

# JUSTICE DOESN'T TRICKLE DOWN

*How Racialized and Gendered Rules  
Are Holding Women Back*



REPORT BY **ANDREA FLYNN**  
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REIMAGINE THE RULES



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Until economic and social rules work for all, they're not working. Inspired by the legacy of Franklin and Eleanor, the Roosevelt Institute reimagines America as it should be: a place where hard work is rewarded, everyone participates, and everyone enjoys a fair share of our collective prosperity. We believe that when the rules work against this vision, it's our responsibility to recreate them.

We bring together thousands of thinkers and doers — from a new generation of leaders in every state to Nobel laureate economists — working to redefine the rules that guide our social and economic realities. We rethink and reshape everything from local policy to federal legislation, orienting toward a new economic and political system: one built by many for the good of all.



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The Ms. Foundation for Women is a nonprofit public foundation created to deliver funding and other strategic resources to organizations that elevate women's and girls' voices and solutions across race and class in communities nationwide. Since 1972, the Ms. Foundation has been working to identify and support emerging and established groups poised to act when and where change is needed. Our grants—paired with capacity building, networking and other strategic opportunities—enable organizations to advance grassroots solutions and build social movements within and across three areas: Economic Justice, Reproductive Justice and Safety.

Our work is guided by our vision of a world where power and possibility are not limited by gender, race, class, sexual orientation, disability or age. We believe that equity and inclusion are the cornerstones of a true democracy in which the worth and dignity of every person are valued.

## ABOUT THE AUTHOR

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COVER PHOTO CREDIT: ANN NGUYEN

# Executive Summary

Among all social groups in the United States, women of color experience some of the starkest disparities, inequities, and injustices across nearly every social and economic indicator. Compared with white women, women of color have higher levels of unemployment and poverty; they have significantly less wealth; they are more likely to be targeted by and come in contact with the criminal justice system; they are at a much higher risk, regardless of their income or education, of dying as a result of pregnancy and of losing their children in infancy; they are less likely to own a home and more likely to have high-risk mortgages when they do own a home; they are less likely to attend college and, when they do, tend to carry heavier student debt burdens.

Women of color are also at the greatest risk in the current political environment, in which conservatives are threatening a range of public services from health coverage to education access to financial regulations, while some on the left wish to abandon “identity politics” in favor of a singular focus on class and economic issues. The inequities we describe throughout this paper make clear what women of color have to lose in this era of increasingly right-wing conservatism, and also illustrate why a class-only approach will obscure and exacerbate the inequities experienced by women of color.

In recent years, some progressive political leaders have suggested that improving economic conditions for women—by increasing the minimum wage, instituting paid family leave and paid sick leave, and expanding affordable childcare—will create the rising tide that will lift all boats. These issues are indeed critically important to all low-income women, and particularly to women of color, who are disproportionately represented among low-wage workers. But throughout this paper we illustrate why addressing these issues alone will not be sufficient to improve opportunities and outcomes for women, and particularly for women of color. We describe how vast wealth inequities and numerous violations of women’s safety and health—which exist largely because of the location of women of color at the intersection of numerous systemic barriers—hinder economic opportunities and limit the impact of those economic opportunities when they are accessed. Racism and sexism, like many other forms of discrimination, have been baked into our social and economic systems and will not simply fall away as a fairer economy emerges.

We describe in detail a wide range of disparities and inequities experienced by women of color across the domains of economics, safety, and health. We explain that these outcomes are not the result of individual ambition or aptitudes, as conservatives often suggest, but rather an outgrowth of a web of racialized and gendered rules—policies, institutions, and practices—that have emerged from the United States’ long history of racism and sexism.

**In light of these disparities and inequities, this paper makes the following key arguments:**

- Previous progressive, woman-focused economic agendas have focused too narrowly on wage and workplace issues, and do not sufficiently address the obstacles facing women of color. Future policy agendas must be broader and deeper, including the racial and gender wealth gap as well as inequities in safety and health.
- For women of color, social justice will not be an inevitable byproduct of economic progress given the racism and sexism baked into our social and economic systems.
- Progressive policymakers should reject the recent calls to abandon identity politics in favor of a race- and gender-neutral approach that would simply exacerbate race and gender inequities and injustices.
- The end goal of economic security is not financial stability in and of itself, but rather the ability to lead a life of freedom and dignity. Creating the conditions that will enable women of color to achieve equity will require not only a broader approach, but a deeper one that uncovers and ultimately rewrites the “rules”—the policies, regulatory and legal frameworks, institutions, and common practices—that structure our society and economy and drive inequities and injustices.
- Inequality is not inevitable and it is not the fault of the individual actions and choices of those most marginalized. Inequality in all its forms is a choice made by the most powerful and privileged among us, who write the rules in ways that specifically benefit themselves at the expense of the majority.
- It is time for policymakers to learn from grassroots leaders like those featured in this report, who center women of color and have long called for a deep and intersectional approach to fulfilling the human rights of women of color and their families.

To abandon all other identity markers to focus exclusively on class is to perpetuate structural racism and sexism, and this strategy simply cannot win. Moreover, the deep inequities experienced by women of color are, to borrow from Lani Guinier and Gerald Torres, a miner’s canary, pointing to underlying social and economic problems that are toxic for our broader communities and the nation as a whole.<sup>1</sup> If we want to prevent this cycle from continuing, we must look to the work of women of color leaders who have long demonstrated the importance of simultaneously tackling economic, race and gender inequities.



# Introduction

On January 21, 2017, nearly 5 million women and men in 673 cities around the world took to the streets to protest the sexism, racism, and xenophobia openly perpetuated in the 2016 presidential election, and to assert that women's rights are human rights. The Women's March on Washington and its sister marches were a collective stand against the inequities that too many women and their families face in the 21st century: yawning gaps in wages, wealth, and labor market opportunities; violence at the hands of intimate partners and law enforcement; attacks on reproductive health and rights; degradation of infrastructure and the environment; stark discrimination against LGBTQ individuals; and a lack of representation at decision-making tables and in halls of power throughout all levels of the public and private sectors. The leadership of the Women's March called for an acknowledgment that while many women experience one or more of these injustices at some point in their lives, it is overwhelmingly women of color who experience them as intersecting and reinforcing barriers to health, safety, and overall wellbeing.

***Identity is crucially important in understanding the web of institutional issues that women face and in developing policy solutions to dismantle that system. A class-only approach would leave behind many individuals, but would be particularly harmful to women of color, whose location at the intersection of numerous systemic barriers hinders access to—and mutes the impact of—economic opportunities.***

In the wake of the 2016 election, many on the left have argued that progressives should abandon these “identity politics” in favor of a narrower focus on class and economics in order to bring Obama-turned-Trump voters back into the fold.<sup>2</sup> Proponents of this latter approach argue that addressing economic inequality will ultimately result in greater equity in all domains. This paper rejects that notion and argues that identity is crucially important in understanding the web of institutional issues that women face and in developing policy solutions to dismantle that system. A class-only approach would leave behind many individuals, but would be particularly harmful to women of color, whose location at the intersection of numerous systemic barriers hinders access to—and mutes the impact of—economic opportunities. Racism and sexism, and

so many other forms of discrimination, have been baked into our social and economic systems and will not simply fall away as a fairer economy emerges. In other words, for women of color, social justice is not an inevitable byproduct of economic progress.

A class-only approach is not only wrong; it is also wrong-headed. Among all social groups, women of color experience some of the starkest disparities, inequities, and injustices, and they are at the greatest risk in the current political environment. Compared with white women, women of color have higher levels of unemployment and poverty; they have much less wealth; they are more likely to be caught in the dragnet of the criminal justice system; they are at a much higher risk—regardless of their income or education—of dying as a result of pregnancy and of losing their children in infancy; they are less likely to own a home and more likely to have high-risk mortgages when they do own a home; they are less likely to attend college and, when they do, tend to carry heavier student debt burdens.

The purpose of this paper is to illustrate why addressing these inequities requires a broader approach than the class-only agenda discussed above, but also one that goes beyond the relatively narrow women's economic agendas that have recently focused on the gender pay gap, paid sick leave and paid family leave, minimum wage, and affordable childcare. These issues have a disproportionate impact on women of color and indeed are critical to the wellbeing of all women and their families, but we must also consider the important role that wealth plays in advancing or preventing economic insecurity. The race and gender wealth gaps in the United States are even starker than gaps in income, and as William Darity and Darrick Hamilton's research shows, wealth plays a much more determinative role than income in shaping opportunities and outcomes across generations.

*The end goal of economic security is not financial stability in and of itself, but rather the ability to lead a life of freedom and dignity.*

In addition to accounting for the role of wealth, attempts to address the inequities facing women of color must include and expand upon what are traditionally understood to be economic issues and consider the role of women's health and safety in achieving—or hindering—economic security and overall wellbeing. After all, the end goal of economic security is not financial stability in and of itself, but rather the ability to lead a life of freedom and dignity.<sup>3</sup> And right now, economic insecurity is just one of many barriers for women of color.

Raising the minimum wage will raise some women above the poverty line, but will not necessarily protect them from the sexual harassment they face on the job or the combined racism and sexism they experience in the world. Paid sick leave will ensure women won't lose their jobs when they or their family members are ill, but a lack of affordable, comprehensive, and high-quality health care makes it harder for women to prevent, manage, and treat illnesses. Violence against women, either by an intimate partner or by the state, makes it more difficult for women to secure and retain employment, fueling a vicious cycle of physical and economic insecurity. For black transgender and gender-nonconforming individuals who are at the crux of multiple identities and experiences, economic security will neither protect them from the violence they are more likely to face nor solve their lack of access to public spaces or to gender-affirming health care.

***Economic justice is not just about closing the income gap. Economic justice also means responding to the total lived experiences of individuals so that they have a fighting chance to thrive, to move up economically, and to contribute to the well-being of their families and communities.***

— Loretta Ross and Rickie Solinger

As Loretta Ross and Rickie Solinger write, “Economic justice is not just about closing the income gap. Economic justice also means responding to the total lived experiences of individuals so that they have a fighting chance to thrive, to move up economically, and to contribute to the well-being of their families and communities.”<sup>4</sup>

Creating the conditions that will enable women of color to achieve equity will require an approach that is not only broader but deeper; one that uncovers and ultimately rewrites the “rules”—the policies, regulatory and legal frameworks, institutions, and common practices that structure our society and economy and drive inequities and injustices.<sup>i</sup> We too often think of inequality as inevitable, or blame it on the individual actions and choices of those most marginalized. But inequality in all its forms is a choice made by the most powerful and privileged among us, who write the rules in ways that specifically benefit themselves at the expense of the majority.<sup>5</sup> Racism, sexism, and many other forms of discrimination are baked

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<sup>i</sup> The Roosevelt Institute developed the “rules” framework in two publications: *Rewriting the Rules of the American Economy: An Agenda for Growth and Prosperity*, by Joseph Stiglitz, and *The Hidden Rules of Race: Barriers to an Inclusive American Economy*, the latter forthcoming from Cambridge University Press.



into those rules and perpetuate unequal opportunities and outcomes along the fault lines of race, gender, immigration status, and sexuality.

Throughout this paper, we put a spotlight on many such rules and illustrate how they evolved from the stark racism and sexism rooted in the earliest days of U.S. history. We describe periods in history when individuals and policymakers have rewritten the rules to redress injustices and foster inclusivity—often with success, albeit incomplete—only to be met with fierce backlash that further entrenched systemic racial and gender exclusions. In doing so, we show that addressing the symptoms of inequity without addressing the rules that undergird them will be ineffectual.

## FRAMEWORK

This paper uses an intersectionality framework to illustrate the complex and reinforcing inequities that women of color experience, and to explain why addressing those inequities requires a multi-dimensional approach. The term intersectionality was coined by Kimberlé Crenshaw in 1991 and gave a name to the work of women of color who had long argued their needs could not be met by “looking at one category of analysis” (i.e., class).<sup>6</sup> As Patricia Hill Collins and Sirma Bilge explain, the framework “highlights the multiple nature of individual identities and how varying combinations of class, gender, race, sexuality, and citizenship categories differentially position each individual.”<sup>7</sup> Such an approach seems particularly useful at a time when conservatives denounce the very “legitimacy of a social justice agenda” and some progressive policymakers and thought leaders are pushing for a one-directional approach to economic inequality. Intersectionality allows us to explain why the burden of inequality does not weigh equally on everyone’s shoulders, and demands that we examine not only the symptoms of inequality, but also the rules that drive it.

***Intersectionality rejects an either/or approach to social and economic issues and instead demands a both/and lens, one that brings into focus the inextricable links between economic inequality and myriad other identity categories.***

Intersectionality rejects an either/or approach to social and economic issues and instead demands a both/and lens, one that brings into focus the inextricable links between economic inequality and myriad other identity categories.<sup>8</sup> An intersectionality framework, such as that articulated by the reproductive justice movement, illuminates the toxic combination

of neoliberal economic ideologies and historically rooted racist and sexist ideologies that shape our current economic and social rules and contribute to a host of injustices for women of color. Over the past three decades, these combined forces have resulted in declines in unionization and threats to worker organizing, deindustrialization of our economy and a shift to low-wage work with few benefits, a stagnation in wages, cuts to local governments and the safety net in the wake of tax cuts for high-income earners, and rising debt for the majority of American families as the wealth of those at the very top has skyrocketed.<sup>9</sup> These changes have had a disproportionate impact on women of color and their families, and have also taken a steep toll on many poor and working class communities around the country.

## STRUCTURE OF THIS REPORT

This report consists of three parts. **Part One** focuses on the race and gender dimensions of economic inequality, describing disparities and inequities women of color face in the labor market—both in terms of wages and work—and in wealth. It calls attention to the historic and current rules driving those outcomes and illustrates the important role of wealth (or a lack thereof) in economic security across generations. **Parts Two and Three** focus on the barriers to the safety and health of women of color. **Part Two** addresses a range of safety issues threatening women of color: violence at the hands of law enforcement (both police and immigration officials), interpersonal violence, school push-out, and physical violence and restrictions against trans and gender-nonconforming women. **Part Three** then describes a range of issues central to the health of women of color: abortion and family planning access, maternal health, and toxic stress, among others. These sections details some of the many rules driving outcomes in both of these areas.

The goal here is not to cover every threat to the safety and health of women of color—there are far too many to enumerate in this paper—but instead to show through examples the systemic, intersecting, and reinforcing nature of these threats, and to explain why they must be accounted for in any efforts to improve the economic security and overall wellbeing of women of color. Throughout the report, we highlight stories of Ms. Foundation grantee partners that are working at the intersections of economic security, safety, and health and illustrate why a more intersectional and inclusive policy approach is needed to address the injustices women experience.

This paper focuses on women of color. As previously described, because of their location at the intersection of many identity categories—and because of the racialized and gendered nature of our social and economic rules—they face some of the greatest disparities and inequities of any group in the United States, and are also at greatest risk in the current political environment. We recognize that the term “women of color” encompasses many

different racial and ethnic groups and that the experiences of individuals within and across those groups are by no means uniform. Whenever possible, we provide disaggregated data that illustrates how women's experiences differ across identity categories. However, there is a dearth of economic data that is disaggregated by both race and gender, and even less data that breaks down those two categories by specific groups. For example, there is a great deal of information about health outcomes for black women in the United States, but less on how health outcomes differ among native-born black women and black immigrant women. Another example to note are differences among AAPI women. As recently as March 2017, the Office of Management and Budget released a notice standing by the practice of disaggregating AAPI only by Asian and Native Hawaiian/Pacific Islander. But we know based on small samples of data, for example, that Bhutanese and Marshallese women experience some of the greatest wage gaps. Traditional data collection and presentation methods obscure their experiences. In a way, this is the literal rejection of identity politics. We also acknowledge that experiences differ based on geography, and while we don't describe geographic disparities in detail, we do note how women of color living in the South, for example, face even greater barriers than women in other parts of the country.

Overall, we hope this analysis will provide evidence for why policymakers must reject calls to abandon identity politics, which would simply render the injustices women—particularly women of color—experience invisible, and would ultimately exacerbate them. As we describe in this paper, history teaches us that gender- and race-neutral policies have disproportionately benefitted white Americans (mostly men) at the expense of everyone else, but that policies targeted to combat race and gender discrimination have had broad social and economic benefits. It is time for policymakers to learn from grassroots leaders who center women of color and have long called for a deep and intersectional approach to fulfilling the human rights of women of color and their families. Policymakers must build a more inclusive agenda—one that reflects values and priorities such as those put forth in the policy platforms for the Women's March on Washington and the Movement for Black Lives,<sup>10</sup> and articulated by groups like the Miami Workers Center and the Mississippi Low-Income Child Care Initiative.<sup>11</sup>

Policymakers must articulate clearly that the current rules of the U.S. economy and society are exacting a toll on the majority of Americans, but also acknowledge that the ultimate cost of that toll varies based on where individuals are located at the intersections of race, gender identity, and immigration status. And they should remember that social justice is, after all, a progressive ideal, and that improving the lives of the most marginalized can be a catalyst for lifting up all of society.

**PART ONE**

WOMEN'S ECONOMIC  
SECURITY: WAGES,  
WORKPLACE & WEALTH

There has been an increasing focus on economic inequality in the United States in recent years, and for good reason. Since 1980, hourly wages for the majority of workers have increased a meager .01 percent, and in the decade after 2000, the median family income fell by 7 percent. In the years after the 2008 recession, the share of income paid to labor fell as wealth holders took a much larger share of national income and the salaries of the top 1 percent skyrocketed.<sup>12</sup> Leaders across the political spectrum have acknowledged that economic security is out of reach for too many Americans, and the resulting populist anger helped drive support for anti-establishment candidates throughout the 2016 election cycle. As we will describe in this section, women of color have shouldered a disproportionately heavy burden of these economic trends.

