Imperative, Movement for Family Power*, no date. Online: https://www.movementforfamilypower.org/library/abolishing-the-family-policing-system-a-reproductive-justice-imperative.

317. United Nations, *We need more human rights,* New York (NY): UN, no date. Online: https://www.ohchr.org/en/ohchr_homepage.

318. Roberts D, *Building a World Without Family Violence,* Law and Political Economy Project, 2023. Online: https://lpe-project.org/blog/building-a-world-without-family-policing/.

319. Smith DY, Roane A, "Child Removal Fears and Black Mothers' Medical Decision-Making," *Contexts*, 2023; 22(1): 18-23. Online: doi.org/10.1177/15365042221142834.

320. Maternal Mortality Review Committee, *Pregnancy-Associated Mortality in New York City, 2016-2020*, New York (NY): New York City Department of Health and Mental Hygiene, 2024. Online: https://www.nyc.gov/assets/doh/downloads/pdf/ms/pregnancy-associated-mortality-report-2016-2020.pdf.

321. Kamara K, *The Epidemic of Black Women Overdoses,* Philadelphia (PA): University of Pennsylvania, Leonard David Institute of Health Economics, 2023. Online: https://ldi.upenn.edu/our-work/research-updates/the-epidemic-of-black-women-overdoses/.

322. Tachibana C, *Opioid Crisis Is a Major Contributor to Maternal Mortality,* Philadelphia (PA): University of Pennsylvania, Leonard David Institute of Health Economics, 2024. Online: https://ldi.upenn.edu/our-work/research-updates/opioid-crisis-is-a-major-contributor-to-maternal-mortality/.

323. Thumath M, Humphreys D, Barlow J, et al., "Overdose among mothers: The association between child removal and unintentional drug overdose in a longitudinal cohort of marginalised women in Canada,." *Int J Drug Policy*. 2021; 91: 102977. Online: 10.1016/j.drugpo.2020.102977.

324. Schoneich S, Plegue M, Waidley V, et al., "Incidence of Newborn Drug Testing and Variations by Birthing Parent Race and Ethnicity Before and After Recreational Cannabis Legalization," *JAMA Netw Open*, 2023; 6(3): e232058. Online:10.1001/jamanetworkopen.2023.2058.

325. Tobin-Tyler E, "Abortion Rights and the Child Welfare System: How Dobbs Exacerbates Existing Racial Inequities and Further Traumatizes Black Families," *Journal of Law, Medicine & Ethics,* 2023; 51(3): 575-583. Online: 10.1017/jme.2023.111.

326. Sewell AA, Gilbert KL, Ray R, Roberts JD, *Is Atlanta's Cop City the answer to public safety?,* Washington (DC): Brookings Institute, 2025. Online: https://www.brookings.edu/articles/is-atlantas-cop-city-the-answer-to-public-safety/.

327. The Hub, *Cop Cities*, USA, Philadelphia (PA): The Hub, no date. Online: https://communityresourcehub.org/resource/cop-cities-usa/.

328. Valenzuela V, As "Cop Cities" Spread to Nearly Every State, Activists Are Pushing Back, *Truthout*, September 12, 2024. Online: https://truthout.org/articles/as-cop-cities-spread-to-nearly-every-state-activists-are-pushing-back/.

329. Boyle P,Weiner S, "Bans on abortion and transgender care have criminalized medicine, putting patients and doctors at risk," *AAMC News*, November 11, 2024. Online: https://www.aamc.org/news/bans-abortion-and-transgender-care-have-criminalized-medicine-putting-patients-and-doctors-risk#:~:text=Bans%20on%20abortion%20and%20transgender%20care%20have,patients%20and%20doctors%20at%20risk%20%7C%20AAMC.&text=Politically%20motivated%20state%20laws%20that%20ban%20abortion,physicians%20told%20academic%20medicine%20leaders%20on%20Nov

330. The Movement for Black Lives (M4BL), *The Breathe Act,* Cleveland (OH): M4BL, no date. Online: https://breatheact.org/learn-more/.

331. Roberts D, *Building a World Without Family Policing, Law and Political Economy Project*, 2023. Online: https://lpe-project.org/blog/building-a-world-without-family-policing/.

332. Heller SB, "Summer jobs reduce violence among disadvantaged youth," *Science*, 2014; 346(6214): 1219-23. Online: 10.1126/science.1257809. PMID: 25477459.

333. Centers for Disease Control and Prevention (CDC), *The National Intimate Partner and Sexual Violence Survey (NISVS).* Atlanta (GA): National Center for Injury Prevention and Control, 2022.

334. Centers for Disease Control and Prevention (CDC), *About Sexual Violence,* Atlanta (GA): CDC, 2024. Online: https://www.cdc.gov/sexual-violence/about/?CDC_AAref_Val=https://www.cdc.gov/violenceprevention/sexualviolence/fastfact.html.

335. National Center on Violence Against Women in the Black Community, *Black Women and Sexual Assault,* Washington (DC): Ujima Community, 2018.

336. National Center on Violence Against Women in the Black Community, *Black Women and Sexual Assault*, Washington (DC): Ujima Community, 2018.

