

# SISTERLOVE'S 2024 POLICY AGENDA

*Black Women are Leading While Losing.  
It's Accountability Time!*

# BLACK MATERNAL HEALTH

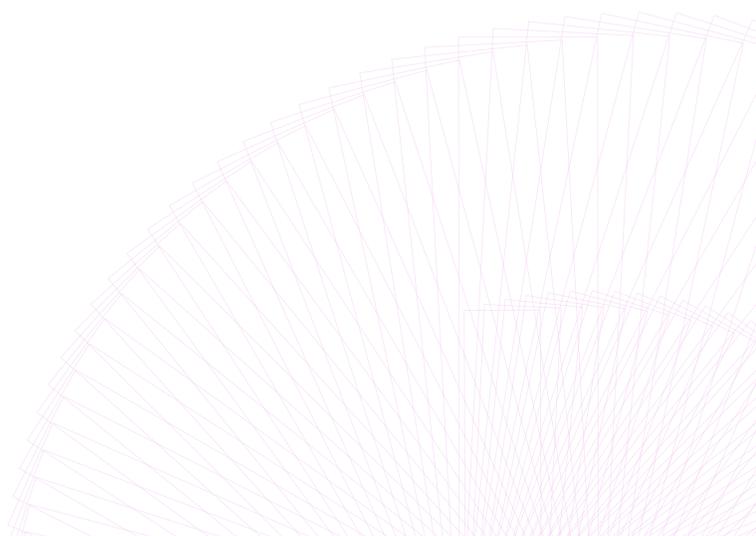
## High quality health care is critical to ensuring healthy outcomes for mothers and their children.

- 8 While the United States spends more on health care than any other country, it has among the worst disparities in maternal health outcomes.

For Black women in Georgia, these disparities have life threatening consequences. In Georgia, four in five pregnancy-related deaths are preventable (estimated 89%). However, Black women in Georgia are almost three times more likely to die from pregnancy-related causes than white women.

*Regardless of educational level, Black women are less likely to receive timely and consistent prenatal care, pain management, or necessary interventions during childbirth.*

Chronic health conditions such as cardiovascular disease, hypertension, obesity, and diabetes, contribute to high rates of maternal morbidity and mortality. In Georgia, Black women have egregious above-average rates of all of these conditions, resulting in high risk pregnancies and poor maternal health outcomes.



# BLACK MATERNAL HEALTH

## The root causes of poor maternal health among Black women are complex and intersectional

They include challenges in accessing high quality health care, the affordability of high-quality health insurance, personal health risks, and social disparities such as racial discrimination and poverty.

Inadequate health care infrastructure, high costs, and lack of insurance are all factors that impede Black women's ability to access timely care.

### *SisterLove urges Georgia legislators to:*

- **Support the Georgia Community Midwife Act (SB 81)**  
which seeks to improve access to culturally competent alternatives to currently available hospital-based maternity care by licensing community midwives who have developed their midwifery practice through years of experience providing midwifery care in their communities and creating a state licensing board of community midwifery.
- **Join three other states, and Congress, in introducing a Black Maternal Health Omnibus Act**  
to address the maternal health crisis through investments that comprehensively address every driver of maternal mortality, morbidity, and maternal health disparities in Georgia.

# COMPREHENSIVE SEX EDUCATION

## **In Georgia, sex education is mandated, but it is not required to be comprehensive or medically accurate, and instruction must stress abstinence.**

Consequently, the State Board of Education requires that schools stress abstinence-only- until marriage, basic refusal skills, and how to maintain personal boundaries. Local school boards decide what other subjects to teach, and the curriculum is not required to align with the National Sex Education Standards.

Comprehensive sexual health education is necessary to help combat teen STIs, including HIV. Currently, Black individuals suffer from a disproportionate risk of experiencing unintended pregnancies and STIs.

According to the Georgia Department of Public Health, the rate of Black women affected by HIV is 11.4 times higher than among white women. Among youth aged 15-19, Black girls have chlamydia rates 4.5 times higher, and gonorrhea rates 8.8 times higher than their white peers.

Abstinence-only programs put teens, particularly in marginalized and rural communities, at more risk, with less tools available to them to make the best-informed decisions about their bodies.

### *SisterLove urges Georgia legislators to:*

- **Support Comprehensive Sex Education legislation** that goes beyond the traditional 'abstinence-based' approach by providing comprehensive, inclusive, accurate, and culturally competent sexual health education.