*Addressing economic inequality for all individuals—and particularly for those who are least economically secure—requires acknowledging the role that race and gender play in shaping economic opportunities and outcomes.*

We argue that addressing economic inequality for all individuals—and particularly for those who are least economically secure—requires acknowledging the role that race and gender play in shaping economic opportunities and outcomes. We review the well-known race and gender dimensions of the labor market, focusing on wage and workplace disparities, and go beyond those issues to look at the important role of wealth and asset-building in long-term, intergenerational economic outcomes. We then identify a number of the rules driving these imbalances.

## RACIAL AND GENDERED DIMENSIONS OF ECONOMIC INEQUALITY

Over the past several years, conversations about the economic hardships facing working Americans have focused on the “insecure” work that has emerged in the wake of manufacturing declines: jobs that have unpredictable hours and wages and that are less likely to come with important fringe benefits offered by the union jobs of the past. These trends are important and have driven families across the country into economic instability with few promises of regaining their footing. However, the phenomenon of insecure work is only new for certain segments of the population. Women, and particularly women of color, have for generations been all too familiar with the great cost of insecure work.



## Wage and work inequities

Disparities in wages and in the labor market are major drivers of women's economic inequality. As of 2015, women working full-time in the United States were paid only 80 percent of what men were paid, a gap that has not significantly changed over the last decade.<sup>13</sup> This wage gap is both racialized and gendered (see Figure 1), with women of all races and ethnicities earning less than white men. But women of color also earn less than white women: Black women make 76 percent of the earnings of white women, and Latina women make 70 percent of white women's wages.<sup>14</sup>

***LGBTQ and gender non-conforming individuals, and especially those who are people of color and/or immigrants, face multiple layers of discrimination, and as such face an even larger wage gap.***

We also know that LGBTQ and gender non-conforming individuals, and especially those who are people of color and/or immigrants, face multiple layers of discrimination, and as such face an even larger wage gap. One study showed that the earnings of transgender women dropped by nearly a third after they transitioned.<sup>15</sup> Transgender and gender-nonconforming individuals report a rate of unemployment double that of the general population, and transgender and gender-nonconforming people of color have an unemployment rate four times the national rate. Ninety percent reported experiencing harassment, discrimination, or mistreatment on the job, and 47 percent reported having experienced an adverse job outcome, such as being fired, denied a promotion, or not hired because of being transgender or gender-nonconforming.<sup>16</sup>

EARNINGS RATIO OF WOMEN COMPARED TO WHITE MEN, BY RACE/ETHNICITY, 2015	
American Community Survey	
Hispanic or Latina	54%
African American	62%
White (non-Hispanic)	76%
Asian	90%
Native Hawaiian and Other Pacific Islander	60%
American Indian and Alaska Native	58%

**FIGURE 1** Based on median annual earnings of full-time, year-round workers age 16 and older. Note that the category 'Asian' amalgamates and blurs the experiences of many identities within that group. Source: Data from U.S. Census Bureau 2015 American Community Survey 1-Year Estimates. Chart courtesy of AAUW.

HOW MANY WOMAN YEARS DOES IT TAKE TO EQUAL 40 WHITE MAN YEARS?				
	What a woman makes for every dollar a man makes	What a woman typically loses over a 40 year career based on today's wage gap	Age at which a woman's career earnings catch up to a man's career earnings at age 60	How many additional years a woman has to work to make what a man makes in 40 years
Women overall v men overall	\$0.8	\$418,800	70	10
Asian women v White men	\$0.85	\$349,320	67	7
White women v White men	\$0.75	\$565,640	73	13
Black women v White men	\$0.63	\$840,040	83	23
Native women v White men	\$0.58	\$934,240	89	29
Latina women v White men	\$0.54	\$1,043,800	94	34

**FIGURE 2** Numbers based on median earnings for full time, year round workers in 2015 dollars. *Source: Data from U.S. Census Bureau, Current Population Survey, 2016 Annual Social and Economic Supplement and 2015 American Community Survey. Table courtesy of National Women's Law Center.*

These wage disparities take an extraordinary toll over the course of an individual's life, and research shows that over a 40-year career, women overall lose \$418,800 as a result of the wage gap, with women of color losing as much as \$1 million (see Figure 2).

***The wage gap exists between men and women—and among women of different races—with similar qualifications and levels of experience.***

For much of recent history, policymakers have relied on two prevalent narratives to explain these economic disparities and inequities. The first attributes gender and racial differences in compensation to differentials in education, skills, personal attributes, and other factors, such as women's stepping out of the workforce to have children or choosing to work part-time because of parenting responsibilities. But a great deal of research has shown these explanations to be erroneous. The wage gap exists between men and women—and among women of different races—with similar qualifications and levels of experience. Black college graduates face unemployment rates similar to white high school dropouts and fare little better than whites with two-year associate degrees.<sup>17</sup> A number of field experiments have shown that employers are more likely to call back applicants they perceive to be white.<sup>18</sup> Hiring practices such as basing wages on a prospective employee's salary history compound and reproduce economic inequality over time. In short, inequalities of race and gender persist even within narrowly defined subgroups, making it difficult to sustain an explanation based on different skill levels or "bad choices."<sup>19</sup>

A second common explanation for the racial and gender gap in income is family structure. For decades, conservatives have blamed mothers of color—particularly single mothers—for high rates of poverty, poor economic outcomes among black families, and being a drag on the economy. Moreover, they have been used as scapegoats for ostensibly colorblind cuts to social and economic programs that disproportionately hurt people of color. The focus on female-headed households ignores how economic forces—along with other dynamics such as the increasing incarceration of men of color, the hollowing out of the middle class, and decreasing investments in communities of color—have shaped family structure rather than the other way around.<sup>ii</sup> It also ignores the stark discrimination that women of color face in the

***A complex web of racialized and gendered rules drives unequal outcomes.***

labor market, which contributes to yawning gaps in wealth and income among female-headed households. Even aside from these other factors, the prevalence of black single mothers in particular cannot explain away the household income or wealth gaps given that the rate of female-headed households has risen at the same pace in white and black communities.<sup>20</sup> These narratives have been used strategically by politicians over the past century to justify political reforms that in many circumstances have a disproportionate impact on people of color, but are also harmful to the economic wellbeing of working-class white Americans.

This paper rejects these narratives as rooted in racism and misogyny and proposes that a complex web of racialized and gendered rules drives unequal outcomes.

## **The current rules of wages and work**

**Declines in public-sector employment.** In June 2009, women comprised 57 percent of the public-sector workforce, but they represented 74 percent of all public-sector job losses between July 2009 and April 2011. Only 2 million of the 5.5 million jobs that were recovered in the wake of the recession went to women.<sup>21</sup> In the years after the recession, state and local governments shed roughly 765,000 jobs, 70 percent of which had been held by women and 20 percent by black Americans.<sup>22</sup> In the years following the recession, the black-white public-sector employment gap for women increased almost six-fold, to 5.5 percentage points in 2011 from less than a percentage point in 2008.<sup>23</sup> By 2013, public-sector employment rates for black men had returned to pre-recession levels, but rates for black

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<sup>ii</sup> As Linda Harris of the Center for Law and Social Policy has written, “The over criminalization and disproportionate incarceration of young black men early in their adult life result in a sizable segment of the young male population in low-income, minority communities being marginalized in the labor force, with little prospect of earning a family-sustaining wage. This ultimately poses considerable barriers to successful family formation and positive civic engagement.”

women failed to rebound, leaving women with little to no safety net.<sup>24</sup> The drop in public-sector jobs is important because traditionally those jobs have been seen as a solid pathway to the middle class, with higher wages, a smaller gender wage gap, and more robust benefits.

**Race and gender segregation in workforce.** Women of color are often segregated into jobs that traditionally pay low wages, do not guarantee reliable schedules, and do not offer benefits such as paid sick leave or paid family leave, making many women choose between a paycheck or their family's health.<sup>25 26</sup> Women represent more than 60 percent of the workforce in four of the five fastest-growing sectors in the labor market (personal care aids, registered nurses, combined food preparation workers and servers, and retail salespersons), and the majority of those jobs pay less than \$10.50 per hour. As the National Women's Law Center (NWLC) points out, "Women of color account for 33 percent of the four low-wage, high-growth jobs, compared to 17 percent of the total workforce, meaning their share of these low-wage, high-growth jobs is nearly double their share of the overall workforce."<sup>27</sup>

*Women of color are often segregated into jobs that traditionally pay low wages, do not guarantee reliable schedules, and do not offer benefits such as paid sick leave or paid family leave, making many women choose between a paycheck or their family's health.*

Women of color are disproportionately represented among all low-wage earners and public-sector workers: 31.8 percent of Latina women, 27.7 percent of black women, and 20 percent of Asian women are employed in service occupations, compared to 7.4 percent of white women. As of 2015, Latina women are the only group of women whose largest share of employment was in the lowest-paying service occupations.<sup>28</sup> Sixty-two percent of all single mothers are employed in retail or service industries.<sup>29</sup> Trans women of color are often pushed out of the formal economy due to discrimination. Sixteen percent of transgender individuals report they have been compelled to work in the underground economy—such as participating in sex work—for income.

The race and gender segregation of the labor market drives down wages in positions held predominantly by women, from dental assistants, cosmetologists, and hairdressers to teachers, registered nurses, and librarians.<sup>30</sup> And when women begin to move into occupations previously dominated by male workers, the jobs in those fields begin paying less. Research shows that when large numbers of women became park or camp workers, median wages dropped 57 percentage points, and when more women became ticket

agents, wages dropped 43 percentage points. The same was true when the representation of women grew among designers (wages dropped 34 percentage points) and biologists (wages fell 18 percentage points). However, when more men begin to move into a certain field, wages increase.<sup>31</sup> This research is illustrative of the value assigned to work that is deemed to be women's work, even when that work might not traditionally be understood as gendered (e.g., care work). These disparities and the perceptions of women's work reinforce one another to the extent that it becomes hard to recognize how deeply problematic these dynamics are.

**Lack of inclusive workplace policies.** The United States' failure to institute a host of work-family policies has a disproportionate impact on low-income women and women of color. The vast majority of women in the United States do not have paid family leave, and as a result nearly a quarter of all women return to work a mere two weeks after giving birth.<sup>32</sup> Nearly 40 percent do not have paid sick days, leaving many women to choose between their jobs and their health (or that of their family). Making matters worse, irregular and unpredictable scheduling makes it difficult for working parents to secure care for their families, and pregnant women continue to face discrimination on the job.<sup>33</sup>

**Punitive work supports.** In many ways, federal policies that do exist simply exacerbate the government's failure to institute adequate work-family policies. For example, Temporary Aid to Needy Families (TANF)—the 1996 welfare program that took the place of Aid to Families with Dependent Children (AFDC)—limited the amount of time women could receive benefits, made it more difficult for women to go back to school after having children, and instituted major penalties if women did not secure employment, which was particularly challenging given the lack of affordable childcare available to women. In many states there are multiple barriers to receiving public supports, and applicants are often rejected for a range of reasons, which include:

*...failing to meet eligibility criteria, unresolved noncompliance issues, an ongoing mandatory work sanction period, unverified compliance with upfront requirements, failing to provide necessary data, voluntarily quitting or being fired from a job for one's own behavior, failing to cooperate with child support enforcement, failing to show up for appointments, or voluntarily withdrawing an application.*<sup>34</sup>

Some states make it nearly impossible to access public supports, perhaps none more than Mississippi, where between 2003 and 2010, only 1.47 percent of TANF applicants were approved.<sup>35</sup>



***Publicly funded child care options do exist to support low-income families, but the patchwork system is difficult for families to navigate, eligibility rules are often prohibitive, and funding levels are insufficient to ensure access to quality care for all who need it.***

**Declines in public support for childcare.** In 2015, the average annual cost of center-based care for a four-year-old in the United States was \$8,469.<sup>36</sup> The high cost of care in the United States—which exceeds average in-state college tuition in 33 states—creates incentives for women, especially in dual-earner families, to leave the workforce, and produces greater economic insecurity for women in low-paying jobs.<sup>37</sup> Publicly funded child care options do exist to support low-income families, but the patchwork system is difficult for families to navigate, eligibility rules are often prohibitive, and funding levels are insufficient to ensure access to quality care for all who need it.

Currently, only one in six children eligible for subsidized childcare receives assistance.<sup>38</sup> The number of families utilizing subsidies has declined over the last decade, with nearly 375,000 fewer children served in 2015 than in 2006.<sup>39</sup> This is largely due to inadequate funding, but new health, safety, and training standards have compounded the problem, compelling childcare providers to cut slots and maintain waiting lists.<sup>40</sup> In the absence of additional federal and state resources, increasing the quality of care will continue to come at the expense of greater access.

Deeply ingrained political and cultural understandings of childcare as a private responsibility (borne primarily by women) have historically limited support for publicly funded childcare. But with women's participation in the workforce now widely understood as given, there is growing consensus that additional public supports are needed. While progressives have advocated for universal access to early education programs, conservatives would prefer to address the unaffordability of care through the tax system. However, the regressive tax benefits President Trump has proposed would do little to support the lowest-income families, instead privileging families earning over \$100,000.<sup>41</sup>

***Deeply ingrained political and cultural understandings of childcare as a private responsibility (borne primarily by women) have historically limited support for publicly funded childcare.***

**ANNUAL CHILD CARE COSTS FOR A 4-YEAR-OLD AS A SHARE OF  
FULL-TIME, FULL-YEAR MINIMUM-WAGE EARNINGS, BY STATE**

											ME 55.4%
	30.6%		80.9%							VT 54.0%	NH 65.2%
WA 48.2%	ID 43.2%	MT 47.6%	ND 48.4%	MN 59.0%	IL 55.3%	WI 63.0%	MI 47.9%	NY 68.9%	RI 56.7%	MA 67.2%	
OR 45.7%	NV 48.8%	WY 53.6%	SD 30.7%	IA 53.5%	IN 43.7%	OH 39.3%	PA 59.1%	NJ 55.9%	CT 59.0%		
CA 44.2%	UT 41.4%	CO 58.9%	NE 47.9%	MO 39.0%	KY 40.4%	WV 41.5%	VA 52.1%	MD 56.5%	DE 42.9%		
	AZ 44.7%	NM 45.0%	KS 51.6%	AR 32.4%	TN 30.6%	NC 50.6%	SC 36.5%	DC 80.9%			
			OK 39.0%	LA 33.1%	MS 32.5%	AL 39.7%	GA 40.3%				
AK 46.5%	HI 55.8%		TX 45.0%					FL 40.5%			

**FIGURE 6** Earnings are calculated using state minimum wages and assuming the parent works 40 hours per week, 52 weeks per year. Source: EPI Family Budget Calculator (Gould, Cooke, and Kimball 2015) and Minimum Wage Tracker (EPI 2015). Chart courtesy of Gould, Elise and Tanyell Cooke. 2015. "High quality child care is out of reach for working families." Washington, DC: Economic Policy Institute.

**Minimum wage.** Women of color make up only a third of the workforce but constitute four in ten minimum-wage workers. The minimum wage peaked in 1968, when it was raised to \$1.60 (or \$10.98 in 2017 dollars), and today has less purchasing power than it did almost five decades go. Failure to increase the minimum wage means many women work full-time and still cannot escape poverty. As the NWLC has explained, today a woman who works full-time at minimum wage earns just \$14,500 annually, more than \$4,500 below the poverty line for a mother with two children.<sup>42</sup> Raising the minimum wage to \$10.10 an hour would lift the wages of more than 1.4 million single mothers of color—a step in the right direction, but still hardly enough for women to live on, particularly if they have families.<sup>43</sup> A single mother of two would have to work full-time at that wage just to climb over the poverty line. We should strive for a minimum wage that is not simply feasible in the halls of Congress, but represents an actual living wage that would enable people to live healthy, safe, and dignified lives. Conservative policymakers, who believe that minimum wage increases hurt the economy and stunt job growth, routinely reject efforts to increase the floor of wages for low-income workers, and some state lawmakers have even put forward legislation that would prevent localities from instituting their own minimum wage requirements.<sup>44</sup>

# ROC UNITED

BASED ON AN INTERVIEW WITH SARU JAYARAMAN

The Restaurant Opportunities Center United (ROC United) is a national organization fighting for better working conditions in the restaurant industry. ROC United's work highlights the cyclical links between women's economic security, health, and safety around wage issues.

Forty-three states have a two-tiered system of wages that compensates tipped labor at the shockingly low minimum wage of \$2.13/hour.<sup>xi</sup> Tipped labor is both racialized—its origins are in the late 1800s, when emancipated slaves were funneled into restaurant work and given no wages from their employers<sup>xii</sup>—and gendered, with women making up two-thirds of tipped workers.<sup>xiii</sup> Compounding these structural inequities is the societal devaluation of service labor and sexualization of the work. Half of tipped workers are single mothers, and the industry has three times the poverty rate as the rest of the workforce.

Saru Jayaraman, ROC's Co-Founder and Co-Director, explains that, "If you work at IHOP making \$2.13 an hour, your wage is so low that it goes entirely to taxes. You live completely off your tips and have to tolerate whatever the customer wants to do to you, because the customer pays your bills, not your employer."