337. Barlow JN, *Black women, the forgotten survivors of sexual assault,* Washington (DC): American Psychological Association, 2020. Online: https://www.apa.org/pi/about/newsletter/2020/02/black-women-sexual-assault.

338. Centers for Disease Control and Prevention (CDC), *About Sexual Violence,* Atlanta (GA): CDC, 2024. Online: https://www.cdc.gov/intimate-partner-violence/about/index.html.

339. Women's Leadership and Resource Center, *Domestic Violence against Black Women*, Chicago (IL): University of Illinois, Chicago, 2014. Online: https://wlrc.uic.edu/bwdv/.

340. Waller BY, Joseph VA, Keyes KM, "Racial inequities in homicide rates and homicide methods among Black and White women aged 25–44 years in the USA, 1999–2020: a cross-sectional time series study," *Lancet*, 2024; 403(10430): 935-945. Online: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)02279-1/abstract.

341. Petrosky E, Blair JM, Betz CJ, et al., "Racial and Ethnic Differences in Homicides of Adult Women and the Role of Intimate Partner Violence — United States, 2003–2014," *MMWR Morb Mortal Wkly Rep,* 2017; 66:741–746. Online: http://dx.doi.org/10.15585/mmwr.mm6628a1.

342. National Coalition Against Domestic Violence (NCADV). *Domestic Violence and the LGBTQ Community,* Austin (TX): NCADV, 2018. Online: https://ncadv.org/blog/posts/domestic-violence-and-the-lgbtq-community.

343. National Coalition Against Domestic Violence (NCADV). *Domestic Violence and the LGBTQ Community,* Austin (TX): NCADV, 2018. Online: https://ncadv.org/blog/posts/domestic-violence-and-the-lgbtq-community.

344. Tillman S, Bryant-Davis T, Smith K, et al., "Shattering Silence: Exploring Barriers to Disclosure for African American Sexual Assault Survivors," *Trauma, Violence, & Abuse,* 2010; 11(2): 59–70. Online: https://doi.org/10.1177/1524838010363717.

345. Pokorak JJ, "Rape as a badge of slavery: the legal history of, and remedies for, prosecutorial race-of-victim charging disparities," *Nev Law J,* 2006; 7(1): 1-54. Online: https://scholars.law.unlv.edu/nlj/vol7/iss1/2.

346. Saar MS, Epstein R, Rosenthal L, et al., *The Sexual Abuse to Prison Pipeline: The Girls' Story,* Washington (DC): Center for Poverty and Inequality, Georgetown University Law Center, 2017. Online: https://genderjusticeandopportunity.georgetown.edu/wp-content/uploads/2020/06/The-Sexual-Abuse-To-Prison-Pipeline-The-Girls%E2%80%99-Story.pdf.

347. Myers A, "What You Need to Know About the Sexual Abuse to Prison Pipeline," *National Organization for Women Blog*, June 22, 2016. Online: http://now.org/blog/what-you-need-to-know-about-the-sexual-abuse-to-prison-pipeline/.

348. Saar MS, Epstein R, Rosenthal L, et al., *The Sexual Abuse to Prison Pipeline: The Girls' Story,* Washington (DC): Center for Poverty and Inequality, Georgetown University Law Center, 2017. Online: https://genderjusticeandopportunity.georgetown.edu/wp-content/uploads/2020/06/The-Sexual-Abuse-To-Prison-Pipeline-The-Girls%E2%80%99-Story.pdf.

349. Buehler ED, *Sexual Victimization Reported by Adult Correctional Authorities, 2016-2018*, Washington (DC): Department of Justice, Office of Justice Programs, 2021. Online: bjs.ojp.gov/content/pub/pdf/svraca1618.pdf.

350. National Network to End Domestic Violence (NNEDV), *Family Violence Prevention and Services Act (FVPSA),* Washington (DC): NNEDV, 2017. Online: https://nnedv.org/content/family-violence-prevention-services-act/.

351. 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."

352. National Archives, *Eyewitness: Confrontations for Justice,* Washington (DC), National Archives, no date. Online: https://www.archives.gov/exhibits/eyewitness/html.php?section=2.

353. The Brennan Center for Justice (BC), *Voting Laws Roundup: 2024 in Review,* New York (NY): BC, January 15, 2025. Online: https://www.brennancenter.org/our-work/research-reports/voting-laws-roundup-2024-review.

354. The Brennan Center for Justice (BC), *Voting Laws Roundup 2023,* New York (NY): BC, February 27, 2023. Online: https://www.brennancenter.org/our-work/research-reports/voting-laws-roundup-february-2023.

355. The White House, *A Guidebook to the Bipartisan Infrastructure Law,* Washington (DC): White House, 2024. Online: https://bidenwhitehouse.archives.gov/build/guidebook/

356. The White House, *Executive Orders,* Washington (DC): White House, no date. Online: https://www.whitehouse.gov/presidential-actions/executive-orders/.

357. Chandra M, Rai CB, Kumari N, et al., "Air Pollution and Cognitive Impairment across the Life Course in Humans: A Systematic Review with Specific Focus on Income Level of Study Area," *Int J Environ Res Public Health*, 2022; 19(3): 1405. Online: 10.3390/ijerph19031405.