# ABORTION ACCESS

## In Georgia, abortion is now illegal after 6 weeks of pregnancy...

...unless it is required to save the pregnant person's life or preserve their health, in the case of lethal fatal anomaly, or when the pregnancy resulted from rape or incest.

This decision comes at a time in Georgia, where 35.2 percent of counties have maternity care deserts, and 18.2 percent of counties have low or moderate, not full, access.

*As of 2019, more than 2.2 million* women of childbearing age live in maternity care deserts that have no hospital offering obstetric care, no birth center, and no obstetric provider.

Opposingly, Georgia has been funneling millions of dollars into crisis pregnancy centers (CPCs) which notoriously target low-income people and people of color by advertising their services as free, and as comprehensive women's health clinics.

Though, unlike a legitimate health clinic, most CPCs are not licensed medical clinics, their staff are often unlicensed lay volunteers, and CPCs often refuse to refer pregnant person's seeking abortions to abortion clinics.

For these reasons, and because CPCs lack federal and state regulatory oversight, critics argue that CPCs are unethical centers that pose as legitimate comprehensive women's health clinics.

# ABORTION ACCESS

## SisterLove urges Georgia legislators to...

- **Support the Reproductive Justice Freedom Act (HB 75)**  
which protects abortion rights, rolls back restrictions on abortion, prevents pregnant persons from criminalization stemming from pregnancy loss, and expands access.
- **Support the Georgia Pro-Birth Accountability Act (HB 1)**  
which seeks to provide for the compensation of pregnant persons who, but for a fetal heartbeat law, could choose to terminate the pregnancy but are compelled to carry the pregnancy to term and give birth to a child.
- **Support legislation such as the Crisis Pregnancy Center Fraud Prevention Act**  
which seeks to prohibit the use of fraudulent or otherwise misleading advertising regarding services that a CPC does or does not provide.
- **Support the regulation, restriction, and defunding of CPCs**

# MENTAL HEALTH

## **SisterLove believes that reproductive justice includes the ability to safeguard one's own behavioral and mental health.**

Black persons experience mental health issues at the same rate as other racial and ethnic groups in the United States. However, only about 30 percent of Black persons who need mental health care receive it, compared to almost half of white Americans.

Unfortunately, when mental health services are sought, Black and Brown communities are met with a workforce that lacks representation and is inadequate to meet the needs of such communities. Fewer than four percent of licensed mental health practitioners are Black.

Other barriers to culturally competent mental health services include negative experiences of racism or discrimination when interacting with white providers, inadequate health insurance, lack of access to mental health services, and cultural stigma associated with seeking help.

Black people are far less likely to seek mental health care. Statistics show that about 25 percent of Black individuals seek mental health treatment compared to 40 percent of white individuals.

### ***SisterLove urges Georgia legislators to:*** **Support the Mental Health Reform Bill (HB 520)**

which seeks to address mental health needs, as well as alcohol and drug dependency, by providing Medicaid coverage for several psychological and therapeutic services, conducting a comprehensive study of the state's public behavioral health workforce, and addressing ways to increase supportive housing development for 'familiar faces.'

# UNAUTHORIZED PELVIC EXAMS

## **Georgia is one of a shrinking number of states where doctors do not need expressed, written, or informed consent before performing ‘educational’ pelvic exams on anesthetized or unconscious patients**

These exams violate a patient’s autonomy and dignity and cause unnecessary psychological and physical harm.

Patients have reported waking up during the procedure to “pain and confusion” and leaving the procedure with trauma.

Unfortunately, these exams are alarmingly frequent with 90 percent of medical students who completed an obstetrics and gynecology clerkship reporting having performed pelvic exams on anesthetized patients.

67% of medical students report they “never” or “rarely” saw explicit consent obtained.

### *SisterLove urges Georgia legislators to:*

- Support legislation that upholds basic principles of consent, privacy, and patient care by prohibiting unauthorized pelvic examinations.

# HIV/AIDS

## The epidemic of HIV/AIDS requires an approach that explicitly addresses the structural drivers of both individual and community health.

Social and economic conditions influence the profound disparities reflected in the incidence of STDs among some racial and ethnic minorities. Social and economic conditions include poverty, racism, provider bias, and lack of access to health care.