Through research with ROC's members, they have demonstrated that the two-tiered wage system perpetuates violence against women. In states with a two-tiered wage

## *Servers' reliance on tips aggravates consumer entitlement over how to treat and pay women in the restaurant industry.*

system, sexual harassment rates in the restaurant industry are twice what they are in states with One Fair Wage. Servers' reliance on tips aggravates consumer entitlement over how to treat and pay women in the restaurant industry. Because of their dependence on tips, servers are functionally forced into enduring harassment.

Understanding unfair and legalized wage inequities as a safety issue has led to success with several ballot initiatives that eliminated the lower tipped wage, most recently in Maine. (Efforts are pending in Massachusetts, Michigan, Pennsylvania, and New York.) Going forward, ROC's biggest challenge is to ensure tipped jobs are included in the fight for higher minimum wages, and fighting the ever-dominant power of the restaurant lobby.

<sup>xi</sup> United States Department of Labor. 2016. "Wage and Hour Division: Minimum Wages for Tipped Employees." Retrieved September 22, 2016 (<https://www.dol.gov/whd/state/tipped.htm>).

<sup>xii</sup> Jayaraman, Saru. 2016. *Forked: A New Standard for American Dining*. New York: Oxford University Press.

<sup>xiii</sup> Restaurant Opportunities Center United. 2012. "Tipped Over the Edge: Gender Inequity in the Restaurant Industry." New York: ROC United. Retrieved September 20, 2016 (<http://rocunited.org/tipped-over-the-edge-gender-inequity-in-the-restaurant-industry/>).

**Tipped work.** The majority of tipped workers in the United States are women of color. One of the worst offenders of low wages is the restaurant industry, which represents over 14 million workers.<sup>45</sup> The minimum wage for tipped workers has been stuck at a mere \$2.13 an hour for decades, keeping more than 20 percent of workers in the restaurant industry in poverty.<sup>46</sup> Most tipped workers nationally are women of color, and women make up the vast majority of the restaurant industry, which has had suppressed wages for so long mainly because of the power of its biggest lobby, the National Restaurant Association. As the Restaurant Opportunities Center United shows, the public heavily subsidizes these low wages, both by paying the vast majority of their take-home pay in tips and by funding the safety net they rely on to feed their families. (Nearly half of restaurant workers are enrolled in one or more public-assistance programs.)<sup>47</sup>

*The roots of tipping reach back to our nation's history of slavery. The practice was brought to the United States in the 19th century and was generally opposed by the American public, who believed that employers and not customers should bear the responsibility for paying workers. However, American railway companies and restaurants pitched a battle to retain the practice of tipping because "it meant they didn't have to pay recently freed black slaves who were now employed by those industries."<sup>48</sup> That pressure continued, resulting in a two-tiered wage structure in which employers were not required to pay a base wage to employees who earned the minimum wage through tips.<sup>49</sup>*

**Declines in unionization.** In the 1950s, a third of all private-sector workers were unionized; today, only 1 in 20 belong to a union.<sup>50</sup> The share of women workers covered by unions dropped from 18 percent in 1983 to 12.4 percent in 2007.<sup>51</sup> This is a problem because there are real material benefits to union membership for women: For example, unionized black and Latina women earn 37 and 44 percent more, respectively, than their non-union counterparts. And research shows that unionized women workers in low-wage occupations are 32.6 percentage points more likely to be in a pension plan and 24 percentage points more likely to have health insurance. A 2012 study found that "firms with a union presence were 22 percent more likely to allow workers to take parental leave for a new child, 16 percent more likely to allow workers to take medical leave for their own illness, 12 percent more likely to allow workers to take medical leave for pregnancy, and 19 percent more likely to allow workers to take medical leave to care for a family member."<sup>52</sup>

Declines in unionization are the result of several factors, including declines in the manufacturing sector, globalization, and technology. But they are also the result of anti-union rules, such as the "right to work" policies championed by Governor Scott Walker in Wisconsin, which are increasingly supported by conservatives.

These wage and workplace issues take a significant toll on women's short- and long-term economic wellbeing, and they are compounded by the inequities created by insidious race and gender wealth gaps.

# MISSISSIPPI LOW-INCOME CHILD CARE INITIATIVE (MLICCI)

BASED ON AN INTERVIEW WITH CAROL BURNETT

The Mississippi Low-Income Child Care Initiative (MLICCI) was founded in 1998 by Carol Burnett, who had directed a local childcare organization in Mississippi that struggled to provide services at the high quality they strived for given the very limited public support available. They saw that mothers couldn't afford to pay higher fees to finance the cost of service themselves, as they were in low-paying jobs. Based on that experience, Burnett decided to develop an advocacy network to push for more public funding for childcare so low-income mothers could get the quality care they wanted for their children and providers could get the revenue they needed to pay for their services. The Initiative continues to ally with providers around the state who serve low-income parents.

The Initiative has held town hall meetings across the state to hear directly from women about their needs, and mothers consistently voice their economic insecurity rooted in low wages, domestic violence, jobs that lack benefits, struggles to cover their family's needs as a single parent, and a chronic lack of affordable childcare. These concerns are most acute for black women in the state, who face both racism and sexism in their economic

insecurity. Burnett, MLICCI's executive director, agrees that it is impossible to talk about any one of these challenges separately from the others: "Women are facing a spider web of obstruction to economic security. Policy agendas have to include all of these policies to clear the way for women to do the work they do: a livable wage with benefits and safety for themselves and their children."

***Women are facing a spider web of obstruction to economic security. Policy agendas have to include all of these policies to clear the way for women to do the work they do: a livable wage with benefits and safety for themselves and their children.***

Carol Burnett  
Executive Director, MLICCI

Of course, this work is a constant uphill battle in Mississippi, one of the most conservative states in the nation.



The Initiative knows that reducing the poverty rate must start with improving economic security for women. The advocacy organization regularly pushes for legislative policy change, but in 2017 their proposed economic agenda never left the first committee it was assigned to in the state's Republican super-majority legislature. The deeply entrenched conservative animus for government funding that uplifts poor people—especially poor women—is a significant barrier to progress for the organization, but they continue to reach out to any allies who may share common interests. As a result, this year the state changed its antiquated divorce laws to include domestic violence as grounds for divorce, due in part to the Initiative's efforts in securing support from Republican women legislators.

The Initiative continues fighting to rewrite Mississippi's rules, pushing for expanded affordable childcare, increases to childcare subsidies, increased wages, improved benefit packages for working women, and help paying for higher education. In addition to that legislative strategy, they pursue administrative changes through state agencies that could make incremental changes toward progress

while pushing for policy change in the long haul. Most importantly, MLICCI continues to build a multiracial network of women to fight for intersectional change.

## WEALTH

Wealth is often left out of conversations about women's economic security. Given that many women live in or at the brink of poverty—with a total deprivation of wealth—it is understandable why wealth is pushed to the periphery while wages and workplace issues are foregrounded. Why should we focus on wealth when so many women don't have it—when building wealth is a long-term project, and there are so many short-term measures that would reap immediate material benefits for women and their families? Indeed, in the interviews that informed this paper, many women shared that “wealth” as it is traditionally understood was a distant concept and not one they focused on often, if ever. But, as we will describe, wealth is as important as—and in many ways more important than—income.

*Wealth is as important as—and in many ways more important than—income.*

There has been increased attention to the glaring wealth gap between black and white Americans, with research indicating that the United States' legacy of racism continues to shape economic outcomes for black Americans and other people of color.<sup>53</sup> But less prominently discussed is the gender wealth gap, which is also deeply racialized and has a significant impact on the economic wellbeing of all women, and particularly women of color.

*In many ways, wealth begets wealth: Without an initial source of wealth, it is nearly impossible to invest in housing, education, new businesses, and future generations.*

Wealth—which generally refers to what one owns minus what one owes—represents an individual's or family's financial health and their ability to cushion the economic blow from illness, unemployment, and a number of other financial emergencies.<sup>54</sup> It also reflects a woman's ability to invest in her future and the future of her children. In many ways, wealth begets wealth: Without an initial source of wealth, it is nearly impossible to invest in housing, education, new businesses, and future generations. As Heather McCulloch writes, “Wealth is different than income. Wealth is a store of resources to be used for emergencies. It includes savings for college or a secure retirement; resources to be leveraged into investments, like a home or a business; and it can be passed on to the next generation.”<sup>55</sup>

MEDIAN WEALTH FOR SINGLE MEN AND SINGLE WOMEN BY RACE/ETHNICITY, AGES 18-64 (AS OF 2013)		
	Single Men	Single Women
Black	\$300	\$200
Hispanic	\$ 950	\$100
White	\$28,900	\$15,640

**FIGURE 4** Source: Chang, Mariko. 2015. "Women and Wealth: Insights for Grantmakers." Asset Funders Network.

Before we describe how the wealth gap impacts women of color, let's first look at the racial wealth gap and gender wealth gap, respectively. In the 20 years beginning in 1984, the racial wealth gap between white and black families nearly tripled from \$85,000 to \$236,500.<sup>56</sup> The net worth for the typical black household in 1984 (\$7,150) was higher than in 2011 (\$6,446), and during that same time period the net worth for white households grew by almost 11 percent.<sup>57</sup> A 2014 study found that over two-thirds of black Americans and three-quarters of Latinos were "liquid asset poor," meaning their financial assets are not sufficient for survival.<sup>58</sup>

*The vast gender gap in wealth reinforces intra-household inequality and makes women more financially vulnerable in their intimate relationships, which not only impacts their economic security but can also have a direct impact on their health and safety.*

The gender wealth gap is also substantial. As of 2014, women had 36 cents for each dollar in wealth owned by men. Never-married women owned 6 cents in wealth for each dollar held by never-married men; divorced and widowed women owned 45 and 60 cents, respectively.<sup>59</sup> Women are less likely than men to own almost any type of asset, and the median value of assets held by women is almost always lower than that of their male counterparts. The wealth gap is a serious concern for all women, but takes a particularly heavy toll on single women, who are often solely responsible for the financial wellbeing of their families. The vast gender gap in wealth reinforces intra-household inequality and makes women more financially vulnerable in their intimate relationships, which not only impacts their economic security but can also have a direct impact on their health and safety.<sup>iii 60</sup>

<sup>iii</sup> Wealth is also uniquely important for women, as the possession of wealth gives women increased bargaining power within the household unit, which may, in turn, help them negotiate for the right to work and to control their own incomes, while also increasing their capacity to move freely or protect themselves from spousal abuse. Conversely, a lack of wealth can make women uniquely vulnerable.

MEDIAN WEALTH FOR SINGLE ADULTS BY RACE AND GENDER			
	Single Men	Single Women	Single Mothers
All	\$10,150	\$3,210	—
White	\$28,900	\$15,640	—
Black	—	\$200	\$0
Hispanic	—	\$100	\$50

**FIGURE 5** Source: McCulloch, Heather. 2017. "Closing the Women's Wealth Gap: What It Is, Why It Matters, and What Can Be Done About It." *Asset Building Strategies*.

Women of color experience both the race and gender wealth gaps. In 2013, black and Latina women had a median net worth of \$200 and \$100, respectively, compared to the median net worth of \$15,640 for white women and \$28,900 for white men.<sup>61</sup> That gap was even larger before the 2008 recession, when white women had a median net worth of \$41,500. (Black and Latina women had essentially the same as in 2013.) The recession had a severe impact on women's homeownership, and by extension, their short- and long-term economic security.<sup>62</sup>

***The majority of these women have no cushion to fall on in times of crisis, such as job loss, the incarceration of a family member, or the illness of a child or parent—all circumstances that are much more likely to befall women of color.***

The race and gender wealth gap is particularly troubling when we consider the other challenges facing women of color. For example, black women are more likely than their white counterparts to be the sole income earners in their families and are more likely to head single-parent households.<sup>63</sup> As of 2014, 66 percent of black children live in single-parent households, and in 2013, 46 percent of single mother-headed households lived at or below the poverty line.<sup>64</sup> Black women are more likely to live below the poverty line, have less home equity than white women, and have fewer financial assets such as stocks.<sup>iv 65</sup> The majority of these women have no cushion to fall on in times of crisis, such as job loss, the incarceration of a family member, or the illness of a child or parent—all circumstances that are much more likely to befall women of color.

<sup>iv</sup> According to Katherine Richard, in 2007 the average equity of a white woman's home was \$74,000, while the average equity of a Latina and black woman's was \$35,000 and \$47,000, respectively. Forty-five percent of single white women own stock, but only 23 percent of single black women and 14 percent of single Latinas own such assets.

Queer women, and especially queer women of color, face multiple challenges to wealth-building as well. Same-gender couples have not had access to marriage until very recently in our nation's history, and marriage often is the biggest wealth-building vehicle for women (both because of the tax benefits accrued to married couples and because women's wealth is augmented when they share in the disproportionately larger wealth men own). For couples composed of two women, that wealth gap compounds. See, for example, the chart below from Zaw et al., breaking down the wealth gap by race, gender, family structure, and education:<sup>66</sup>

MEDIAN WEALTH OF WOMEN BY FAMILY STRUCTURE, COLLEGE EDUCATION, AND RACE, 2013				
	No Bachelor's Degree		With Bachelor's Degree	
	Black	White	Black	White
Married	\$25,000	\$117,200	\$45,000	\$260,000
Single	\$500	\$8,000	\$800	\$35,000

**FIGURE 6** Source: Zaw, Khaing, Jhumpa Bhattacharya, Anne Price, Darrick Hamilton, and William Darity, Jr. 2017. "Women, Race & Wealth." Research Brief Series: Volume 1, January 2017.

As demonstrated by the data above, women make the biggest jump in wealth when they marry (overwhelmingly) men, and white women benefit much more from marriage and education than do black women. Queer women, married or single, thus are left out of the only pathway to long-term wealth available to most women.

## Wealth Rules

A complex web of racialized and gendered rules contributes to these vast gaps in wealth. Many of the above-mentioned rules driving wage and workplace inequities not only impact women's ability to achieve short-term economic security, but also hinder their ability to accumulate assets throughout their lives. But there are many other rules that intersect with those wage and work inequities that make it difficult for women to accumulate assets. We aim here not to provide an exhaustive list of those rules, but rather to enumerate some of the most influential and illustrate why they must be addressed in any efforts to improve the economic security of women of color specifically, but all women broadly.

**Homeownership.** Homeownership has long been billed as a path to a middle-class life. But the inability of many to step onto that path is one of the key drivers of wealth inequality in the United States. Research by Darity, Hamilton, and others illustrates that employment,



education, and income fail to explain racial wealth differences, and that “by far, the largest factors explaining these differences are gifts and inheritances from older generations: a down payment on a first home, a debt-free college education, or a bequest from a parent.”<sup>67</sup> A long-term study by Shapiro and colleagues found that years of homeownership accounted for 27 percent of the difference in wealth accumulation between white and black Americans.<sup>68</sup>

*Research by Darity, Hamilton, and others illustrates that employment, education, and income fail to explain racial wealth differences, and that “by far, the largest factors explaining these differences are gifts and inheritances from older generations: a down payment on a first home, a debt-free college education, or a bequest from a parent.”*

People of color are far less likely to own a home compared with white Americans. In 2008, among individuals between the ages of 43 and 51, 59.7 percent of Hispanic and 49.3 of black Americans owned homes, compared to 78.8 percent of white Americans.<sup>69</sup> Research from the Institute for Women’s Policy Research shows how the decline in the housing market during the recession hit Baby Boomer women of color especially hard. “Older single black women who transitioned out of homeownership between 2006 and 2012 lost 96 percent of their total non-housing financial wealth, leaving these older single black women, and those who rely on them, with virtually no assets as they approach retirement.” Between 2006 and 2012, single Boomer women of color saw their wealth decline by 48 percent, more than four times the decline in wealth experienced by white women (11 percent). The loss for men was even more staggering: 77 percent for men of color, compared to 7 percent for white men.<sup>70</sup>

In addition, a dearth of housing assistance in the U.S. leads many individuals to wait for decades for Section 8 housing and traps communities of color, particularly in urban areas, in a cycle where they, and their children, can never save enough to have assets or own a home. This lack of public supports for housing, contrasted with the host of tax benefits for homeowners, is illustrative of how the government privileges homeowners over renters.

**Parenthood.** The intersection of gender and parenthood is an important component of the wealth gap, particularly for single mothers. As of 2015, 42 percent of mothers were the sole or primary income earners in their families, but women of color were much more likely to be in that position (70.7 percent of black mothers and 40.5 percent of Latina mothers are their

family's primary breadwinner, compared to 24.7 percent of white women).<sup>71</sup> Parenthood takes a particular toll on single mothers, who are more likely to live in poverty—a fact indicative of stark wage disparities and the numerous financial burdens on single mothers. Zaw et al. show that black single mothers have a median wealth of \$0. This giant gap exists for white women as well, with single white mothers owning a median \$3,000 in wealth, but black single mothers are experiencing the least amount of financial security and cushions of all women.<sup>72</sup>

Single mothers and fathers are both economically disadvantaged in comparison to adults without children, but never-married and divorced mothers fare the worst in estimates of median net worth. Over the last two decades, public supports for single mothers have declined dramatically. As Chang and Mason explain:

*The passage of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 coupled with continued cuts in funding for federal programs to low income families, such as the Supplemental Nutrition Assistance Program (SNAP), has made it nearly impossible for single women mothers to become economically secure or to build wealth.*<sup>73</sup>

**Debt.** As we've described, the gender pay gap means that women of color make significantly less than men and white women over the course of their lives. Inadequate earnings make it more likely women will take on debt—often through high-cost loan instruments that simply drive them further into debt—which makes it exponentially difficult to build a financial cushion for times of crisis and retirement, and leaves future generations without any resources upon which they can build their own base of economic security.