358. Centers for Disease Control and Prevention (CDC), *Most Recent National Asthma Data*, Atlanta (GA): CDC, 2022. Online: https://www.cdc.gov/asthma/most_recent_national_asthma_data.htm.

359. National Center for Health Statistics, *National Vital Statistics System: Underlying Cause of Death 2018-2021,* Atlanta (GA): Centers for Disease Control and Prevention, 2022. Online: https://wonder.cdc.gov/ucd-icd10-expanded.html.

360. Human Rights Watch, "*We're Dying Here": The Fight for Life in a Louisiana Fossil Fuel Sacrifice Zone,* New York (NY): Human Rights Watch, January 25, 2024. Online: https://www.hrw.org/news/2024/01/25/us-louisianas-cancer-alley.

361. National Health and Nutrition Examination Survey, "QuickStats: Percentage of Children Aged 1–5 Years with Elevated Blood Lead Levels, by Race/Ethnicity — National Health and Nutrition Examination Survey, United States, 1988–1994, 1999–2006, and 2007–2014," *MMWR Morb Mortal Wkly* Rep, 2016; 65:1089. Online: https://www.cdc.gov/mmwr/volumes/65/wr/mm6539a9.htm.

362. Chen M, "This Town is Sick of Drinking Polluted Water," *The Nation*, August 19, 2016. Online: https://www.thenation.com/article/archive/this-town-is-sick-of-drinking-polluted-water/.

363. Crabtree S, *Most Black, Hispanic Adults Very Worried About Tainted Water,* Irvine (CA): Gallup, May 10, 2023. Online: https://news.gallup.com/poll/505532/black-hispanic-adults-worried-tainted-water.aspx.

364. PerryUndem Research/Communications, *Results from a National Survey of Black Adults,* Washington (DC): PerryUndem, 2017. Online: https://view.publitas.com/perryundem-research-communication/black-american-survey-report_final/page/1.

365. NielsenIQ, *Black Impact: Consumer Categories where African Americans Move Markets*, Chicago (IL): Nielson, 2018. Online: https://www.nielsen.com/us/en/insights/article/2018/black-impact-consumer-categories-where-african-americans-move-markets/.

366. Nudelman J, Gillan L, Siracuse B, Wilhelm E, *The Non-Toxic Black Beauty Product Project,* San Francisco (CA): Campaign for Safe Cosmetics, 2023. Online: https://www.safecosmetics.org/wp-content/uploads/2024/10/Black-Beauty-Project-Report_06-29-2023.pdf.

367. Chaudry I, *Harmful Chemicals in Personal Care and Cosmetic Products Lead to Negative Health Outcomes for Women,* Coalition for Sensible Safeguards, 2019. Online: https://sensiblesafeguards.org/harmful-chemicals-in-personal-care-and-cosmetic-products-lead-to-negative-health-outcomes-for-women/.

368. "J&J Knew for decades that asbestos lurked in its Baby Powder: Reuters", *CNBC,* December 14, 2018. Online: https://www.cnbc.com/2018/12/14/jj-kept-a-guiding-hand-on-talc-safety-research.html.

369. Breast Cancer Prevention Partners (BCPP), *Federal Bill Package will make Safer Beauty Available to All,* San Francisco (CA): BCPP, May 24, 2023. Online: https://www.bcpp.org/federal-bill-package-will-make-safer-beauty-available-to-all/.

370. Odoms-Young A, Brown AGM, Agurs-Collins T, Glanz K, "Food Insecurity, Neighborhood Food Environment, and Health Disparities: State of the Science, Research Gaps and Opportunities," *Am J Clin Nutr*, 2024; 119(3): 850-861. Online: 10.1016/j.ajcnut.2023.12.019.

371. Mayo Clinic, *Obesity*, Rochester (MN): Mayo Clinic, 2020. Online: https://www.mayoclinic.org/diseases-conditions/obesity/diagnosis-treatment/drc-20375749.

372. Compton MT, Ku BS, "Prevalence of Food Insecurity and Living in a Food Desert among Individuals with Serious Mental Illnesses in Public Mental Health Clinics," *Community Ment Health J,* 2023; 59(2): 357-362. Online: 10.1007/s10597-022-01013-w.

373. Compton MT, Ku BS, "Prevalence of Food Insecurity and Living in a Food Desert among Individuals with Serious Mental Illnesses in Public Mental Health Clinics," *Community Ment Health J,* 2023; 59(2): 357-362. Online: 10.1007/s10597-022-01013-w.

374. Feeding America, *Hunger in America,* Chicago (IL): Feeding America, no date. Online: https://www.feedingamerica.org/hunger-in-america/impact-of-hunger.

375. Feeding America, *Prioritizing Health Equity & Food Security: Spotlight on the Black Community,* Chicago (IL): Feeding America, 2024. Online: https://www.feedingamerica.org/sites/default/files/2024-09/FA_HealthEQ_Black-Amer_2024_f.pdf.

376. French SA, Tangney CC, Crane MM, et al., "Nutrition quality of food purchases varies by household income: the SHoPPER study," *BMC Public Health*, 2019; 19: 231. Online: doi.org/10.1186/s12889-019-6546-2.