*In Georgia, the number of Black or African American women with an HIV diagnosis is nearly 13 times that of white women.*

According to research, metro-Atlanta ranks in the top four cities with the highest numbers of persons living with HIV/AIDS. Consequently, 1 in 51 people in Atlanta, Georgia, may be infected with HIV/AIDS at any given time.

Black women comprise the majority of women living with HIV/AIDS, experience the largest number of new HIV infections, and have the most HIV-related deaths. The main factors contributing to the HIV/AIDS epidemic in Georgia are inadequate HIV/AIDS education, poverty, substance abuse, and stigmatization.

### *SisterLove urges Georgia legislators to:*

- Support legislation that seeks to expand access to prevention, screening, and support services for persons living with HIV/AIDS.
- Support lowering prescription drug costs.
- Support legislation that expands access to Medicaid for persons living with HIV/AIDS.

# IMMIGRANT JUSTICE

**Black immigrants comprise an estimated 4.6 million of the U.S. population. Out of all the U.S. metro areas, Atlanta holds the fourth largest Black immigrant population, with roughly 190,000 Black immigrants in 2019.**

Studies show that many Black immigrants come to Atlanta because they see the city as a place of economic opportunity and Black dignity. However, once they arrive, Black immigrants are confronted with numerous structural inequalities, racism, a lack of employment and educational opportunities, and barriers to access the healthcare system.

## *SisterLove urges Georgia legislators to:*

- **Support legislation such as Georgia legislature 2022-2023 regular session: HB 194, HB 333, HB 612, and HB 613**

which sought to protect and empower Georgia noncitizens by providing for driving cards to noncitizen residents, economic relief to noncitizens in the process of seeking qualified citizenship, language justice initiatives, and protection for noncitizens seeking to report family violence.

# LGBTQIA+ LIBERATION

**LGBTQIA+ individuals and gender expansive people of color experience systemic inequalities and disparities that are often compounded with racism, implicit biases, and homophobia when seeking to access reproductive and other healthcare.**

Despite the progress the LGBTQIA+ community has made within societal liberation, countless laws and policies continue to be introduced and supported in Georgia, and across the nation.

These laws attempt to criminalize and control LGBTQIA+ individuals and disproportionately affect Black LGBTQIA+ individuals and youth.

These policies of criminalization target gender expression, transgender youth in schools, and perpetuate poor health outcomes that result in inadequate access to critical healthcare.

## *SisterLove urges Georgia legislators to:*

- Vehemently oppose legislation, such as Georgia HB 653, which directly targets the LGBTQIA+ community, Black Trans youth, and gender expansive individuals.

# ACKNOWLEDGEMENTS & CITATIONS

## ACKNOWLEDGEMENTS

**Author, Grabiela D. Hernandez, J.D.**

*If/When/How Fellow, SisterLove Inc.*

**Editor, Christopher Reed, J.D.**

*Policy and Advocacy Program Manager, SisterLove Inc.*

**Editor, Amanda Van Buren, B.A.**

*Policy, Advocacy and Mobilization Associate, SisterLove Inc.*

## CITATIONS



To access the full citations for this document, scan the QR code above, or visit [sisterlove.org/policy-agenda](https://sisterlove.org/policy-agenda)

# CITATIONS

## Black Maternal Health

Maternal Mortality Review Committee, Georgia Department of Public Health, "*Maternal Mortality Report (2018-2020)*," (June 30, 2023), <https://dph.georgia.gov/maternal-mortality>

Center for Disease Control and Prevention, Office of Health Equity, "*Working Together to Reduce Black Maternal Mortality*" (April 3, 2023), <https://www.cdc.gov/healthequity/features/maternal-mortality/index.html>.

The White House, "*White House Blueprint for Addressing the Maternal Health Crisis*" (June, 2022), (Pg. 15), <https://whitehouse.gov/wp-content/uploads/2020/06/Maternal-Health-Blueprint.pdf>

U.S. Department of Health and Human Services, Eunice Kennedy Shriver National Institute of Child Health and Human Development, "*What are Examples and Causes of Maternal Morbidity and Mortality?*" <https://www.nichd.nih.gov/health/topics/maternal-morbidity-mortality/conditioninfo/causes>

Juanita Chinn, Iman Martin, and Nicole Redmond, PubMed Central, National Center for Biotechnology Information, "*Health Equity Among Black Women in the United States*," (February, 2021) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8020496/>

In Our Own Voice, "*The State of Black Women and Reproductive Justice*," (June 27, 2017), [https://blackrj.org/wp-content/uploads/2017/06/FINAL-InOurVoices\\_Report\\_final.pdf](https://blackrj.org/wp-content/uploads/2017/06/FINAL-InOurVoices_Report_final.pdf).