*Inadequate earnings make it more likely women will take on debt—often through high-cost loan instruments that simply drive them further into debt—which makes it exponentially difficult to build a financial cushion for times of crisis and retirement, and leaves future generations without any resources upon which they can build their own base of economic security.*

One of the outgrowths of the neoliberal economic agenda has been financialization, which Roosevelt Institute Fellow Mike Konczal defines as “the growth of the financial sector, its increased power over the real economy, the explosion in the power of wealth, and the reduction of all of society to the realm of finance.”<sup>74</sup> The growth and increased power of the

financial sector has had markedly negative impacts on women, and particularly on women of color, which is evident when we examine trends in women's debt.

Today women carry more debt than men in almost every respect. Mariko Chang's research shows that women's median debt load is 177 percent higher than that of men. Suparna Bhaskaran's 2016 "Pinklining" report illustrates how the explosion in subprime lending, payday lending, and educational lending has had a disproportionate impact on women of color.<sup>75</sup> While 33 percent of women overall paid off their student loan debt in three years (compared to 44 percent of men), only 9 percent of black women and 3 percent of Latina women did so. Women also have higher annual percentage rates on their credit cards and are more likely to have credit card debt due to their greater reliance on credit to cover living expenses when income is inadequate.<sup>76</sup>

**Pensions.** Only 46 percent of women participate in a retirement plan, despite the fact that 63 percent of women had employers that offered such plans. Black and Latina women are less likely than white women to be employed by companies that offer retirement plans, and even when they have access to such plans, more than a quarter are unable or choose not to participate.<sup>77</sup> One of the main reasons women are less likely to be eligible for retirement plans is that they are twice as likely as men to work part-time, and employers in the private sector are only required to open up retirement plans to individuals who work more than 1,000 hours a year.<sup>78</sup>

**Social Security.** Women are more likely than men to rely on Social Security, but have an average of \$3,000 less a year in benefits to draw upon. This disparity in benefits is driven in part by the gender pay gap and also by the way the program was designed. As Heather McCulloch explains:

*Social Security benefits calculations are based on the highest of 35 years of inflation-adjusted earnings. This formula negatively affects women who spend time out of the labor force to care for children, sick relatives, or elderly parents, as even one year of zero earnings—or several years of part-time earnings—can significantly reduce a woman's benefit calculation.*<sup>79</sup>

**Tax code.** There are a number of features of the tax code that disproportionately benefit high-income earners and leave behind low-income women and women of color.<sup>80</sup> Women are less likely to benefit from the mortgage interest tax deduction and from preferential rates on dividends and capital gains taxes, because women are less likely to carry mortgages and own stocks than white men. There are some refundable tax credits that are important to the wellbeing of women of color—particularly the Earned Income Tax Credit—but the tax benefits provided to the highest-income earners outweigh the benefits to low-income individuals and contribute to the economic disparities we have described thus far.

***The intersection of race and gender, additionally create a third burden for African-American women in that part of our status is a function of the way that the majority society marginalizes and demonizes African-American men.***

— Dr. Julianne Malveaux, *President Emerita*, Bennett College for Women

**Mass incarceration.** Women—already struggling with gendered wealth and income gaps—often shoulder the financial and emotional burden of their family members’ incarceration. As Julianne Malveaux writes, “the intersection of race and gender, additionally create a third burden for African-American women in that part of our status is a function of the way that the majority society marginalizes and demonizes African-American men.” She continues:

*The underemployment of African-American men represents a burden to the African-American women who, then, often shoulder disproportionate responsibility in supporting households and children without sufficient contribution from spouses, partners, or fathers. A full understanding of the third burden explains, at least partly, why African-American women cannot separate interests of race and issues of gender in analysis of political candidates, economic realities, or social and cultural realities.<sup>81</sup>*

The Ella Baker Center found that in 63 percent of cases, family members of the incarcerated were responsible for court-related costs associated with conviction, and 83 percent of those family members were women.<sup>82</sup> Women represent 87 percent of family members responsible for call and visitation costs, which are often prohibitive. In 2013, the Federal Communications Commission responded to pressure from prisoner advocacy groups and implemented an interstate rate cap on phone companies, reducing the cost of 15-minute calls to \$3.75, and banned additional fees for connecting calls. Before that, the cost of such a call was \$17.<sup>83</sup> It is not hard to see how the long-term costs of incarceration can force a family into debt.

# WOMEN AND SUBPRIME LENDING

The expansion of lending practiced between 1993 and 2005 resulted in growing homeownership rates for women, people of color, and low-income borrowers. However, a large proportion of lending to women and people of color consisted of subprime mortgages, which are associated with a higher level of risk than traditional mortgages. In 2006, the rate of subprime mortgages for home purchase for Latino and black Americans—47 and 53 percent, respectively—was approximately double the rate for white Americans (26 percent).<sup>84</sup> As Amy Castro Baker describes, the subprime era created a “mirage of opportunity” for groups historically excluded from the market, leaving single women, and particularly women of color, embroiled in a “fragmented lending market characterized by high levels of default and foreclosure.”<sup>85</sup>

Despite having higher credit scores, single female homeowners were overrepresented among subprime mortgage holders by 29.1 percent, and black women were 256 percent more likely to have a subprime mortgage than a white man with the same financial profile. Cash-strapped but equity-rich elderly black women were particular targets.<sup>86</sup> A study from the National Council of Negro Women found that upper- and middle-income black women were more than twice as likely to receive high-cost loans as upper- and middle-income white women.<sup>87</sup> The Urban Institute reported that women tend to pay more for their mortgages than men do and are denied loans more often than men, regardless of their repayment history.<sup>88</sup> The author notes that a third of female borrowers are women of color, and half are living in lower-income communities.

A number of reports have shown that this preponderance of subprime lending to women of color was the result of bad rules and racial bias, not a reflection of the borrowers’ creditworthiness. In her 2011 book, Anita Hill highlights a case brought against Wells Fargo by the city of Baltimore, in which former bank employees provided statements about “a consistent pattern of steering black loan applicants to subprime loans, even though they may have qualified for conventional loans at lower interest rates.”<sup>89</sup> She also cites a lawsuit brought against Wells Fargo by the state of Illinois, in which employees reported a subprime loan-dominated culture that involved the bank setting quotas for the number of subprime or high-cost loans every area had to close and keeping score cards that recorded managers’ subprime loan tallies.<sup>90</sup>

The crash of the mortgage market and recession that followed eroded billions of dollars of wealth that households of color had accumulated, compounding both the race and gender wealth gaps.<sup>91</sup> Higher levels of risky lending in these communities led to higher foreclosure rates. As Baker explains, foreclosures can start “a snowball effect of interrelated implications involving crime, erosion of community institutions, public health threats and safety issues, population loss, declining school tax revenue, and institutional stress.” These factors taken together result in falling house prices in low-income communities of color where women are predominantly the heads of households.<sup>92</sup>

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<sup>v</sup> Interestingly, the subprime disparity between women and men also increases as women’s level of income rises, which suggests that increased wealth may not function as a consistent protective factor in risky credit markets.

## Historic rules

The abovementioned rules that shape wealth and workplace outcomes, as well as vast disparities in wealth accumulation, are rooted in historical rules that date back to the earliest days of the United States. We will now illustrate how U.S. political and economic history—from colonial periods and the era of slavery through Jim Crow and the New Deal—deeply informs our current policies, practices, and socioeconomic outcomes.

The restrictions of both de jure and de facto slavery unequivocally deprived slaves of any kind of economic independence, which in turn prevented them from forming a foundation of economic assets upon which future generations could build.<sup>93</sup> The deprivation of earnings and assets for black Americans enabled the creation of massive American (white) wealth on the backs of and at the expense of the enslaved. Ideas about women's role in the workforce at this time were inherently racialized, as white women's place was mostly deemed to be in the home (even though many white women worked) and black women had no choice but to participate in a labor market that pillaged them economically and physically.

***The long and interwoven legacy of racism and sexism impacted even the most progressive policies of the early 20th century, ensuring that women and people of color would not uniformly benefit from transformative investments in the working class.***

The racism that enabled slavery to flourish during the founding of the United States was hardly eradicated after the institution of slavery was abolished. In fact, the promise of freedom and progress ushered in during the short era of Reconstruction sparked a fierce backlash, with racism and white supremacy again taking hold of the nation's politics, economy, and society. The political divisions and narratives that formed around race and the role of black Americans in all aspects of American life would permeate politics and socioeconomic opportunities and outcomes for the next century, and indeed into today. The long and interwoven legacy of racism and sexism impacted even the most progressive policies of the early 20th century, ensuring that women and people of color would not uniformly benefit from transformative investments in the working class.

There is perhaps no better example of this than the New Deal, often held up as a beacon of progressive policy. The tumult of the Great Depression, along with the organizing power of women at the turn of the century—including protests that erupted after the Triangle Shirtwaist Factory Fire, the establishment of the Department of Labor's Women's Bureau



and the appointment of Frances Perkins to Secretary of Labor, and the founding of the National Council of Negro Women—opened a door to rewrite the rules of the American economy. Those new rules led to the creation of the American welfare state, employer-provided health insurance, retirement security, and paid vacations for a newly emergent middle class.<sup>94</sup> The New Deal was the foundation of rising productivity, labor stability, and declining inequality for white Americans for more than four decades. But it was also informed by the racial politics of the time, and as a result of President Roosevelt's compromises with Southern political elites who were invested in preserving a system of white supremacy, the New Deal ultimately institutionalized race and gender exclusions that had detrimental long-term social and economic effects for women and people of color.<sup>95</sup>

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Prima facie race- and gender-neutral rules excluded domestic and agricultural workers from New Deal provisions, leading to outcomes that were far from neutral. These rules left out a significant number of black workers, and particularly black women workers, whose economic opportunities were greatly shaped by the legacy of slavery and Jim Crow.<sup>96</sup> That legacy was so pervasive that in 1930, 41 percent of black workers were employed in agriculture (vs. 26 percent of white men) and 63 percent of black women worked as domestics (vs. 20 percent of white women).<sup>97</sup> As Linda Gordon explains, Southern Democrats wanted to prevent the creation of a welfare system that allowed blacks the “freedom to reject extremely low-wage and exploitive jobs as agricultural laborers and domestic servants.” Some of these original exclusions were lifted over time as various amendments were introduced, but they were replaced with inadequate public assistance programs, and we have yet to rewrite the rules in a way that compensates for these injustices.<sup>98</sup>

The exclusions of the New Deal were replicated in critical pieces of legislation that deprived workers of color from protections like the 40-hour workweek and a national minimum wage.<sup>vi</sup> As a result of these critical pieces of legislation, racial and gender exclusion was cemented into the foundation of the white middle class that emerged in the 1940s and 1950s. Even today, domestic workers, nannies, housekeepers, and home health aides, who are disproportionately women of color, remain overwhelmingly unprotected thanks to exclusions that began with the New Deal.<sup>99</sup>

The Home Owners Loan Act of 1933, provided federal relief for families facing foreclosure and established the self-amortizing, long-term, fixed-rate mortgages that dominated the housing market until the onset of subprime loans. While this act enabled white Americans (predominantly men) to build a base of wealth that would be passed down to future generations, it made it more difficult for women and people of color to do so. Female-headed households and neighborhoods of color were not given access to these benefits, and neither were low-income families. As Baker notes, married white women were able to access such benefits through marital status, but in the event of divorce, widowhood, or abandonment, they lost that access.<sup>100</sup> As such, banks routinely denied divorced women access to credit, citing lack of credit history; because redlining was also common at this time, women of color were particularly disadvantaged.

***More than any other group, single women, divorcees, and widows were more likely to be denied credit, and regardless of age or income, lenders often required a man's signature in order for single women to secure their own mortgages.***

Discrimination in lending against women, and especially women of color, was very common. Baker explains that discriminatory practices included different salary, employment, and residency requirements; refusing to include the wife's income or discounting it by 50 percent or more when a married couple applied for a mortgage; and applying stricter standards of assessment when the wife, and not the husband, was the primary earner. More than any

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<sup>vi</sup> The exclusions were built into the National Industrial Recovery Act of 1933, the 1935 Social Security Act and the National Labor Relations Act (NLRA), and the Fair Labor Standards Act of 1938. The original 1935 Social Security legislation proposed coverage of unemployment benefits for all workers, but for political reasons was ultimately changed to exclude domestic and agricultural workers, which were widely known to be occupations with predominantly black workforces. Domestic workers were not only excluded from NLRA protections. They were also excluded from Title VII of the Civil Rights Act of 1964, the 1971 Occupational Safety and Health Act, the 1993 Family and Medical Leave Act, the 1990 Americans with Disabilities Act, and the Age Discrimination in Employment Act

other group, single women, divorcees, and widows were more likely to be denied credit, and regardless of age or income, lenders often required a man's signature in order for single women to secure their own mortgages. Some lenders went so far as to require "baby letters," whereby a married couple had to pledge they were sterile or using birth control, or—in some cases—that they would terminate any unexpected pregnancy, in order for the woman's salary to be included on a loan application.<sup>101</sup>

***The objectives of our earliest welfare policies diverged along gender and racial lines. Aid for unemployed men was designed to “preserve the male breadwinner status and to keep wives and children at home.”***

The racist and sexist narratives of the early 20th century shaped the rules of welfare policies in the United States, locking many women, and particularly women of color, into deep cycles of poverty. The early demonization of poor women and women of color—particularly those who were single mothers—shaped welfare policies for decades to come.<sup>102</sup> The objectives of our earliest welfare policies diverged along gender and racial lines. Aid for unemployed men was designed to “preserve the male breadwinner status and to keep wives and children at home.” As such, provisions such as worker's compensation, unemployment compensation, and retirement pensions were generally more “generous and dignified in design” than provisions for women through AFDC, which was part of the New Deal. As Linda Gordon explains, aid to single mothers “aimed to prevent its recipients from being too comfortable on their own.”<sup>103</sup> This disregard for women of color and their need to participate in the workforce helps to explain the historic lack of so-called work-family policies that would accommodate them. Gordon tells of one Southern field supervisor who described how AFDC provisions kept many women of color off welfare:

*The number of Negro cases is few due to the unanimous feeling on the part of the staff and board that there are more work opportunities for Negro women and to their intense desire not to interfere with local labor conditions. The attitude that “they have always gotten along,” and that “all they’ll do is have more children” is definite... There is hesitancy on the part of lay boards to advance too rapidly over the thinking of their own communities, which see no reason why the employable Negro mother should not continue her usually sketchy seasonal labor or indefinite domestic service rather than receive a public assistance grant.<sup>104</sup>*

***The Civil Rights Movement stirred social unrest that paved the way for a rewriting of the rules, illustrating how inclusive rules—that is, rules that explicitly target both race and gender inequities—can be utilized to reshape structural racism and sexism.***

The Civil Rights Movement stirred social unrest that paved the way for a rewriting of the rules, illustrating how inclusive rules—that is, rules that explicitly target both race and gender inequities—can be utilized to reshape structural racism and sexism.<sup>105</sup> Between 1960 and 1980, a number of rules expanded access to social and economic opportunities for women and people of color; one of the hallmarks of these rules was the Voting Rights Act.

In addition to the abovementioned rules, an important path to economic security and middle-class life for many women opened up in the 1960s and 1970s: the expansion of public-sector employment, and the associated benefits from public-sector unions.<sup>106</sup> Executive Order 11246, signed by President Lyndon Johnson, extended inclusion to the public sector by banning discrimination along the lines of race, gender, and ethnicity in federal government and among federal contractors. It also implemented affirmative action policies that required contractors to increase representation of women and minority workers. Public-sector employment was a pathway for black economic mobility and security, and was arguably as important a mechanism for achieving economic security in the late 20th century as manufacturing was from the 1940s through the 1970s.<sup>107</sup>

A number of inclusive rules related to homeownership were also instituted at this time. The 1968 Fair Housing Act made discriminating on the basis of race illegal, and the Equal Credit Opportunity Act of 1974 extended the definition of individual credit discrimination to include sex, marital status, and age.<sup>108</sup> Questions about family status (number of children, pregnancy, etc.) in credit were ultimately outlawed in 1988.<sup>109</sup>

The progress of the Civil Rights era was met with a backlash not unlike that which surged in the era of Reconstruction. That backlash was fueled by a toxic mix of conservative political ideologies (shaped by racism and sexism, which we will describe in more detail in the following section) and neoliberal economic ideology that argued that the public sector was ineffective and inefficient, and therefore that the market—not government—should have ultimate power.<sup>110</sup> These changes coincided with important political movements including a shift from overt racism to the strategic racism of Nixon's Southern Strategy, wherein Nixon pivoted from specific appeals to race to an emphasis on social issues that were more implicitly racist. As Lucy Williams describes:

*[T]he Old Right constructed a message based on the confluence of poverty, race, labor unions, violence and communism. In this way, the Old Right was able to promote its agenda of lower taxes and reduced government by beginning to use welfare and the War on Poverty to capture the increasing racial fears of much of white America at a time when African Americans were asserting their rights in new ways.<sup>111</sup>*

Thus, the current era of neoliberal economics and implicit racism and sexism (a direct extension of the overt racism and sexism of prior eras) was born, giving rise to the current rules that drive economic inequities for women of color.