377. French SA, Tangney CC, Crane MM, et al., "Nutrition quality of food purchases varies by household income: the SHoPPER study," *BMC Public Health*, 2019; 19: 231. Online: doi.org/10.1186/s12889-019-6546-2.

378. Bauer L, *About 14 Million Children in the US are not Getting Enough to Eat,* Washington (DC): Brookings Institute, 2020. Online: https://www.brookings.edu/blog/up-front/2020/07/09/about-14-million-children-in-the-us-are-not-getting-enough-to-eat/.

379. US Department of Agriculture (USDA), *Help to Put Food on the Table: Facts on Nutrition Assistance in the American Rescue Plan*, Washington (DC): USDA, 2021. Online: https://www.usda.gov/sites/default/files/documents/arp-national-factsheet.pdf.

380. Center on Budget and Policy Priorities (CBPP), *Tracking the COVID-19 Economy's Effects on Food, Housing, Employment Hardships*, Washington (DC): CBPP, no date. Online: https://www.cbpp.org/research/poverty-and-inequality/tracking-the-covid-19-economys-effects-on-food-housing-and.

381. Every CRS Report, *The Pigford Cases: USDA Settlement of Discrimination Suites by Black Farmers (RS20430),* Every CRS Report, 2013. Online: https://www.everycrsreport.com/reports/RS20430.html.

382. Bustillo Z, "Black Farmers Call for Justice from the USDA," *National Public Radio,* February 12, 2023. Online: https://www.npr.org/2023/02/12/1151731232/black-farmers-call-for-justice-from-usda.

383. Rosen M, "FDA cuts imperil food safety, but not how you might think," *Science News*, June 9, 2025. Online: https://www.sciencenews.org/article/milk-fda-food-safety-usda-layoffs.

384. Douglas L, Polansek T, "Explainer: How does US food safety work, and what cuts has Trump made?" Reuters, May 7, 2025. Online: https://www.reuters.com/business/healthcare-pharmaceuticals/how-does-us-food-safety-work-what-cuts-has-trump-made-2025-05-07/.

385. Douglas L, Polansek T, "Explainer: How does US food safety work, and what cuts has Trump made?" *Reuters*, May 7, 2025. Online: https://www.reuters.com/business/healthcare-pharmaceuticals/how-does-us-food-safety-work-what-cuts-has-trump-made-2025-05-07/.

386. Plato-Nino G, *President Trump's DEI Rollback: A Setback for Racial and Social Equity in Food Security*, Washington (DC): Food Research and Action Center, 2025. Online: Rhttps://frac.org/blog/president-trumps-dei-rollback-a-setback-for-racial-and-social-equity-in-food-security.

387. Armour S, At Trump's FDA, "Anti-Regulatory Approach and Cost-Cutting Put Food Safety System at Risk," *KFF Health News,* May 30, 2025. Online: https://kffhealthnews.org/news/article/the-week-in-brief-trump-fda-food-safety-risk-outbreaks/.

388. Armour S, "At Trump's FDA, Anti-Regulatory Approach and Cost-Cutting Put Food Safety System at Risk," *KFF Health News,* May 30, 2025. Online: https://kffhealthnews.org/news/article/the-week-in-brief-trump-fda-food-safety-risk-outbreaks/.

389. Office of Senator Cory Booker, *Booker Leads Colleagues in Reintroducing the Justice for Black Farmers Act,* Washington (DC): Office of Senator Cory Booker, 2023. Online: https://www.booker.senate.gov/news/press/booker-leads-colleagues-in-reintroducing-the-justice-for-black-farmers-act.

390. Burris S, de Guia S, Gable L, et al., (Eds.), *COVID-19 Policy Playbook: Legal Recommendations for a Safer, More Equitable Future,* Boston (MA): Public Health Law Watch, 2021. Online: https://static1.squarespace.com/static/5956e16e6b8f5b8c45f1c216/t/60995942ea2dbf3f-3bc31788/1620662599928/COVIDPolicyPlaybook-v2_May2021.pdf.

391. Jackson KE, Chiang AY, Hamad R, "The association of increased SNAP benefits during COVID-19 with food insufficiency and anxiety among US adults: a quasi-experimental study," *Public Health Nutr*, 2024; 27(1): e186. Online: 10.1017/S1368980024001447.

392. Coburn J, "How the Trump Administration is Weakening the Enforcement of Fair Housing Laws," *ProPublica*, May 15, 2025. Online: https://www.propublica.org/article/trump-hud-weakening-enforcement-fair-housing-laws.

393. Zhao N, *Homeownership Rates by Race and Ethnicity*, Washington (DC): National Association of Home Builders, 2024. Online: https://eyeonhousing.org/2024/02/home-ownership-rates-by-race-and-ethnicity-3/.

394. Howison J, *Demographic Trends in Minnesota Home Ownership,* St. Paul (MN): Minnesota State Demographic Center, 2025. Online: https://mn.gov/admin/assets/MN_HomeownershipReport_final_3.3.2025_tcm36-671952.pdf.