## Comprehensive Sex Education

Sex Ed for Social Change, State Profiles, "Georgia State of Sex Education," (August 8, 2023),

[https://siecus.org/state\\_profile/georgia-state-profile-23/](https://siecus.org/state_profile/georgia-state-profile-23/)

O.C.G.A. §20-2-143 (2022)

Georgia Department of Public Health, Division of Health Protection, "HIV/AIDS Epidemiology Section HIV Epidemiologic Profile, Georgia," (June 2021),

<https://dph.georgia.gov/document/document/integrated-hiv-epidemiologic-profile-ge-2021/download>

## Abortion Access

O.C.G.A. § 31-9B-2 (2022)

Brigance C., Lucas, R., Jones, E., Davis, A., Oinuma, M., Mishkin, K., and Henderson, Z. (2022). "Nowhere to Go: Maternity Care Deserts Across the U.S. (Report No. 3),"

March of Dimes,

<https://www.marchofdimes.orgsearch/maternity-care-deserts-report.aspx>

Kate Griem and Sonia Wides, The Current In-Depth Journaling for Coastal Georgia, "Post-Roe: What Lies Ahead for Georgia's Women." (June 24, 2022),

<https://thecurrentga.org/2022/06/24/post-roe-what-lies-ahead-for-georgias-women/>

Amy G. Bryant, MD, AMA Journal of Ethics, "Why Crisis Pregnancy Centers are Legal but Unethical," (March, 2018),

<https://journalofethics.ama-assn.org/article/why-crisis-pregnancy-centers-are-legal-unethical/2018-03>

## Mental Health

National Alliance on Mental Illness (NAMI), Black/African American, Arlington (VA):  
NAMI, "*The Effects of Mental Trauma on Mental Health*,"  
[https://www.nami.org/Your- Journey/Identity-and-Cultural-Dimensions/Black-African-American](https://www.nami.org/Your-Journey/Identity-and-Cultural-Dimensions/Black-African-American)

Zippia, The Career Expert, "*Therapist Demographics and Statistics in the US*,"  
(June 4, 2023),  
<https://www.zippia.com/therapist-jobs/demographics/>

Mass General Brigham McLean, "*Black Mental Health: What You Need to Know*,"  
(January 30, 2023),  
<https://www.mcleanhospital.org/essential/black-mental-health>

## Unauthorized Pelvic Exams

Ari Silver-Isenstadt, American Journal Obstetrics and Gynecology, "*Don't ask, don't tell: a change in medical student attitudes...*" (February, 2003),  
[https://www.ajog.org/article/S0002-9378\(02\)71415-4/fulltext](https://www.ajog.org/article/S0002-9378(02)71415-4/fulltext)

## HIV/AIDS

Martha McKenzie, Emory University, Emory Health Digest, "*AIDS in Atlanta*" (2018),  
<https://news.emory.edu/features/2018/05/aids-atl/index.html>

Georgia Department of Behavioral Health and Developmental Disabilities, "*HIV Early Intervention Services, HIV/AIDS in Georgia*"  
<https://dbhdd.georgia.gov/hiv-early-intervention-services>

SisterLove Inc., "*Atlanta Has One of the Highest HIV Infection Rates in the World. Here's Why*" (October 11, 2022),  
<https://www.sisterlove.org/post/hiv-atlanta>

Georgia Department of Public Health, Division of Health Protection, "*HIV/AIDS Epidemiology Section HIV Epidemiologic Profile, Georgia*" (June 2021),  
<https://dph.georgia.gov/document/document/integrated-hiv-epidemiologic-profile-georgia-2021/download>

## Immigrant Justice

Tamir C., "Key Findings about Black Immigrants in the U.S.," Washington (DC): Pew Research Center, (2022),

<https://www.pewresearch.org/shortreads/202/01/27/key-findings-about-black-immigrants-in-the-u-s/>

Lautaro Grinspan, The Atlanta Journal-Constitution, "Atlanta's Foreign-Born Black Population Soars, New Study Shows," (January 27, 2022),

<https://ajc.com/news/georgia-news/atlantas-foreign-born-black-population-soars-new-study-shows/FRC6M6ZOB6E6HITOBQGWD6VMBA/>