***Women of color face numerous detriments to their safety and health that not only hinder their ability to get and maintain employment but also make it difficult to achieve a state of overall wellbeing.***

In this section we outlined a broad range of racial and gender rules that impact economic opportunities and outcomes for women of color, and described the crucial role of wealth—or, in this case, wealth deprivation—in achieving economic security. Acknowledging the role of these rules, and rewriting them, is imperative for improving the economic status of women of color. But as we describe in the following sections, doing so will not be sufficient. Women of color face numerous detriments to their safety and health that not only hinder their ability to get and maintain employment but also make it difficult to achieve a state of overall wellbeing.

**PART TWO**

SAFETY OF  
WOMEN OF COLOR



Women of color experience stark inequities and deep injustices in the domains of safety and health. Their location at the intersections of race, gender, and often class make them more vulnerable to interpersonal violence and state violence and to a range of negative health outcomes, which mutually reinforce one another and prevent women from achieving overall wellbeing. Improving women's economic opportunities and outcomes would have a positive spillover effect in other areas of their lives, but we also know that true wellbeing requires more than economic security, and that economic security does not afford the same material benefits to people of color, particularly women of color.

***Building a policy agenda that will effectively address the multitude of challenges facing women of color will first require looking beyond the rules of the economy to understand the full range of barriers to women's safety and health.***

Many scholars and advocates have developed extensive bodies of work that examine the causes and consequences of a lack of safety and health for women of color. Our goal here is not to provide a comprehensive overview of these issues—and the factors driving them—but rather to illustrate the breadth of safety and health issues women of color experience and show how they impede economic security and wellbeing more broadly. We argue that policymakers must understand the inextricable links between these issues and stop seeing them as disconnected from the traditional slate of women's economic issues that tend to get the most focus. This section will illustrate why it is critical to push back on the calls to pursue a narrow class-based policy approach. Building a policy agenda that will effectively address the multitude of challenges facing women of color will first require looking beyond the rules of the economy to understand the full range of barriers to women's safety and health.<sup>112</sup>

This section begins by describing the myriad reasons why safety is out of reach for many women of color in the United States, accounting for the ways in which they experience interpersonal violence and also varying forms of state violence, including mass incarceration, police violence, environmental degradation, violence and exclusion through the school system, and the targeting of undocumented immigrants.

**Safety is a multidimensional issue. For the purposes of this report, we will focus on two dimensions of safety: interpersonal violence and state violence.** Through the first dimension, we will explore the connections between economic security and domestic and sexual violence. Through the second, we will explore the social production of illness

and harm, describing how economic (in)security, race, ethnicity, and sexuality make women vulnerable to state violence of varying forms. We explain how these rules and the injustices flowing from and through them are shaped by politics that have long marginalized—and often demonized—women of color.

## INTERPERSONAL VIOLENCE

People in all class brackets and of all genders experience and perpetrate domestic violence. However, the rules that funnel women into racialized and gendered economic insecurity also make it much more difficult for survivors and victims of violence to access the resources, support, and pathways out of violence that they need. As we have seen from the police killings of recent years, people of color—regardless of their economic circumstances—are much more likely to be subjected to state violence than are white individuals.

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Just as the rules of the economy doubly impact women of color along the axes of their race and gender, women of color are also more likely to experience domestic and sexual violence, with Native American women facing the highest rates. The best source of data on intimate partner violence comes from a 2010 National Intimate Partner and Sexual Violence Survey (Walters et al. 2013), which collected information on women’s experiences of rape, physical violence, stalking, psychological abuse, and control or abuse of reproductive health. The report shows that 46 percent of Native American women and 43 percent of black women experienced intimate partner violence (IPV) in their lifetimes, with multiracial women at the highest levels of victimization (53 percent). More than one-third (37 percent) of Latina women and one-fifth (19 percent) of Asian women experienced IPV, compared to 34 percent of white women. Lesbian and bisexual women also experience increased rates, with 44 percent of lesbians and 61 percent of bisexuals (compared to 35 percent of heterosexual women) experiencing rape, physical violence, and/or stalking by an intimate partner in their lifetime.<sup>113</sup>

Living at the nexus of multiple intersecting identities, trans women of color face alarmingly high rates of IPV. Of all hate crimes committed in 2013, transgender women of color made up 67 percent of homicide cases, and trans women are 1.8 times more likely to experience sexual violence than other survivors.<sup>114</sup> Twenty-seven trans women were murdered in 2016, and the vast majority of them were women of color.<sup>115</sup> The numbers are almost certainly higher than the data reflect, as many trans people who are murdered or assaulted are erroneously reported in the media—if reported at all—using their birth names and assigned genders.<sup>116</sup>

*The combination of interpersonal violence and state violence is particularly dangerous for women of color. The growing trend of criminalization of domestic violence survivors who either report or defend themselves from their abusers makes it more difficult for women to come forward and escape violent relationships.*

We know that the combination of interpersonal violence and state violence is particularly dangerous for women of color. The growing trend of criminalization of domestic violence survivors who either report or defend themselves from their abusers makes it more difficult for women to come forward and escape violent relationships. In 2012, Marissa Alexander—who lived in Florida, a stand-your-ground state—fired a warning shot into the ceiling to fend off her abusive husband. Despite the fact that no one was injured or killed, Alexander faced a mandatory minimum sentence of 20 years in prison. After massive organizing and advocacy efforts put pressure on the case, Alexander’s lawyers struck a plea deal that reduced her sentence to a two-year house arrest.

Marissa Alexander’s experience is sadly not an exception, particularly for women of color. According to INCITE, “mandatory arrest policies — which require police to make an arrest when they respond to domestic violence calls — have led to arbitrary arrests of survivors of domestic violence, rather than their abusers, in many cases.” INCITE writes that in New York City cases of arrests against DV survivors, 66 percent of the women arrested were African-American or Latina, 43 percent were living below the poverty line, and 19 percent were receiving public assistance at the time.<sup>117</sup>

For undocumented immigrant women, the threat of deportation—a form of state-sanctioned violence—often prevents them from reporting or leaving abusive relationships. President Trump’s efforts to detain and deport undocumented individuals have put women in greater danger. In February of 2017, an undocumented transgender woman from El Paso,

*From mandatory minimums to mandatory arrest policies to the insufficiently funded safety net that fails to provide a pathway out of violence, a host of rules—both those formally “on the books” and more informal discriminatory practices and attitudes—has set up women of color for further violence and criminalization and deprived them of the opportunity for healing and justice in the wake of their experiences of abuse.*

Texas, was arrested by Immigration and Customs Enforcement (ICE) agents when she arrived at a courthouse where she hoped to obtain a protective order against the boyfriend she accused of abusing her.<sup>118</sup> Around the same time, President Trump’s policies led to the deportation of an undocumented Arizona mother who, “rather than dodge her check-in with immigration officials, dutifully went and was detained.”<sup>119</sup> Fear of deportation forced an undocumented mother of four who had been living in the United States for 20 years to seek refuge in the basement of a Denver church. As threat of deportation prevents women from engaging with the few aspects of the legal system that are meant to protect them, they have even fewer options to leave violent relationships.

From mandatory minimums to mandatory arrest policies to the insufficiently funded safety net that fails to provide a pathway out of violence, a host of rules—both those formally “on the books” and more informal discriminatory practices and attitudes—has set up women of color for further violence and criminalization and deprived them of the opportunity for healing and justice in the wake of their experiences of abuse.

## STATE VIOLENCE

On all levels, women of color are facing staggering levels of state violence, which, for the purposes of this paper, we describe as the ways in which unsafe living conditions are allowed to proliferate and endanger the safety and lives of communities of color, immigrant communities, and queer and trans communities.

**Mass incarceration.** Conversations about mass incarceration in the United States primarily focus on men of color, but women of color are increasingly impacted by the sprawling reach of the criminal justice system. The percentage of women in state and federal prisons

has grown exponentially in recent decades, in many ways an unintended consequence of a rapidly expanding criminal justice system.<sup>120</sup> Women represent only 7 percent of the population in state and federal prisons, but between 1980 and 2010, the number of women in prison increased by 646 percent from 15,118 to 112,797.<sup>121</sup> As of 2012, including local jails, there were more than 200,000 women incarcerated, with black women being far more likely to be incarcerated than white and Hispanic women. Approximately half of the women who are incarcerated have never been convicted of a violent offense.<sup>122</sup> One in 45 Latina women and 1 in 56 black face imprisonment during their lifetime, compared to 1 in 118 white women.<sup>123</sup> Black women spend on average 0.23 years incarcerated, compared to 0.09 and 0.05 years for Hispanic and white women, respectively.<sup>124</sup>

***Approximately half of the women who are incarcerated have never been convicted of a violent offense.***

Along with cisgender black women, the black transgender population is at the nexus of several of these criminal justice rules. Transgender people are disproportionately incarcerated. As a result of discrimination, high levels of poverty, homelessness, and participating in “street economies,” nearly half (47 percent) of black transgender individuals have been incarcerated at some point in their lives.<sup>125</sup> In addition to frequently being denied hormones and other vital transition-related health care, many black trans people are incarcerated in prisons that do not correspond with their gender identity. Once incarcerated, black trans people are often placed in solitary confinement (or “protective custody”),<sup>126</sup> which has devastating effects on their mental health.<sup>127</sup> CeCe MacDonald, a black trans woman who was attacked by street harassers and used the fabric scissors she had in her purse to retaliate in self-defense, was arrested and immediately placed in solitary confinement in two separate men’s prisons for five months.

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# SPARK REPRODUCTIVE JUSTICE NOW!

BASED ON AN INTERVIEW WITH DR. KRYSTAL REDMAN

SPARK is a reproductive justice organization based in Atlanta, Georgia, that focuses specifically on advocating for and building the leadership of black women, women of color, and queer and trans communities of color. For SPARK, this ultimately means empowering individuals to live safe, healthy, and full lives—a broad mission that necessarily intersects with both social justice and public health.

Through their intersectional approach, SPARK actively broadens what reproductive justice means, going beyond contraceptive equity and abortion to encompass queer and trans communities of color, advocating for identity and gender justice, access to fertility services, and trans-affirming health care. They also address the growing HIV epidemic within Georgia while pushing for Medicaid expansion, testing, and preventive care for communities of color and LGBTQ young people of color. (Georgia is one of 18 states that have refused to accept the federal funding available for Medicaid expansion under the Affordable Care Act, leaving low-income communities without health coverage.)

As SPARK's Executive Director, Dr. Krystal Redman, notes: "We're a reproductive justice organization that deals significantly

with social justice. But given where the state of Georgia is right now, we can't ignore public health. Public health initiatives—things like accessibility, information, education, and resources. We have to look at the whole person, including the environment around them."

***At SPARK, Dr. Redman adds, they understand that the focus cannot solely be on siloed issues like contraceptive equity or fair wages because "we're not going to be able to get things like fair wages without looking at the underlying issues." In this way, meaningful advocacy for marginalized populations always involves intersectional work.***

Dr. Redman and SPARK understand that eliminating the pervasive oppression and violence facing communities of color is crucial to reproductive justice. She



recounted the story of Terence Crutcher, an unarmed black man killed by police in Oklahoma:

*Terence Crutcher had four children, and that family cannot be whole. What does the mother do? What about the future lives of their children? How do they go on to live fair and just lives knowing that this is how they have to see the world? Right now, given the world that we live in, it's hard not to want to advocate for something general, like removing deep, historical oppression.*

At SPARK, Dr. Redman adds, they understand that the focus cannot solely be on siloed issues like contraceptive equity or fair wages because “we’re not going to be able to get things like fair wages without looking at the underlying issues.” In this way, meaningful advocacy for marginalized populations always involves intersectional work.

Doing this kind of intersectional work, and attempting to bridge the divides between race, class, and gender identities, is, of course, difficult. One challenge SPARK has experienced is navigating the competition between single-issue advocacy organizations that often see their own priorities as taking precedence

within policy agendas. This competition is partly driven by philanthropic strategies that fund in silos and direct few resources to intersectional work, and specifically to grassroots reproductive justice organizations. This ultimately means the advocacy community isn’t as coordinated and collaborative as it could be: “We do partner and collaborate when it’s time for action during legislative sessions or as part of specific campaigns or coalitions, but [the advocacy space] may need to work more intentionally about building together in the long-term.” The need to collaborate and coordinate is significant, especially given the stakes for the historically marginalized communities that SPARK represents. After all, Dr. Redman says, “We’re speaking of human beings. We’re doing this work for a reason: because these issues directly affect the lives, lifestyles, safety, and wellbeing of each of us. That’s going to be a priority whatever happens.”

**Police brutality.** As we describe throughout this paper, women of color experience a lack of power, and that lack of power makes state violence against them particularly insidious. The power of the state apparatus combined with toxic masculinity has literally been deadly for women of color. Stories of women of color killed by police are often untold, but we know from those brought to the surface that violence against women and girls is all too common. The case of 28-year-old Sandra Bland, who was pulled over in Texas in 2015 for failure to signal a lane change and three days later was found dead in her cell, raised awareness of the silent assault against women of color by officers in uniform. As Kimberlé Crenshaw and Andrea Ritchie note in their report “Say Her Name; Resisting Police Brutality Against Black Women,” measuring the magnitude of police brutality against women is nearly impossible:

*[I]t would be impossible to [catalogue the black women killed by the police] as there is currently no accurate data collection on police killings nationwide, no readily available database compiling a complete list of the cases of Black women’s lives lost at the hands of police, and no data collection on sexual or other forms of gender and sexuality based police violence. Moreover, the media’s exclusive focus on police violence against Black men makes finding information about Black women of all gender identities and sexualities much more difficult.*<sup>128</sup>

Women of color experience other forms of brutality at the hands of law-enforcement officials. In 2016, an ex-Oklahoma City police officer was convicted of raping 13 women. The former officer targeted women with criminal histories in some of Oklahoma City’s poorest neighborhoods, “assuming their drug or prostitution records would undermine any claims they might make against him.”<sup>129</sup>

***The power of the state apparatus combined with toxic masculinity has literally been deadly for women of color.***

**School violence against girls of color.** Most conversations around the “school-to-prison” pipeline highlight the experiences of boys of color, but girls of color are often on the receiving end of “zero-tolerance policies that subject them to violence, arrest, suspension and/or expulsion.”<sup>130</sup> In the United States overall, black girls are six times more likely to be suspended than white girls, but in New York and Boston they are 10 and 12 times more likely to be suspended, and 53 and 10 times more likely to be expelled.<sup>131</sup> Despite the fact that they comprise only 16 percent of girls in schools, they represent 45 percent of girls who have at least one out-of-school suspension, 42 percent of girls who receive corporal punishment and who are expelled, 34 percent of girls arrested on campus, and 31 percent of girls who are referred to law enforcement.<sup>132</sup> As author Monique Morris explains, these

*These girls are not necessarily punished for what they did, but instead because of “the culture of discipline and punishment that leaves little room for error when one is black and female.”*

— Monique Morris, Co-founder of the National Black Women’s Justice Institute

girls are not necessarily punished for what they did, but instead because of “the culture of discipline and punishment that leaves little room for error when one is black and female.”<sup>133</sup> Experiencing such punitive measures has long-term detrimental results and is associated with low achievement, future involvement in the criminal justice system, and poor employment outcomes.

These trends are especially prevalent in charter schools.<sup>134</sup> A report by the Civil Rights Project at UCLA finds that more than 500 charter schools suspended black students at a rate that was at least 10 percentage points higher than white students. The same report found that charter schools suspended disabled students at extremely high rates: 235 charter schools suspended more than 50 percent of their students with disabilities.<sup>135</sup>

*The stigmatization of young parents and a lack of supports for student parents makes it particularly difficult for young parents to pursue and finish their education.*

Additionally, it is important to note how being a young parent makes it more likely girls will drop out of school. Latina and black students are twice as likely as white students to become pregnant; only 50 percent of young mothers receive a high school diploma by the time they are 22, compared to 90 percent of students who do not give birth.<sup>136</sup> The stigmatization of young parents and a lack of supports for student parents makes it particularly difficult for young parents to pursue and finish their education.

Finally, the trend of so-called “bathroom bills,” which prevent transgender people from using the bathrooms that align with their gender identities, has made schools and other public places outright hostile to trans individuals, and particularly young trans girls. Proponents of these bathroom bills frame them as critical to the safety of cisgender (white) women, but in reality they just threaten the safety of trans people and especially trans women of color. In response to the February 2017 decision by the U.S. Department

of Education to revoke guidance to public schools that protects trans students' right to bathroom access, Laverne Cox responded:

*When trans people can't access public bathrooms we can't go to school effectively, go to work effectively, access health-care facilities — it's about us existing in public space. And those who oppose trans people having access to the facilities consistent with how we identify know that all the things they claim don't actually happen. It's really about us not existing — about erasing trans people.<sup>137</sup>*

**Deportation.** For immigrant women, the fear of deportation or incarceration in a family detention center poses a threat both to their sense of safety and their health. According to the ACLU:

*Most of the Central American families detained by DHS have come to the U.S. seeking refugee protection, having fled one of the most dangerous regions in the world where women and children are raped, abused, and killed with impunity. Eighty-eight percent of detained families have demonstrated to a DHS asylum officer that they have a credible fear of persecution if deported.<sup>138</sup>*

For women living on the border in Texas, seeking reproductive health care poses especially high safety risks. As one example, the National Latina Institute for Reproductive Health (NLIRH) reported that in September 2015, an undocumented woman in Houston, Texas, was arrested by a sheriff's deputy waiting for her in a clinic exam room. Expecting to receive care from her medical provider, she instead left in handcuffs. Her case was not unique, and ones like it fuel a fear of deportation and detention that discourages immigrant women

***When immigrant women have no options for reproductive health care that do not lead to their deportation or detention, they have no choice but to turn to unsafe options or go without care entirely.***

from seeking vital health care. The NLIRH reports that Texas Latinas ages 21–64 are less likely than Latinas nationally and than non-Latina women in Texas to have received a Pap test within the last three years. Women living along the border in Texas are also 31 percent more likely to die of cervical cancer than women in non-border counties.<sup>139</sup> These health disparities are directly connected to safety disparities: When immigrant women have no options for reproductive health care that do not lead to their deportation or detention, they have no choice but to turn to unsafe options or go without care entirely.