395. Williams D, "A Look At Housing Inequality And Racism In The U.S," *Forbes*, June 3, 2020. Online: https://www.forbes.com/sites/dimawilliams/2020/06/03/in-light-of-george-floyd-protests-a-look-at-housing-inequality/?sh=1aab2aa839ef.

396. Gross T, "A 'Forgotten History' of How the US Government Segregated America," *Fresh Air*, May 3, 2020. Online: https://www.npr.org/2017/05/03/526655831/a-forgotten-history-of-how-the-u-s-government-segregated-america.

397. Zonta M, *Racial Disparities in Home Appreciation*, Washington (DC): Center for American Progress, 2019. Online: https://www.americanprogress.org/article/racial-disparities-home-appreciation/.

398. Neal M, McCargo, *How Economic Crises and Sudden Disasters Increase Racial Disparities in Home Ownership*, Washington (DC): Urban Institute, 2020. Online: https://www.urban.org/sites/default/files/publication/102320/how-economic-crises-and-sudden-disasters-increase-racial-disparities-in-homeownership.pdf.

399. Kamin D, "Black Homeowners Face Discrimination in Appraisals," *New York Times*, January 6, 2023. Online: https://www.nytimes.com/2020/08/25/realestate/blacks-minorities-appraisals-discrimination.html.

400. Kamin D,"Widespread Racial Bias Found in Home Appraisals," *New York Times*, November 2, 2022. Online: https://www.nytimes.com/2022/11/02/realestate/racial-bias-home-appraisals.html.

401. Neal M, McCargo A, *Research Report: How Economic Crises and Sudden Disasters Increase Racial Disparities in Homeownership,* Washington (DC): Urban Institute, 2020. Online: https://www.whitehouse.gov/wp-content/uploads/2025/05/Cuts-to-Woke-Programs-Fact-Sheet.pdf.

402. Brown DL, "The Fair Housing Act was languishing in Congress. Then Martin Luther King Jr. was killed," *Washington Post*, April 18, 2018. Online: https://www.washingtonpost.com/news/retropolis/wp/2018/04/11/the-fair-housing-act-was-languishing-in-congress-then-martin-luther-king-jr-was-killed/.

403. Coburn J, "How the Trump Administration is Weakening the Enforcement of Fair Housing Laws," *ProPublica*, May 15, 2025. Online: https://www.propublica.org/article/trump-hud-weakening-enforcement-fair-housing-laws.

404. Fischer W, *Housing Investments in Build Back Better Would Address Pressing Unmet Needs*, Washington (DC): Center for Budget and Policy Priorities, February 10, 2022. Online: https://www.cbpp.org/research/housing/housing-investments-in-build-back-better-would-address-pressing-unmet-needs#:~:text=The%20House%2Dpassed%20Build%20Back%20Better%20bill%20would%20provide%20more,expansion%20is%20fully%20phased%20in.

405. National Archives, Milestone Documents: 14th Amendment to the U.S. Constitution: Civil Rights (1868), Washington (DC): National Archives, 2024. Online: https://www.archives.gov/milestone-documents/14th-amendment#:~:text=A%20major%20provision%20of%20the,citizenship%20to%20formerly%20enslaved%20people

406. Tamir C, *Key Findings about Black Immigrants to the U.S.,* Washington (DC): Pew Research Center, 2022. Online: https://www.pewresearch.org/short-reads/2022/01/27/key-findings-about-black-immigrants-in-the-u-s/.

407. Berry R. *A Brief Overview of Black Immigrant Women and Girls in the U.S.,* Brooklyn (NY): Black Alliance for Just Immigration, no date. Online: http://baji.org/wp-content/uploads/2020/03/BIWG-Updated.pdf.

408. Morgan-Trostle J, Zheng K, *The State of Black Immigrants,* New York (NY): Black Alliance for Just Immigration, no date. Online: https://baji.org/wp-content/uploads/2020/03/sobi-fullreport-jan22.pdf.

409. Schumacher S, Hamel L, Artiga S,et al., *Understanding the U.S. Immigrant Experience: The 2023 KFF/LA Times Survey of Immigrants*, Palo Alto (CA): KFF, 2023. Online: https://www.kff.org/report-section/understanding-the-u-s-immigrant-experience-the-2023-kff-la-times-survey-of-immigrants-findings/

410. Gammage K, "Will I get detained by ICE if I go to a hospital? What you need to know during the coronavirus pandemic if you are undocumented," *Philadelphia Inquirer*, April 6, 2020. https://www.inquirer.com/health/coronavirus/undocumented-immigrants-coronavirus-covid-19-food-rent-help-20200406.html.

411. All Above All, *Abortion Justice for Immigrants*, All Above All, no date. https://allaboveall.org/campaign/immigrant-justice/.

412. American Civil Liberties Union (ACLU), *Garza vs. Hargan: Challenge to Trump Administration's Attempts to Block Abortions for Young Immigrant Women,* New York (NY): ACLU, 2018. Online: https://www.aclu.org/cases/garza-v-hargan-challenge-trump-administrations-attempts-block-abortions-young-immigrant-women.

413. Su A, "Challenges increase for immigrants accessing abortion after Roe reversal," *ABC News*, July 17, 2022. https://abcnews.go.com/US/challenges-increase-immigrants-accessing-abortion-roe-reversal/story?id=86404717.

414. Maddow R, "Trump admin tracked individual migrant girls' pregnancies," *Rachel Maddow Show*, March 15, 2019. Online: https://www.msnbc.com/rachel-maddow/watch/trump-admin-tracked-individual-migrant-girls-pregnancies-1459294787849.

415. Wright J, "The U.S. is Tracking Migrant Girls' Periods to Stop them from Getting Abortions," *Harpers's Bazaar*, April 2, 2019. Online: https://www.harpersbazaar.com/culture/politics/a26985261/trump-administration-abortion-period-tracking-migrant-women/.

416. *CBS News*, "Fatal Police shooting of mentally-ill Somali-American woman probed," CBS News, May 1, 2018. Online: https://www.cbsnews.com/news/johns-creek-shukri-said-fatal-police-shooting-somali-american-woman-probed/.

417. National Institute for Aging (NIA), *Research explores the impact of menopause on women's health and aging*, Bethesda (MD): NIA, 2022. Online: https://www.nia.nih.gov/news/research-explores-impact-menopause-womens-health-and-aging.

418. Harlow SD, Burnett-Bowie SAM, Greendale GA, et al., "Disparities in Reproductive Aging and Midlife Health between Black and White women: The Study of Women's Health Across the Nation (SWAN)," *Women's Midlife Health,* 2022; 8, 3. Online: doi.org/10.1186/s40695-022-00073-y.

419. Geronimus AT, Hicken M, Keene D, et al., "'Weathering' and age patterns of allostatic load scores among blacks and whites in the United States," *Am J Public Health*, 2006; 96(5): 826-33. Online: 10.2105/AJPH.2004.060749.

420. Geronimus AT, "The weathering hypothesis and the health of African-American women and infants: evidence and speculations," *Ethn Dis,* 1992; 2(3): 207-21. Online: https://pubmed.ncbi.nlm.nih.gov/1467758/.

421. Center for Community Engagement in Health Innovation and The LeadingAge LTSS Center @UMass Boston, *Racial and Ethnic Disparities in Access to Home and Community-Based Services Among Individuals Dually Eligible for Medicare and Medicaid: An Environmental Scan of the Literature,* 2022. Online: https://communitycatalyst.org/wp-content/uploads/2023/08/Racial-and-Ethnic-Disparities-in-Access-to-Home-and-Community-Based-Services-Among-Individuals-Dually-Eligible-for-Medicare-and-Medicaid-An-Environmental-Scan-of-the-Literature-May2022.pdf.

422. National Women's Law Center (NWLC), *The Lifetime Wage Gap, State by State,* Washington (DC): NWLC, 2023. Online: https://nwlc.org/resource/the-lifetime-wage-gap-state-by-state/.

423. Chidambaram P, Burns A, Abby Wolk A, et al., *Who are the Direct Care Workers Providing Long-Term Services and Supports (LTSS)?,* Palo Alto (CA): KFF, 2024. Online: https://communitycatalyst.org/wp-content/uploads/2023/08/Racial-and-Ethnic-Disparities-in-Access-to-Home-and-Community-Based-Services-Among-Individuals-Dually-Eligible-for-Medicare-and-Medicaid-An-Environmental-Scan-of-the-Literature-May2022.pdf.

424. Carlson E, Selassie G, *Issue Brief: Racial Disparities in Nursing Facilities—and How to Address Them,* Washington (DC): Justice in Aging, 2022. Online: https://justiceinaging.org/wp-content/uploads/2022/09/Racial-Disparities-in-Nursing-Facilities.pdf.

425. Musumeci M, O'Malley M, Chidambaram P, *Key State Policy Choices About Medicaid Home and Community-Based Services,* Palo Alto (CA): KFF, 2020. Online: https://www.kff.org/medicaid/issue-brief/key-state-policy-choices-about-medicaid-home-and-community-based-services/.

426. True S, Cubanski J, Garfield R, et al., *COVID-19 and Workers at Risk: Examining the Long-Term Care Workforce,* Pal Alto (CA): KFF, April 23, 2020. Online: https://www.kff.org/coronavirus-covid-19/issue-brief/covid-19-and-workers-at-risk-examining-the-long-term-care-workforce/.

427. Janz HL, "Ableism: the undiagnosed malady afflicting medicine," *CMAJ*, 2019; 191(17): e478-E479. Online: doi.org/10.1503/cmaj.180903.

428. Collins DE, "From fringe to federal: The rise of eugenicist thinking in US policy," *Aljazeera*, May 23, 2025. Online: https://www.aljazeera.com/opinions/2025/5/23/from-fringe-to-federal-the-rise-of-eugenicist-thinking-in-us-policy

429. Centers for Disease Control and Prevention (CDC), *Infographic: Adults with Disabilities: Ethnicity and Race,* Atlanta (GA): CDC, 2025. Online: https://www.cdc.gov/disability-and-health/articles-documents/infographic-adults-with-disabilities-ethnicity-and-race.html.