Deportation also has a significant economic impact for individuals and their families. When immigrant children lose a parent to deportation, they are not only losing a pillar of their familial and social support structure, but are also losing an income earner, putting them at even greater economic risk and exacerbating vulnerabilities to which they were already subjected because of their location at intersecting identity categories. The vulnerability of being undocumented also makes it difficult for women to ask for better wages and report safety threats or acts of violence that occur in their workplace.

## THE RULES

The rules that drive, or at the very least contribute to, the injustices and violations we just described are often overlapping and have deep historical roots. We do not have space to describe each of these rules in detail in this report; instead, we will briefly review many of them to illustrate how the rules of race, gender, sexuality, and immigration status are interlocking and often overlap with economic rules. We aim to show that these rules are deeply rooted in racist and sexist ideologies that have long been detrimental to women of color, and to remind policymakers that the roots of women's inequality go deeper than the economic conditions.

*The increase in the incarceration of women is not a reflection of the “seriousness of women’s crime” but is instead a result of the racial rules of the penal system, and specifically the increasingly harsh penalties associated with the War on Drugs.*

— Meda Chesney-Lind, Professor, University of Hawaii

**Mass incarceration.** A combination of factors has made black women more vulnerable to the rules of mass incarceration and has subjected them to a system originally designed for male offenders with little consideration for how that system will affect women. Meda Chesney-Lind refers to this phenomenon as “vengeful equity” and explains that the increase in the incarceration of women is not a reflection of the “seriousness of women’s crime” but is instead a result of the racial rules of the penal system, and specifically the increasingly harsh penalties associated with the War on Drugs.<sup>140</sup> Mandatory minimum sentencing takes a particular toll on women arrested for crimes related to drug trafficking. Women are less likely than men to be able to trade valuable information in exchange for a reduced sentence—either because they don’t wish to betray their partner, are afraid of doing so, or simply do not have

access to information deemed valuable—and therefore are more likely to be required to serve an entire sentence. Black women’s unique experiences—sexual and physical trauma, domestic violence, low-paying and low-status jobs, changes in welfare policies, and a lack of social supports—increase the likelihood that they will interact with the criminal justice system in the first place, and put them and their families at even greater risk once incarceration is over.

Research shows that nearly 60 percent of women serving time in state prisons reported having been either sexually or physically abused at least once before spending time in prison, and for approximately one-third of all incarcerated women, that abuse spanned from childhood, beginning when they were young girls and continuing throughout adulthood. Such victimization patterns are significant because research on girl’s and women’s experiences with the justice system often exposes significant links between these traumatic experiences and behavior that later involves them in the system.<sup>141</sup>

***It’s important to acknowledge how the incarceration of women of color reinforces—and exacerbates—the very rules that initially brought them into contact with the criminal justice system.***

It’s important to acknowledge how the incarceration of women of color reinforces—and exacerbates—the very rules that initially brought them into contact with the criminal justice system. As Todd Clear explains, even though women are imprisoned at lower rates than their male counterparts, their imprisonment has an outsized impact on their communities and their families:

*The smaller number of women who cycle in and out of prison from these same neighborhoods does not mean that their impact is as small as their numbers. The role women play in their social networks, social capital, and informal social controls, especially in very poor urban neighborhoods is thought to be more important, per person, than men.<sup>142</sup>*

**School push-out and punishment.** Zero-tolerance policies—which the federal government started to require at the same time it invested in “broken-windows” policing—are a major driver of school push-out—the phenomenon by which students leave school at the request or encouragement of the school—and punishment. Girls report that in zero-tolerance environments discipline is valued over education, and that such policies make it more likely they will be punished when retaliating against sexual assault or bullying, and also make it less likely students will report violations at all.

**Immigration.** Use of detention centers expanded greatly under the Obama administration. Family detention centers alone grew from under 100 beds in 2009 to up to 6,300 across the country in 2014, the year the administration announced that it would renew the mass detention of immigrant families. These centers are run and operated by for-profit prison companies and have many of the same deplorable conditions found in private prisons.<sup>143</sup> There are currently no regulations or enforceable standards for detention centers, meaning many detainees go without any form of legal aid, medical treatment, mental health care, phones, and many other resources.<sup>144</sup>

***There are currently no regulations or enforceable standards for detention centers, meaning many detainees go without any form of legal aid, medical treatment, mental health care, phones, and many other resources.***

Under the Trump administration, immigration policy will be an even more dangerous threat to women, both because deportations will certainly escalate and because of the discontinuation of the Obama administration's policy of prioritizing the deportation of those few immigrants who have felony convictions over those who do not. Not only can undocumented immigrants now be turned over to ICE for simply being arrested—not convicted—for a crime, but ICE has also captured and detained undocumented people who are victims of crimes and seeking justice through the legal system. As previously mentioned, this has led to many undocumented victims of domestic violence by U.S. citizens dropping their court cases for fear of being deported.<sup>145</sup>

The examples we have provided above are a small sampling of the injustices experienced by women of color, and a brief description of some of the most influential rules driving them. Improving women's economic circumstances would improve some, but not all, of these inequities. As long as those inequities are allowed to persist, women will not be able to achieve wellbeing in any area of their lives.

In the next section, we will examine the health inequities experienced by women of color, illustrate the rules driving those inequities, and describe how the racial and gendered rules of women's health are inextricably linked to the economic and safety rules we detailed previously.



## **PART THREE**

# HEALTH

Conservative policymakers have long put women's health in their crosshairs, and they will continue to do so in the years ahead. The conservatives who now have power at nearly all levels of government have promised to overturn *Roe v. Wade*, to defund and essentially dismantle the family planning safety net, to turn Medicaid into a block grant, and to repeal the Affordable Care Act (ACA) and erase the improvements in coverage and access it brought to many women. Each of these attacks will take a significant toll on women's health—particularly the health of women of color, low-income women, young women, and LGBTQ individuals—but they will also impact the economic wellbeing and safety of women and their families.

***Improving economic outcomes alone would not sufficiently address the myriad other rules contributing to the gendered and racialized disparities and inequities that have come to characterize the U.S. health system.***

These attacks on women's health will have a disproportionate impact on women of color and immigrant women. As we discussed previously, these women are less likely to work in full-time positions that offer benefits such as employer-sponsored health insurance. They are less likely to have disposable income or a financial cushion to rely on when they or their family members are ill and in need of care. Because of their financial circumstances, they are more likely to rely on Medicaid and their children are more likely to rely on public insurance such as the Children's Health Insurance Program.

***We illustrate the cyclical relationship between economic wellbeing, safety, and health, describing how the rules that drive economic inequality for women of color also shape health outcomes, and how the rules driving negative health outcomes are also impediments to economic wellbeing. This cyclical relationship entrenches economic and social inequities, and demands that any women's economic agenda include new rules for health access and outcomes.***

Given that low socioeconomic status is a reliable harbinger of health care disparities, addressing the underlying economic issues we described in the previous section would certainly make women less vulnerable.<sup>vii</sup> However, improving economic outcomes alone would not sufficiently address the myriad other rules contributing to the gendered and racialized disparities and inequities that have come to characterize the U.S. health system. Indeed, health disparities persist even for women of color of higher income and education levels, and research shows that race and immigration status themselves are causal pathways to poor health outcomes.<sup>146</sup>

In this section, we describe the health disparities and inequities that women of color experience and enumerate the historic and current rules that shape those outcomes. We illustrate the cyclical relationship between economic wellbeing, safety, and health, describing how the rules that drive economic inequality for women of color also shape health outcomes, and how the rules driving negative health outcomes are also impediments to economic wellbeing. This cyclical relationship entrenches economic and social inequities, and demands that any women's economic agenda include new rules for health access and outcomes.

## HEALTH DISPARITIES AND INEQUITIES FOR WOMEN OF COLOR

Women overall are more likely than men to experience a number of different health conditions. Despite having longer life expectancies than men, they are more prone to non-fatal acute and chronic conditions, and are also more likely to suffer from disability and diminished quality of life in their later years. Women have a greater likelihood of acquiring chronic and debilitating diseases, and are also more likely to suffer from more minor diseases like anemia, thyroid disorders, gallbladder problems, migraines, and arthritis. Health disparities for women of color mirror the economic disparities we described earlier. A 2009 study by the Kaiser Family Foundation found that compared to 9.5 percent of white women, 19.7 percent of black and 26.9 percent of Latina women reported having fair or poor health. Rates of diabetes, heart disease, and obesity for most women of color were significantly higher than rates experienced by white women (see Figure 7).

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<sup>vii</sup> It is, after all, men who have lower life expectancies and a greater likelihood of falling victim to life-threatening diseases (among them cardiovascular disease or CVD, cancer, cerebrovascular disease, emphysema, cirrhosis of the liver, kidney disease, and atherosclerosis). And the growing literature on men's health suggests that it is at least partially the culture of masculinity—or the informal “rules” of masculine gender norms and socialization that act to reinforce male power—that is to blame for the risk-taking behaviors that have such a deleterious effect on men's health. Much of the gap in men's health outcomes is attributable to modifiable health behaviors (e.g., alcohol abuse, tobacco use, lack of seatbelt use, physical fighting, unwillingness to access social support networks, lack of exercise, poor dietary habits, and low tendency to access preventive health care services like annual medical check-ups). See, among others, Courtenay, Will. 2000. “Constructions of masculinity and their influence on men's well-being: a theory of gender and health,” *Social Science and Medicine* 50: 1385-1401.

NATIONAL AVERAGES AND RATES OF INDICATORS, BY RACE/ETHNICITY							
Health Status	All Women	White	All Women of Color	Black	Hispanic	Asian and NHPI	American Indian/ Alaska Native
Fair or Poor Health	12.8%	9.5%	19.7%	16.9%	26.9%	7.9%	22.1%
Unhealthy Days (mean days/month)	7.3	7.2	7.3	7.6	7.4	5.5	10.5
Limited Days (mean days/month)	3.5	3.2	3.9	4.3	3.8	2.7	6.2
Diabetes	4.2%	3.3%	6.2%	7.5%	6.1%	3.2%	8.6%
Heart Disease	3.2%	2.7%	3.9%	4.8%	4.0%	1.2%	8.7%
Obesity	22.7%	20.1%	28.4%	37.8%	27.3%	8.4%	30.4%
Smoking	21.9%	24.7%	14.6%	18.7%	11.5%	8.4%	35.7%
Cancer Mortality/ 100,000 women	162.2	161.4	—	189.3	106.7	96.7	112.0
New AIDS Cases/ 100,000 women	9.4	2.3	26.4	50.1	12.4	1.8	7.0
Low-Birthweight Infants	8.1%	7.2%	9.9%	13.8%	6.8%	7.9%	7.4%
Serious Psychological Distress	15.7%	16.7%	13.8%	13.5%	14.1%	9.6%	26.1%

**FIGURE 7**<sup>148</sup> Source: The Henry J. Kaiser Family Foundation, 2009. "Putting Women's Health Care Disparities on the Map: Examining Racial and Ethnic Disparities at the State Level."

The reproductive health disparities for women of color are particularly striking. Black and Latina women account for 80 percent of reported female HIV/AIDS diagnoses, and black women experience a maternal mortality rate three to four times the rate of white women, a discrepancy that holds constant across income levels.<sup>149</sup> The U.S. is the only country in the world whose maternal mortality rate has increased over the last decade (by 136 percent from 1990 to 2013), and among certain U.S. communities of color, maternal mortality rates are as high as those in sub-Saharan Africa.<sup>150</sup> Black women also have the highest rates of premature birth and are more likely to have infants with low or very low birth weights. Infants born to black women are still, tragically, more than 2.4 times more likely than those born to white women to die in their first year of life.<sup>151</sup>

***“Advances in diagnosis and treatment that have sharply improved survival rates from breast cancer and saved countless lives have largely bypassed African-American women ... by virtually every measure of the disease — age of diagnosis, age of death, stage of diagnosis — black women are at a significant disadvantage compared with white women, the data show.”***

— Tara Parker-Pope, *The New York Times*

A 2015 study showed that breast cancer incidence and mortality rates for black women now rival those of white women. For many decades black women were more likely to die from breast cancer but were less likely to be diagnosed. But as of 2015, incidence rates for black women had increased, which, *The New York Times* noted, shows “that advances in diagnosis and treatment that have sharply improved survival rates from breast cancer and saved countless lives have largely bypassed African-American women.” The paper continued, “by virtually every measure of the disease — age of diagnosis, age of death, stage of diagnosis — black women are at a significant disadvantage compared with white women, the data show.”<sup>152</sup>

Unsurprisingly, similar disparities exist in health access for women of color. In 2013, before some of the key elements of the ACA were implemented, 18 percent of women overall were uninsured, compared to 22 percent of black women, 36 percent of Latina women, and 13 percent of white women.<sup>153</sup> Women were far more likely than men to have to forgo care because of cost concerns, and for all women—but especially those without coverage—cost was a major barrier to care. Many women had difficulty paying their medical bills, and others reported that a shortage of time and the unavailability of time off, childcare, and transportation impeded their ability to access care.<sup>154</sup> A lack of access to comprehensive and quality reproductive health care compounds these financial problems and contributes to higher rates of unintended pregnancy, abortion, and labor complications.<sup>155</sup>

***Many women had difficulty paying their medical bills, and others reported that a shortage of time and the unavailability of time off, childcare, and transportation impeded their ability to access care.***

Women in the justice system face unique challenges, particularly related to health care. They are more likely than men to have chronic medical problems (59 percent compared to 43 percent), and nearly three out of every four women battle with mental health illnesses, compared to just over half of male prisoners.<sup>156</sup> Additionally, many women enter the prison system while they are pregnant (1 in 25 women in state prisons and 1 in 33 in federal prisons). A study by the Correctional Association of New York found that

***Pregnant women often face poor living conditions, including confinement, insufficient nutrients, and harmful childbirth experiences, such as shackling during labor.***

pregnant women often receive substandard reproductive health care and face serious delays accessing obstetric and gynecological services, and that women are “routinely denied basic reproductive health items, including contraception and sufficient sanitary supplies.” Pregnant women often face poor living conditions, including confinement, insufficient nutrients, and harmful childbirth experiences, such as shackling during labor.<sup>157</sup> In fact, in all but 21 states, women can be shackled during labor and delivery, and even in states where it is outlawed, many women still experience such treatment. These racialized and gendered rules hit women of color the hardest.

## Historic Rules

Since the earliest days of slavery, black women have fought for bodily autonomy. Scientific racism fed tropes about the hypersexuality of black men and women, and these theories were used to justify the rape and sexual assault of black women and girls, who were considered important assets because of their ability to bear children and produce more property—future labor—for their owners.<sup>158</sup> Thomas Jefferson once said, “I consider a slave woman who breeds once every two years as profitable as the best worker on the farm.”<sup>159</sup>

***Since the earliest days of slavery, black women have fought for bodily autonomy.***

The reproduction of black women was later controlled by the state in another way: involuntary sterilization. By the early 1920s, a number of states had involuntary sterilization laws on the books, and in 1927 the Supreme Court confirmed the states’ right to sterilize “unfit”

individuals in its *Buck v. Bell* decision.<sup>160</sup> Given the explicitly racist rules of the time, “unfit” often meant non-white. That Supreme Court decision unleashed a wave of sterilization efforts by the states, and the number of procedures increased tenfold in the two decades that followed. By 1961, more than 62,000 eugenic sterilizations had taken place in the United States, 61 percent of which involved women.<sup>viii</sup> A third of those sterilizations took place in California.

*In 1927 the Supreme Court confirmed the states’ right to sterilize “unfit” individuals in its Buck v. Bell decision.<sup>160</sup> Given the explicitly racist rules of the time, “unfit” often meant non-white.*

Native American women and Puerto Rican women were also victims of state-sponsored and sanctioned sterilization campaigns. A rash of forced sterilizations of Native American women began in the 1960s, driven by the belief that Native American birth rates should be curbed. Blakemore writes that “Between 1970 and 1976 alone, between 25 and 50 percent of Native American women were sterilized.”<sup>161</sup> The United States exerted population control efforts in Puerto Rico beginning at the end of the 19th century. Krase writes that in 1937 a formal rule—Law 116—was passed that formally instituted population control. The rule had the backing of public and private funders, who supported it in the belief that it would catalyze economic growth and respond to “depression-era unemployment.”<sup>162</sup> A 1965 study found that approximately one-third of all Puerto Rican mothers, ages 20–49, were sterilized, many through coercion and outright lying.<sup>163</sup>

This history of forced sterilization is not a distant one. Between 2006 and 2010, state-contracted physicians in California forcibly coerced nearly 150 female inmates into sterilization, and it is believed that 100 more such sterilizations took place dating back to the 1990s.<sup>ix</sup> It is worth noting that North Carolina and Virginia recently decided to grant reparations to some sterilization victims.<sup>165</sup>

The health system that evolved during Reconstruction and the Jim Crow era that followed was characterized by the same racial segregation and discrimination that defined the majority of U.S. social and economic systems. This was true in the South (where in 1946 only 9.6 percent of black births took place in a hospital, compared to 69.3 percent of white births), but also in the North, where black physicians were denied admitting privileges to

<sup>viii</sup> As Kluchin points out, men were also sterilized as punishment for criminal behavior and to treat “aggression.”