430. Hastings D, "Parents With Intellectual Disabilities Share Heartbreak of Losing Custody of Their Children," *Inside Edition*, November 14, 2017. Online: https://www.insideedition.com/parents-intellectual-disabilities-share-heartbreak-losing-custody-their-children-38102.

431. Powell R, "An Oregon Couple Can Get Their Kids Back From Foster Care. But Many Disabled Parents Don't Get That Chance," *RewireNews*, December 11, 2019. Online: https://rewire.news/article/2019/12/11/discrimination-against-disabled-parents-is-common/.

432. Turco D, *Protecting Disabled Parents' Custody Rights,* Newburyport (MA): Turco Legal, 2019. Online: https://turcolegal.com/blog/disabled-parents-rights-custody/.

433. Hill E, *Federal Digital Accessibility Disappearance on Trump Day One*, Baltimore (MD): Brown, Goldstein & Levy, 2025. Online: https://browngold.com/blog/federal-digital-accessibility-disappearance-on-trump-day-one/.

434. Hunter K, "The Trump administration withdrew 11 pieces of ADA guidance. How will it affect compliance?" *AP*, April 8, 2025. Online: https://apnews.com/article/ada-guidance-disabilities-trump-ed2214921ac719b72b81d76c03e330c4.

435. North Carolina Department of Administration, *Welcome to the Office of Justice for Sterilization Victims,* Raleigh (NC): North Carolina Department of Administration, 2014. Online: https://www.doa.nc.gov/about/special-programs/office-justice-sterilization-victims.

436. Virginia Department of Behavioral Health and Developmental Services (VDBHDS), *Victims of Eugenics Sterilization Compensation Program,* Richmond (VA): VDBHDS, 2025. Online: https://dbhds.virginia.gov/developmental-services/victimsofeugenics/#:~:text=The%20Virginia%20Victims%20of%20Eugenics,and%20meet%20specific%20eligibility%20requirements. https://www.gov.ca.gov/2021/12/31/california-launches-program-to-compensate-survivors-of-state-sponsored-sterilization/

437. Office of Governor Gavin Newsom, *California Launches Program to Compensate Survivors of State-Sponsored Sterilization,* Sacramento (CA): Office of Governor Gavin Newsom, no date. Online: https://www.gov.ca.gov/2021/12/31/california-launches-program-to-compensate-survivors-of-state-sponsored-sterilization/.

438. Ko L, *Beyond the Films: Unwanted Sterilization and Eugenics Programs in the United States*, PBS, 2016. Online: https://www.pbs.org/independentlens/blog/unwanted-sterilization-and-eugenics-programs-in-the-united-states/#:~:text=Eugenics%20Compensation%20Act%3A%20In%20December,give%20surviving%20victims%20%2425%2C000%20each.

439. National Council on Disability, *Rocking the Cradle: Ensuring the Rights of Parents with Disabilities and Their Children,* Washington (DC): National Council on Disability, 2012. Online: https://www.ncd.gov/report/rocking-the-cradle-ensuring-the-rights-of-parents-with-disabilities-and-their-children/.

440. Lutnick A, Cohan D, "Criminalization, legalization or decriminalization of sex work: What female sex workers say in San Francisco, USA," *Reproductive Health Matters*, 2019; 17(34): 38–46. Online: doi:10.1016/S0968-8080(09)34469-9.

441. FBI Crime Data Explorer (CDE), *Aggravated Assault*, Washington (DC): CDE, no date. Online: https://cde.ucr.cjis.gov/LATEST/webapp/#/pages/explorer/crime/crime-trend.

442. U.S. Department of Justice (DOJ), *Crime in the U.S. 2019 (Table 43B),* Washington (DC): DOJ, Federal Bureau of Investigations, 2020. Online: https://ucr.fbi.gov/crime-in-the-u.s/2019/crime-in-the-u.s.-2019/tables/table-43/.

443. Fernandez FL, "Hands Up: A Systematized Review Of Policing Sex Workers In The U.S," *Public Health Thesis*, New Haven (CT): Yale University School of Public Health, 2016. Online: http://elischolar.library.yale.edu/ysphtdl/1085.

444. Sankofa J, *From Margin to Center: Sex Work Decriminalization is a Racial Justice Issue,* New York (NY): Amnesty International, 2016. Online: https://www.amnestyusa.org/from-margin-to-center-sex-work-decriminalization-is-a-racial-justice-issue/.

445. Sankofa J, *From Margin to Center: Sex Work Decriminalization is a Racial Justice Issue,* New York (NY): Amnesty International, 2016. Online: https://www.amnestyusa.org/from-margin-to-center-sex-work-decriminalization-is-a-racial-justice-issue/.

446. Holsteon-Zannell, LB, "Sex Work is Real Work and it's Time to Treat it that Way," New York (NY): American Civil Liberties Union, June 10, 2020. Online: https://www.aclu.org/news/lgbt-rights/sex-work-is-real-work-and-its-time-to-treat-it-that-way/.

447. Survivors Against SESTA, *Sex Work is an LGBTQ Issue,* Survivors Against SESTA, no date. Online: https://survivorsagainstsesta.org/lgbtq/.

448. Holsteon-Zannell, LB, *Sex Work is Real Work and it's Time to Treat it that Way,* New York (NY): American Civil Liberties Union, June 10, 2020. Online: https://www.aclu.org/news/lgbt-rights/sex-work-is-real-work-and-its-time-to-treat-it-that-way/.

449. Shumway K, "Proposal to decriminalize sex work won't appear on Oregon ballots," *Oregon Capitol Chronicle,* May 6, 2022. Online: https://oregoncapitalchronicle.com/2022/05/06/proposal-to-decriminalize-sex-work-wont-appear-on-oregon-ballots.

450. Crampton L, "Maine governor faces pressure to decriminalize prostitution," *Politico*, June 29, 2021. Online: https://www.politico.com/news/2021/06/29/maine-prostitution-decriminalization-496874.

451. Nolan Brown E, "U.S. Sex Workers and 'Prurient Businesses Excluded From COVID-19 Disaster Loans," *Reason*, April 1, 2020. Online: https://reason.com/2020/04/01/u-s-sex-workers-and-prurient-businesses-explicitly-excluded-from-covid-19-disaster-loans/.

452. Tripp H, "All Sex Workers Deserve Protection: How FOSTA/SESTA Overlooks Consensual Sex Workers in an Attempt to Protect Sex Trafficking Victims," *Penn State Law Review,* 2019; 124(1): 219-245. Online: https://elibrary.law.psu.edu/cgi/viewcontent.cgi?article=1005&context=pslr.

453. Bond TM, *Creating a Womanist Theo-Ethic of Reproductive Justice*, Dissertation presented to the Claremont School of Theology, 2020. Online: https://archive.org/details/bond-faith-voices-womanist-theo-ethic-of-rj-4-1-20-final.

454. Library of Congress (LoC), *African American Spirituals,* Washington (DC): LoC, no date. Online: https://www.loc.gov/item/ihas.200197495/.

455. Smith Y, "The Bible In Song: Reclaiming African American Spirituals," *Reflections*, Spring 2008. Online: https://reflections.yale.edu/article/between-babel-and-beatitude/bible-song-reclaiming-african-american-spirituals.

456. "Slave Spirituals: History and Activism," *Commonplaces (A Journal of First-Year Writing at Davidson),* 2025. Online: https://commonplaces.davidson.edu/vol-2/slave-spirituals-history-and-activism/#:~:text=With%20time%2C%20field%20songs%20began,slaves%20along%20the%20Underground%20Railroad.

457. LaRoche CJ, "Religion and the Underground Railroad," *Underground Railroad Online Handbook*, June 12, 2025. Online: https://housedivided.dickinson.edu/sites/ugrr/thematic-essays/religion-and-the-underground-railroad-laroche/.

458. Mohamed B, Cox K, Diamant J, et al., *Faith Among Black Americans,* Washington (DC): Pew Research Center, 2021.

459. Mohamed B, Cox K, Diamant J, et al., *Faith Among Black Americans,* Washington (DC): Pew Research Center, 2021.

460. Mohamed B, Cox K, Diamant J, et al., *Faith Among Black Americans,* Washington (DC): Pew Research Center, 2021

461. Williams DS, *Sisters in the Wilderness: The Challenge Of Womanist God-Talk*, Maryknoll (NY): Orbis Books, 1993.

462. Cannon KG, *Black Womanist Ethics,* Atlanta (GA): Scholars Press, 1988.

463. Bond TM, *Creating a Womanist Theo-Ethic of Reproductive Justice,* Dissertation presented to the Claremont School of Theology, 2020. Online: https://archive.org/details/bond-faith-voices-womanist-theo-ethic-of-rj-4-1-20-final.

464. Bond TM, *Creating a Womanist Theo-Ethic of Reproductive Justice,* Dissertation presented to the Claremont School of Theology, 2020. Online: https://archive.org/details/bond-faith-voices-womanist-theo-ethic-of-rj-4-1-20-final.

465. 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.

466. Bond TM, *Creating a Womanist Theo-Ethic of Reproductive Justice,* Dissertation presented to the Claremont School of Theology, 2020. Online: https://archive.org/details/bond-faith-voices-womanist-theo-ethic-of-rj-4-1-20-final.

ACKNOWLEDGEMENTS

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

Regina Davis Moss, PhD, MPH, MCHES, President & CEO

Evelyn Laurencin, Vice President, Finance

Donna Morris, Senior Director of Administration

Giovanteey Bishop, MSA, Director of Programs & Training

Veronica Hughes, Director of Finance & Human Resources

Bridgette Jackson, JD, Director of Policy and Advocacy

Camille Kidd, Senior Manager of Federal Policy

Araba Aidoo-Apau, Manager of State Policy

Jordan Cain, Manager of State Policy

De'Ajane Terrell, Program Coordinator

KDF Strategies: Kalisha Dessources Figures, Osaremen Okolo, and Aliah Brown — Consultants

Susan K. Finn — Editor

Goris Communications — Graphics and Layout

voice IN OUR OWN
National Black Women's Reproductive Justice Agenda

Interfaith Voices for IVRJ Reproductive Justice

SisterLove

blackrj.org/blackrjpolicyagenda