<sup>ix</sup> The Center for Investigative Reporting found that at least 148 women inmates received tubal ligations between 2006 and 2010, in direct violation of prison rules. From 1997 to 2010, the state paid doctors \$147,460 to perform the procedures.



historically white hospitals. Even black individuals who had good health insurance were relegated to county hospitals and denied referral or admission to better facilities or those closer to their homes.<sup>166</sup>

***The health system that evolved during Reconstruction and the Jim Crow era that followed was characterized by the same racial segregation and discrimination that defined the majority of U.S. social and economic systems.***

Between the mid-1940s and 1960s, a series of inclusive rules began to address vast racial inequities in health access and outcomes. President Truman’s executive orders that prohibited discrimination in the federal workforce and desegregated the armed forces were also applied to hospitals run by the Department of Veterans Affairs. Those orders initiated progress that expanded when civil rights efforts pushed President Kennedy to make desegregation in medical schools and hospitals a prerequisite for federal grants and contracts. After the *Brown v. Board* decision, the 1946 Hill-Burton legislation that allowed for racial exclusion in publicly funded facilities was successfully challenged, setting the stage for the inclusion of Title VI in the 1964 Civil Rights Act. That provision prohibited “the

***Between the mid-1940s and 1960s, a series of inclusive rules began to address vast racial inequities in health access and outcomes.***

provision of any federal funds to organizations or programs that engage in racial segregation or other forms of discrimination.”<sup>167</sup> A series of legal decisions and continued pressure from the Civil Rights Movement set the stage for the 1965 passage of Medicare, which prompted the largest sea change in the desegregation of the medical system. Medicaid was enacted at the same time, but the refusal of many physicians to see Medicaid patients perpetuated the long history of discrimination against black Americans.<sup>168</sup>

A series of other rules paved the way for more expansive reproductive rights. In its 1965 *Griswold v. Connecticut* decision, the Supreme Court determined states could no longer prohibit the use of contraceptives among married couples, and seven years later, in its *Roe v. Wade* decision, it set the current legal precedent for abortion access. In 1970, President Nixon and then-Congressman George H.W. Bush led the creation of Title X—the

***These expansive rules around women’s sexuality set off a fierce backlash. One of the results was the Hyde Amendment, instituted in 1976 as a way to prevent the use of public funds for abortion, thus putting the procedure out of reach for millions of low-income women, many of them women of color.***

nation’s family planning program—which established a reproductive health safety net. These expansive rules around women’s sexuality set off a fierce backlash. One of the results was the Hyde Amendment, instituted in 1976 as a way to prevent the use of public funds for abortion, thus putting the procedure out of reach for millions of low-income women, many of them women of color.

## Current Rules

The disparate outcomes we described are driven—at least in part—by a number of complex and often intersecting rules. The current story of women’s health access and outcomes is one of a push and pull between the promise of inclusive rules designed to improve health access and outcomes for U.S. women and exclusive rules that in practice—and often by design—do just the opposite. Our goal here is not to describe all of the rules that shape women’s health, but to explain some of the most influential and further illustrate how a class-only approach will not sufficiently protect women from the threats to their health access and outcomes. Improving the health of women of color—and all Americans—will require digging deep to get at the roots of inequities and disparities.

***The current story of women’s health access and outcomes is one of a push and pull between the promise of inclusive rules designed to improve health access and outcomes for U.S. women and exclusive rules that in practice—and often by design—do just the opposite.***

## Health Coverage: Exclusion, Progress, Retrenchment

Many of the health disparities detailed above have their roots in the pre-ACA health system. The ACA was not a perfect (or even progressive) piece of legislation, but it was a significant improvement on the system—or lack thereof—that came before it. Given the Republicans’ laser focus on repealing President Obama’s signature policy achievement, and the stated desire of conservatives to strip away many of the ACA’s key benefits, it is important to remember that the previous system was rife with race and gender inequities.

*Before the ACA, it was both legal and commonplace for insurers to charge women higher premiums than men for the same services. As the NWLC reported in 2011, one Arkansas-based plan examined in Arkansas charged 25-year-old women 81 percent more than men for coverage.*

Before the ACA, it was both legal and commonplace for insurers to charge women higher premiums than men for the same services. As the NWLC reported in 2011, one Arkansas-based plan examined in Arkansas charged 25-year-old women 81 percent more than men for coverage.<sup>169</sup> The organization estimated that the practice of gender rating cost women in the U.S. approximately \$1 billion a year.<sup>170</sup> Women who attempted to purchase coverage on the individual market often did not find plans that offered coverage and services they needed or could afford.

Pregnant women often found themselves without health coverage and with few options to obtain it, as a result of the inadequate and out-of-date Pregnancy Discrimination Act (PDA).<sup>x</sup> Pregnant women who did not have employer-based insurance and did not qualify

*Many insurance plans treated pregnancy itself or related conditions, such as a prior cesarean delivery, which accounts for roughly 30 percent of all births in the U.S., as pre-existing conditions, and therefore charged higher premiums or denied coverage altogether.*

<sup>x</sup> Under the PDA, employers with 15 or more employees were required to cover pregnancy, childbirth, and related medical conditions to the same extent they would cover other medical conditions. This left behind women who worked for businesses with fewer than 15 employees.

for Medicaid were in a particularly difficult situation. The NWLC reported that, as of 2012, in states that did not mandate maternity coverage, only 6 percent of the individual market health plans available to a 30-year-old woman provided it. Even in states that did mandate maternity coverage, only 12 percent of plans offered it.<sup>171</sup> Some insurance companies allowed women to purchase a pregnancy rider, but given that deductibles could be as high as \$5,000, this was not feasible for the majority of people. Further, many insurance plans treated pregnancy itself or related conditions, such as a prior cesarean delivery, which accounts for roughly 30 percent of all births in the U.S., as pre-existing conditions, and therefore charged higher premiums or denied coverage altogether.<sup>172</sup>

*The ACA has rewritten many of these rules, opening the door to an era of more inclusive health policy.*

The ACA has rewritten many of these rules, opening the door to an era of more inclusive health policy. First, we must acknowledge the marked improvements in insurance rates ushered in by the ACA. The law expanded coverage to approximately 20 million individuals, bringing down the rate of uninsured by 7.7 percentage points among black Americans, and by 9.5 percentage points among Latinos.<sup>173</sup> It enabled 3.1 million young adults to gain coverage through their parents' insurance plans.<sup>174</sup> It also expanded access to care for low-income individuals by establishing tax credits and health subsidies for individuals with incomes up to 400 percent of the federal poverty level (FPL) to purchase private insurance on the exchanges.<sup>175</sup> And it increased Medicaid eligibility from 133 percent to 138 percent of FPL and expanded access to many adults who were previously excluded because they were not pregnant, disabled, or otherwise eligible.<sup>176</sup>

In addition to expanding coverage, the ACA also raised the floor of coverage for all individuals, and especially women, by prohibiting discrimination based on gender and preexisting conditions, mandating no-cost contraceptive coverage, and requiring full coverage for a wide array of preventive services. It also provided for an investment of more than \$11 billion in community health centers.<sup>177</sup>

**Improved coverage for women and LGBTQ individuals.** The ACA is a current-day example of how inclusive rules can drive positive outcomes. As a result of the law, 8.7 million women gained maternity coverage; 48.5 million women benefited from the requirement that preventive services be covered with no cost-sharing (almost 30 million did not have access without cost-sharing before the ACA); and as many as 65 million women can no longer be charged higher premiums based on pre-existing conditions.<sup>178</sup> Additionally, more than 48 million women no longer face cost barriers to accessing birth control thanks to the law's contraceptive mandate, which requires all insurance providers to provide no-cost coverage of

all FDA-approved methods of family planning.<sup>179</sup> NWLC reported that in 2013, women saved more than \$483 million in out-of-pocket birth control costs, for an average of \$270 per woman:

*They are no longer choosing between birth control and paying for other necessities, like groceries, and are continuing their education and advancing their careers because of this landmark law. Indeed, access to birth control has benefits for the health of women and children, improves women's ability to control whether and when they will have a child, and fosters women's ability to participate in education and the workforce on equal footing with men.*<sup>180</sup>

The number of women who filled their birth control prescriptions without copays grew from 1.3 million to 5.1 million, and in one year the share of women who had access to birth control with no out-of-pocket costs grew from 14 percent to 56 percent.<sup>181</sup> Legal challenges to the ACA's contraceptive mandate have further sought to restrict the law's reach. This component of the ACA was legally challenged numerous times, and the resulting Supreme Court decision in *Burwell v. Hobby Lobby Stores, Inc.* ultimately expanded the power of employers to restrict family planning access to those methods they deem do not violate their religious liberty.<sup>182</sup>

***Section 1557 of the ACA bans discrimination based on sex, as well as discrimination based on gender identity, which ensures that transgender, gender-nonconforming, and intersex people cannot be treated differently or excluded from coverage.***

The ACA also expanded protections to LGBTQ and gender nonconforming individuals. Section 1557 of the ACA bans discrimination based on sex, as well as discrimination based on gender identity, which ensures that transgender, gender-nonconforming, and intersex people cannot be treated differently or excluded from coverage. As the Transgender Law Center explains:

*While banning the exclusion is not the same as requiring affirmative coverage, it does mean that if an insurance plan provides coverage for a treatment for a non-transgender person, they cannot then deny it for a transgender person on the basis of their transgender status. This is the same rationale that has been applied in the 15 jurisdictions that have implemented non-discrimination in health insurance so far, which have opened the door to many transgender people to access life-saving care for the first time, including hormone therapy and certain surgeries.*<sup>183</sup>

**Medicaid expansion and retrenchment.** A major pillar of the ACA was the expansion of Medicaid, which raised income thresholds and reduced barriers to eligibility for adults. In 2012, the Supreme Court decided the federal government could not force states to expand Medicaid, essentially making that component of the law optional. States that did expand Medicaid saw marked drops in the rates of uninsured and increases in access to care, utilization of services, and economic security of low-income individuals and families.<sup>184</sup>

*States that did expand Medicaid saw marked drops in the rates of uninsured and increases in access to care, utilization of services, and economic security of low-income individuals and families.*

However, 19 states have still not expanded, leaving low-income families without coverage. In states with low Medicaid eligibility levels, the coverage gap is particularly large and has a disproportionate impact on people of color. As the Kaiser Family Foundation explains, “Medicaid eligibility for adults in states not expanding their programs is quite limited: the median income limit for parents in 2016 is just 44% of poverty, or an annual income of \$8,840 a year for a family of three, and in nearly all states not expanding, childless adults remain ineligible”.<sup>185</sup> By January 2015, 55 percent of black Americans resided in states that had refused the Medicaid expansion, and as of early 2017, nearly one-quarter of uninsured black adults fell into the coverage gap.<sup>186</sup>

*Health access and outcomes for individuals with Medicaid vary across states, many private providers will not see patients with Medicaid coverage, and Medicaid patients have complained about being treated poorly in medical settings.*

Black Americans make up just over 13 percent of the U.S. population but represent nearly one in five individuals covered by Medicaid, a fact that can be attributed to the high poverty rates they experience, particularly in the South.<sup>187</sup> And while having public coverage is certainly better than not having any coverage, Medicaid is not a perfect system. Health access and outcomes for individuals with Medicaid vary across states, many private providers will not see patients with Medicaid coverage, and Medicaid patients have complained about being treated poorly in medical settings.<sup>188</sup> Additionally, because

of Medicaid’s low reimbursement rates for doctors and hospitals, beneficiaries—who are predominantly poor and disproportionately minority—continue to be subjected to “separate, often segregated systems of hospital and neighborhood clinics.”<sup>189</sup> Making matters worse, bias within the health care system is rampant, with black women experiencing some of the worst outcomes when it comes to referral for specialty care and subsequent health outcomes.

*A number of analyses have shown that changing the federal program would lead to a dramatic increase in the numbers of un- and underinsured, would likely eliminate the current guarantee that all eligible applicants receive coverage, and would enable states to restrict eligibility, curtail benefits, and make it more difficult for individuals to enroll.*

At many points in recent years conservatives have proposed converting Medicaid into a block grant, a neoliberal strategy that is harmful to those who rely on the program, especially black Americans. Under a block grant scenario, the federal government would provide states with a fixed dollar amount that would be considerably less than what they receive under the original program. A number of analyses have shown that changing the federal program would lead to a dramatic increase in the numbers of un- and underinsured, would likely eliminate the current guarantee that all eligible applicants receive coverage, and would enable states to restrict eligibility, curtail benefits, and make it more difficult for individuals to enroll.<sup>190</sup> As states took on additional funding burdens, they would likely be inclined—for either budgetary or ideological reasons, or both—to charge premiums, deductibles, and/or copayments, which are a significant barrier to care for low-income individuals. As the Center for Budget and Policy Priorities has noted, under a block-grant system, states would have the ability to impose work requirements and end coverage for individuals they deem non-compliant:

*This could result in people with various serious barriers to employment — such as people with mental health or substance use disorders, people who have difficulty coping with basic tasks or have very limited education or skills, and people without access to child care or transportation — going without health coverage.<sup>191</sup>*

Given the various obstacles that black Americans already face as a result of discrimination in education, the criminal justice system, and the labor market, and the historic and lasting gaps in wealth, modifying Medicaid would have a disproportionately negative impact on black communities.



***When individuals have affordable health coverage and quality, affordable, and accessible health care, they are better able to prevent illnesses that take them out of work and force them to lose a paycheck. They can make decisions about the timing and size of their families. They have healthier babies and children. They have fewer out-of-pocket medical costs and have more money for food, childcare, education, housing, transportation, and savings.***

Such changes would also have a distinct impact on women, and particularly black women and other women of color, who are more likely to rely on Medicaid for medical coverage and on publicly funded providers for their health care. This is particularly true for reproductive health care. Medicaid currently matches 90 percent of states' costs for family planning services and supplies, and requires that states allow patients to visit the provider of their choosing. Block-granting the program would eliminate the family planning match and could give states the option to restrict providers. Between 2011 and 2016, a number of states attempted to prevent individuals from using Medicaid coverage at providers that also perform abortions; Texas went through with such a plan and lost the matching funds as a result. In the wake of that decision, 82 family planning clinics across that state closed and the birth rate among women who relied on publicly funded services increased.<sup>192</sup> If the "provider choice" requirement were restricted or eliminated, many individuals would be left without a regular place of care.

When individuals have affordable health coverage and quality, affordable, and accessible health care, they are better able to prevent illnesses that take them out of work and force them to lose a paycheck. They can make decisions about the timing and size of their families. They have healthier babies and children. They have fewer out-of-pocket medical costs and have more money for food, childcare, education, housing, transportation, and savings.

# ALL\* ABOVE ALL

BASED ON AN INTERVIEW WITH RAVINA DAPHTARY

All\* Above All builds on the long legacy of reproductive justice organizations that have carried the torch in the fight to end the Hyde Amendment. Ravina Daphtary, All\* Above All's Director of State Strategies, cites the work of reproductive justice organizations, notably black-led organizations, as having maintained vigilance on Hyde for decades. All\* Above All builds on that leadership and history by uniting organizations across the movement to address abortion coverage in a coordinated manner. As the debates about the Affordable Care Act gained steam, the issue of abortion coverage reentered the mainstream dialogue and publicly covered abortion care became a contested issue yet again. All\* Above All emerged from a coalition of organizations committed to restoring abortion coverage by lifting up the communities most impacted.

The Hyde Amendment, the first major abortion restriction passed after *Roe v. Wade*, prohibits the use of public funds, primarily through Medicaid, to be used for abortion coverage (except in limited case of rape, incest, and life endangerment). The restriction is named for Henry Hyde, who said on the House floor that he wanted to restrict abortion access for everyone, but starting with poor women was easiest, as they lacked political power. All\* Above All holds this speech as a reminder that

poor women have long been a target, and the consequences include the one in six women who are subject to restrictions on abortion coverage like Hyde.

***All\* Above All emerged from a coalition of organizations committed to restoring abortion coverage by lifting up the communities most impacted.***

Women of color and young women disproportionately use Medicaid for their health coverage, and this restriction is also an economic security issue for them. Daphtary explains:

*Studies show that when a woman wants an abortion but is denied, she is more likely to fall into poverty than a woman who is able to access an abortion. We hear stories from women that in order to pay for an abortion out of pocket, they are forced to miss rent payments, sell the family stove, forgo heat, not buy clothing for their kids, and more. We also know that one in four women enrolled in Medicaid and subject to the Hyde Amendment who seek an abortion end up carrying*

*an unwanted pregnancy to term. Because of these factors, the Hyde Amendment pushes women who are already struggling to get by even deeper into poverty.*

All\* Above All works collaboratively across social movements to partner with organizations focused on labor protections and wage increases, like ROC United and other worker organizations. Since many of those organizations' members are low-income women making lower wages who receive health coverage through Medicaid, they are subject to the Hyde Amendment. Many of All\* Above All's core constituents are people of color, young people, immigrants, and LGBTQ people,

All\* Above All will continue to push back against the attack on the safety net in the years ahead, as they work on behalf of communities who use Medicaid and need public benefits to provide a stable and healthy home life for their families. Protecting health and economic security will be crucial for those in that precarious position. As they continue that work, they continue to take seriously the belief that leadership should come from people of color and those most impacted. Daphtary and the campaign call on other organizations to do the same: "Communities of color have inhabited a resistance space for long before the current administration."

***Communities of color  
have inhabited a  
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long before the current  
administration.***

Ravina Daphtary, *Director of State  
Strategies*, All\* Above All

who are subject to a range of different types of discrimination and disparities in their access to health care. "We can't be advocating alone when the people we care about are facing attacks on many fronts."

## Reproductive Health Rollbacks and Restrictions

Recent conservative threats to both Title X and safety net providers like Planned Parenthood—motivated by anti-choice ideologies—pose a great risk to the health access of women of color. The Title X provider network of clinics, which includes but is not limited to Planned Parenthood, is a backbone of the U.S. reproductive health infrastructure. For much of the program’s history, Title X was supported across the political spectrum. But that changed in 2010, when the program began to face serious threats from new lawmakers who represented an ever-more right-leaning branch of the Republican Party. Between 2010 and 2013, Congress reduced Title X spending by 12 percent.<sup>193</sup> During that same time period, the number of women in need of publicly funded family planning services grew by 918,000, or approximately 5 percent.<sup>194</sup> Today, when accounting for inflation, the Title X budget is two-thirds of what it was in 1980. If funding had kept pace with inflation over the past three decades, the current funding level would be in the ballpark of \$850 million. Today it hovers under \$300 million.

***President Obama created a rule that would prohibit states from barring organizations such as Planned Parenthood from receiving funding on ideological grounds. That rule was one of the first overturned by President Trump during his first 100 days in office, paving the way for the further erosion of a critical source of care for millions of women.***

In addition to inadequate funding, state regulations on Title X funding have altered the reach of the program. Today, a number of states have tiered funding systems that funnel money to state health department clinics and crisis pregnancy centers instead of the family-planning clinics for which the funding was originally intended.<sup>195</sup> Other states explicitly prohibit private family-planning providers from receiving state and federal funding, and many other states prevent organizations that also provide abortion services from receiving funding. In response to these trends, President Obama created a rule that would prohibit states from barring organizations such as Planned Parenthood from receiving funding on ideological grounds. That rule was one of the first overturned by President Trump during his first 100 days in office, paving the way for the further erosion of a critical source of care for millions of women.

There is perhaps no better example of the threats to reproductive health access than the state of Texas, where lawmakers have used multiple strategies to defund the reproductive health safety net and regulate clinics into extinction. Texas forfeited a 9-to-1 federal Medicaid match in order to pursue ideologically driven changes to its women’s health

program, and in the years that followed, the state served almost 30,000 fewer women—and received more than 100,000 fewer claims for birth control—than it did before it relinquished federal funding. By 2014, 82 family planning clinics closed, 49 more reduced hours, and 54 percent fewer clients were served. In response to public outcry, lawmakers increased funding in 2013, but many women remain left out.<sup>196</sup>

*Immigrant women have borne a disproportionate share of the burden of the changes instituted by Texas lawmakers ... Women in these communities face significant barriers to accessing care now that their local clinics have closed: a lack of transportation and a lack of affordable childcare; lack of financial resources to pay for more expensive care; and the threat of deportation, which has only increased since the beginning of 2017.*

Immigrant women have borne a disproportionate share of the burden of the changes instituted by Texas lawmakers. The National Latina Institute for Reproductive Health reported that Texas Latinas experience a higher incidence rate of cervical cancer than their white or black peers, and those living in counties near the Texas–Mexico border—among the worst-impacted by the regulations of the last four years—are 31 percent more likely to die of cervical cancer compared to women living in non-border counties.<sup>197</sup> Women in these communities face significant barriers to accessing care now that their local clinics have closed: a lack of transportation and a lack of affordable childcare; lack of financial resources to pay for more expensive care; and the threat of deportation, which has only increased since the beginning of 2017.<sup>198</sup> The cuts and restrictions not only make it harder for women to access basic health care, but also make women even more vulnerable to health threats such as Zika.

Legislators have implemented these restrictions as part of their ongoing war on abortion access. Between 2010 and 2016, states enacted more than 288 abortion restrictions, representing more than a quarter of all restrictions that have been put in place since *Roe v. Wade*.<sup>199</sup> The regulations have been wide-ranging and have had little to no basis in science or medical safety: limits on medication abortion, expanded parental requirements, abortion counseling (often with information that is medically inaccurate or unproven), restrictions on private insurance coverage, and targeted regulations of abortion providers (TRAP laws) that require them to gain admitting privileges at nearby hospitals, increase the width of hallways,

add janitor closets, expand operating rooms, etc. The TRAP law requirements are often impossible for providers to comply with, for both financial and logistical reasons (i.e., local hospitals may refuse admitting privileges to abortion providers on ideological grounds). The 2016 Supreme Court ruling in *Whole Woman's Health v. Hellerstedt* found that such abortion restrictions were unconstitutional, but given how the makeup of the court has changed in recent months, the future of state restrictions on abortion access is again uncertain.

***Research has shown clear links between reproductive health access and interpersonal violence; continuing an unwanted pregnancy can make it more difficult for women to leave an abusive relationship.***

The restrictions and rollbacks on reproductive health access represent a grave threat to the health, safety, and overall wellbeing of women and their families. Research has shown clear links between reproductive health access and interpersonal violence; continuing an unwanted pregnancy can make it more difficult for women to leave an abusive relationship. Obstacles to reproductive health access are also detrimental to women's economic security.<sup>200</sup> As the Reproductive Health Technologies Project (RHTP) argues, "Access to comprehensive reproductive health care, including abortion, is essential to women's economic security." Research also shows that low-income women are more likely to seek abortion, and are disproportionately impacted by barriers to early abortion access.

The Turnaway Study tracked women who sought out and either received or were "turned away" from abortion services.<sup>201</sup> Two-thirds of participants had incomes below the poverty line, and for more than half the women who had an abortion, out-of-pocket costs for the procedure and related travel were more than 30 percent of their monthly income. Forty percent of participants sought out abortion services because they believed they couldn't afford to have children, and 54 percent of the women who had an abortion reported that raising money for the procedure delayed them in obtaining care, which led to a costlier and more complex procedure. The cost of being "turned away" was extraordinary: Women denied an abortion were three times more likely to end up in poverty than women who had the procedure (when adjusting for previous differences in income).<sup>202</sup>

## Racism in Health Care

Though racial discrimination in health care is not as explicit as it once was, bias and stereotyping against black patients does persist and impacts quality of care, health outcomes, and individuals' relationships with the medical establishment. A seminal 2002 report from the Institute of Medicine (IOM) illustrated significant racial variations in the rates of medical procedures, even when controlling for income, age, health conditions, and insurance status.<sup>203</sup> The IOM report found that people of color receive a lower quality of care and are less likely to receive both routine and life-saving medical procedures, while they are more likely to receive less-desirable procedures.

A number of other studies have replicated similar findings.<sup>204</sup> A 2014 study of black women in Massachusetts found links between the implicit biases in doctor–patient interactions and racial disparities in cervical cancer screenings. The women in the study cited unconscious bias as one of the causes for the disparities, and two of the cervical cancer survivors surveyed reported feeling that “their doctors did not want to touch them.”<sup>205</sup> Numerous other studies have connected implicit bias to “subtle nuances in physician–patient interactions, trust, and patient cooperativeness.”<sup>206</sup>

***Bias and stereotyping compound the structural factors that make it more difficult for black Americans to receive timely, quality, and affordable care, and serve as an additional source of stress that harms their overall wellbeing.***

Black women have reported receiving inadequate prenatal care and being treated by physicians who don't offer a full range of reproductive health options, making it difficult for women to make informed health decisions.<sup>207</sup> These circumstances contribute to a mistrust of the medical community, making black Americans less likely to seek needed services. Bias and stereotyping compound the structural factors that make it more difficult for black Americans to receive timely, quality, and affordable care, and serve as an additional source of stress that harms their overall wellbeing.

For black transgender Americans, multiple and intersecting biases make accessing care especially difficult. Twenty-one percent of black trans people report being denied other kinds of medical treatment due to bias and 34 percent of black trans people report delaying medical care due to fear of discrimination.<sup>208</sup>



## Environmental Racism: A Threat to Reproductive Justice

Environmental degradation across the country—from the destruction of Hurricane Katrina to the threats imposed by the Dakota Access Pipeline to the continued water crisis in Flint, Michigan—is a risk to the health and wellbeing of women and their families. Reproductive justice advocates have long articulated that environmental justice is a core component of reproductive justice. As Loretta Ross and Rickie Solinger explain:

*Reproductive justice calls for a world in which all women and parents achieve the human right to have children (or have the right to decide not to), to raise families, and work and play in safe environments that do not threaten anyone’s reproductive health or the health of their communities.<sup>209</sup>*

As Rachel Lorenzo wrote about the links between environmental and reproductive justice, “[W]ithout land to literally house our families, how can we lead our communities? Without water, how can we sustain our own lives and secure a future for our children and their families?”<sup>210</sup>

***Without land to literally house our families, how can we lead our communities? Without water, how can we sustain our own lives and secure a future for our children and their families?***

— Rachel Lorenzo, *The Huffington Post*

There is perhaps no clearer illustration of the inextricable links between racism, neoliberal economic policies, and economic degradation than the case of Flint, Michigan. The Flint crisis is a collision of many of the racial rules that we have addressed throughout this paper: neighborhood segregation through explicit rules like redlining and implicit rules like white flight; increased corporate power at the expense of local communities; and deindustrialization and decreases in tax revenue, which led to the breakdown of public infrastructure such as public schools, municipal infrastructure, and water distribution systems.<sup>211</sup> The result in Flint, as in other communities of color across the country, has been exposure to toxic levels of lead and other chemicals that are detrimental to women’s reproductive health and safety, and also to the development of young children.

In addition to crises like the one in Flint, continued (and in some cases worsening) racial geographic segregation exposes communities of color to environmental threats on a daily basis. Individuals who live in racially segregated communities, which are often areas with highly concentrated poverty, are exposed to levels of toxins and air pollutants that are 5–20

times higher than in white neighborhoods with comparable incomes. This is thanks to the “deliberate placement” of toxic waste sites and polluting factories.<sup>212</sup> Jacqueline Patterson from the NAACP found that 39 percent of individuals living near coal-fired power plants—which President Trump has promised to revive—are people of color. Her research also found that 78 percent of black Americans live within 30 miles of a coal-fired power plant, and Latino communities, as well as indigenous communities and low-income communities, are more likely to live next to coal-fired plants.<sup>213</sup>

For young people, being exposed to toxic elements such as lead not only impacts their physical and mental health, but also has long-term impacts on their educational and economic outcomes. In other words, exposure to environmental toxins simply pushes young people of color further into cyclical historic inequities.

*Exposure to toxic stressors—racism, poverty, family crises, social unrest, etc.—can create a chemical reaction that disrupts brain circuits essential for behavior, learning, memory, and solving problems.*

### Toxic Stress

Throughout this section we have described a number of underlying drivers and mediating factors that help explain persistent—and in some cases, growing—health disparities between black and white Americans. As we attempt to fully understand and address the impact of the racial rules, and economic inequality more broadly, we must acknowledge not only how individual stressors—the criminalization of black bodies, a lack of health coverage, neighborhood segregation, and inadequate education, etc.—lead to negative health outcomes. We must also acknowledge the growing body of research that illustrates how racism and the collective sum of those experiences create trauma inside the body and alter life outcomes. We now know that exposure to toxic stressors—racism, poverty, family crises, social unrest, etc.—can create a chemical reaction that disrupts brain circuits essential for behavior, learning, memory, and solving problems.

Essentially, toxic stress makes it harder for individuals to cope with general stress as well as the adverse situations they are more likely to encounter because of their race and class status, which increases the overall burden of stress for racial minorities.<sup>214</sup> These toxic stressors then serve as underlying risk factors for disease and other health complications later in life by increasing their biological susceptibility, while also reducing individuals’ capacity to manage with future stress.<sup>215</sup> They can also cause individuals to adopt coping mechanisms that potentially lead to negative health outcomes.<sup>216</sup> As with unequal economic

outcomes, too often black Americans are blamed for making poor individual choices—such as having unhealthy diets or not seeking out medical care—when in fact behavioral choices are often responses to systemic constraints driven by the racial rules.

Toxic stress has a particularly detrimental impact on black women. Amani Nuru-Jeter’s work has shown that black women are more likely than men to think deeply about experiences with racism and are also more vigilant about future experiences, two important hallmarks of post-traumatic stress disorder.<sup>217</sup> Black women report racism as a particularly salient stressor, one for which they have come to “prepare” themselves. The hyper-vigilance of having to be “on guard” has been associated with persistent activation of the body’s stress response system, leaving these women more susceptible to a variety of poor health outcomes due to their compromised biological states.

***In another study Geronimus showed that black Americans may be biologically older than whites of the same chronological age as a result of cumulative and cellular impact of “repeated exposure to and high-effort coping with stressors.”***

A 2006 study by Arline Geronimus showed that black women have a higher probability of allostatic load (the overexposure to stress hormones that can cause wear and tear on important body systems) compared to white men and women, and also compared to black men. These patterns hold even after adjusting for socioeconomic factors.<sup>218</sup> In another study Geronimus showed that black Americans may be biologically older than whites of the same chronological age as a result of cumulative and cellular impact of “repeated exposure to and high-effort coping with stressors.”<sup>219</sup> She estimated that black women ages 49–55 are 7.5 years biologically older than white women, and that indicators of perceived stress and poverty account for only 27 percent of this difference, leaving the majority of the disparity unexplained. We must also remember that gender norms around caretaking intersect, making it likely that black women personally experience the toxic stress of racism but then also take on the stress of community members who are coping with similar experiences.<sup>220</sup>

Geronimus argues that black women may feel the effects of traumatic stress more acutely because of the “double jeopardy” of racial and gender discrimination. Fleda Jackson calls this dynamic “gendered racism.”<sup>221</sup> Geronimus also illustrates how changing socioeconomic dynamics impact black women’s stress load: In recent decades, black women have shouldered an increasing amount of responsibility for the social and economic survival of black families, kinship networks, and communities as black men with lower education levels

***What makes toxic stress particularly harmful is its ability to be transmitted to future generations. A number of studies have illustrated how exposure to early life adversity—including during the prenatal phase—creates biological stress reactions and establishes a foundation for adult diseases.***

experienced a long decline in employment rates. As black women work to fill in any gaps left in the wake of these changes, they have a greater chance of being exposed to stressors “that require sustained and high-effort coping, along with the wear and tear on biological systems such repeated adaptation implies.” Geronimus writes:

*The findings suggest that progress in understanding and eliminating racial health inequality may require paying attention to the ways that American public sentiment on race, including its gendered aspects, exacts a physical price across multiple biological systems from Blacks who engage in and cope with the stressful life conditions presented to them.<sup>222</sup>*

What makes toxic stress particularly harmful is its ability to be transmitted to future generations. A number of studies have illustrated how exposure to early life adversity—including during the prenatal phase—creates biological stress reactions and establishes a foundation for adult diseases.<sup>223</sup> Others have shown that prenatal stress can increase the risk of chronic illnesses such as coronary heart disease and type-2 diabetes.<sup>224</sup> When mothers experience chronic stress during pregnancy, that stress reactivity can be transmitted to the fetus via cord blood and the fetus can be born more reactive to stress, with the ability to pass that stress reactivity on to future generations even if they do not experience stress themselves.<sup>225</sup> Research has also shown that with each adverse experience (such as emotional stress, household instability, or having an ill or incarcerated family member) children have, they are at greater risk of experiencing negative health outcomes later in life.<sup>226</sup> A recent study from researchers at Mt. Sinai in New York, which found that trauma suffered by Holocaust survivors was passed on to the genes of their offspring, forces us to ask how the trauma of slavery and the injustices that have followed from that long arc of history impact the health of black Americans today.<sup>227</sup>

Other factors, such as residential segregation, educational attainment, and economic inequality itself—all of which are racialized and gendered—also have significant impacts on health access and outcomes.<sup>228</sup> As we have argued throughout this report, viewing health in isolation from structural barriers to economic security and safety will never capture the complete picture of women’s wellbeing.

# Conclusion

Throughout this paper we have described how the rules—systemic barriers deeply rooted in our nation’s history of racism and sexism—drive countless disparities and inequities for women of color in the United States. Moreover, we have illustrated how those injustices reinforce one another: Discrimination in the labor market contributes to the race and gender wealth gaps; interpersonal and state violence contribute to negative health and economic outcomes; poor health outcomes make it harder for women to get and keep a job; and the collective stress of all of these issues is transmitted across generations and touches every dimension of life for women of color and their families. As a result, there is a significant racial and gender imbalance of power, which is at risk of becoming even further imbalanced during the Trump presidency.

These power dynamics demand strong progressive organizing and a commitment from progressive policymakers to respond to that organizing—to acknowledge and at long last meaningfully address the vast inequities women of color experience. That cannot be accomplished with a race- and gender-neutral, class-only approach to solving inequality. Quite the opposite: Now is the time for progressives to double down on their historical commitment to social justice and work in partnership with women of color leaders across the country. Together, they can develop targeted policy solutions that will improve the lives of those who have been consistently marginalized by the rules of our economy and society. Such a rewriting of the rules will not only benefit women of color, it will have broad social and economic benefits for the entire nation, enabling many more Americans to achieve dignity and freedom.

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