

CENTERING THE EXPERIENCES OF BLACK MAMAS IN THE WORKPLACE:

How the Pregnant Workers Fairness Act
Can Support Black Maternal Health



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EXECUTIVE SUMMARY

Pregnant and postpartum workers consistently face discrimination by being denied reasonable accommodations in the workplace for pregnancy, lactation, and other postpartum needs. The current federal laws that are meant to protect pregnant and postpartum workers are failing to do so. Together, Black Mamas Matter Alliance and A Better Balance conducted a listening session with Black birth workers and organizational leaders from nine states, including Alabama, Georgia, Florida, Texas, Ohio, Michigan, Maryland, California, and New York, to discuss the ways they directly support Black pregnant and postpartum workers as they navigate pregnancy accommodations in the workplace. The listening session revealed that, too often, Black pregnant and postpartum workers are faced with the impossible choice between maintaining their health or supporting themselves and their families due to the lack of pregnancy accommodations.

We recommend that Congress immediately pass the Pregnant Workers Fairness Act¹ (PWFA), which provides employees the right to reasonable accommodations for limitations related to pregnancy, childbirth, or related medical conditions, including lactation, absent undue hardship on employers. While no single piece of legislation can end the systemic racism that contributes to the Black maternal health crisis, policies like the Pregnant Workers Fairness Act are an important step in addressing Black pregnant and postpartum people's health, safety, dignity, and economic security.

Congress must pass the Pregnant Workers Fairness Act now.



ABOUT

Our Organizations

Black Mamas Matter Alliance (BMMA)

is a national network of Black women-led organizations and multidisciplinary professionals who work to ensure that all Black Mamas have the rights, respect, and resources to thrive before, during, and after pregnancy. BMMA honors the work and historical contributions of Black women's leadership within their communities and values the need to amplify this work on a national scale. For this reason, BMMA does not have chapters. The alliance is composed of existing organizations and individuals whose work is deeply rooted in reproductive justice, birth justice, and the human rights framework.

A Better Balance is a national legal advocacy organization dedicated to using the power of the law to advance justice for workers and promote fairness in the workplace. When we value the work of providing care, which has long been marginalized due to sexism and racism, our communities and our nation are healthier and stronger. A Better Balance leads the movement at the federal, state, and local level to ensure pregnant and postpartum workers, caregivers, and individuals are supported in the workplace through policies such as pregnancy and postpartum accommodations, paid medical and family leave, paid sick time, and flexible scheduling, so they can remain healthy and working. Through the organization's free national legal helpline, A Better Balance speaks to hundreds of pregnant workers each year who are fired or forced out for needing accommodations or face devastating health consequences because their employers denied them accommodations.



THE ISSUE

Pregnant & Postpartum Workers Are Not Getting The Accommodations They Need To Stay Healthy & Working



Three-quarters of women will be pregnant and employed at some point in their lives.² Most pregnant workers can expect a routine and healthy pregnancy. However, one in five pregnant workers occupy physically demanding jobs that require prolonged standing, continuous and strenuous movements, long hours, inconsistent work schedules, and/or heavy lifting.³ These physical demands can cause issues during pregnancy such as preterm birth, low birth weight, and miscarriage.⁴ Moreover, many full-time workers in low-wage jobs are not allowed flexibility with respect to when they take breaks (40%), their start and quit times (between 66-75%), and their schedule in general (50%).⁵

Black mothers have the highest labor force participation rates in the country (76%) and occupy a large portion of these demanding jobs while likely being their family's primary breadwinners.⁶ These participation rates are not only high, but also compounded by the fact that Black mothers are already at a higher risk for pregnancy-related complications such as preeclampsia, preterm birth, and even death.⁷ For these reasons, Black mothers are especially in need of better pregnancy accommodations in the workplace. Health care professionals have consistently recommended

that some pregnant individuals adjust their work activities to sustain a healthy pregnancy and prevent adverse pregnancy outcomes. These medically necessary workplace accommodations can include, but are not limited to, allowing additional bathroom breaks, opportunities to stay hydrated, limits on lifting, or access to a chair or stool to decrease time spent standing. However, even with these recommendations and current state pregnancy accommodation laws,⁸ too many pregnant and postpartum workers, particularly those of color, face barriers to incorporating even these small changes in their workdays.

Many pregnant and postpartum workers still face rampant pregnancy discrimination, including being denied adequate accommodations in the workplace. Black pregnant and postpartum people are disproportionately affected—nearly thirty percent of Equal Employment Opportunity Commission pregnancy discrimination complaints (28.6%) were filed by Black women from 2011 to 2015.⁹ Gaps in current federal law, discussed in more detail later in this report, leave Black pregnant and postpartum workers without the accommodations they need to stay healthy and working. It is their experiences that the listening session, and this report, aims to amplify.

BACKGROUND

Understanding the Impacts of a Legacy of Injustice and Reproductive Oppression on Black Maternal Health Outcomes



Why listen to Black pregnant and postpartum workers and Black-led organizations and businesses when considering pregnancy and postpartum accommodations legislation?

The history of Black women's reproductive oppression and labor exploitation in the United States continues to shape modern-day dynamics for Black pregnant and postpartum workers. Under the system of chattel slavery, Black women were subjected to difficult and unsafe work throughout their pregnancies and without accommodations, nursing and caring for white children, forced separations from their own children, and sexual and obstetric violence, among other injustices.¹⁰ In the century after slavery, Black women had a significantly higher workforce participation rate than white women,¹¹ all while they, their families, and communities experienced Jim Crow segregation and racial subjugation. As a legacy of these historical dynamics and events, Black women continue to be underpaid, overworked, and pathologized for their sexual and reproductive behaviors today.¹² As scholar Nina Banks has noted, "The legacy of black women's employment in industries that lack worker protections has continued today since black women are concentrated in low-paying, inflexible service occupations..."¹³ Faced with the threat

of termination, loss of health insurance, or other benefits, Black pregnant and postpartum people are often forced to keep working, to the detriment of their health, safety, and human dignity.

Despite the historical foundation and systemic causes of this issue, Black pregnant and postpartum people are often blamed for their health outcomes, including maternal mortality and morbidity.¹⁴ Their voices and lived experiences are often overlooked, misinterpreted, and disbelieved, with devastating consequences, including worsening racial disparities in maternal health outcomes.¹⁵ In order to disrupt and transform these dynamics, policymakers, researchers, and other stakeholders must ethically engage and listen to Black women, pregnant, and postpartum people.

Black women scholars and the Research Working Group of the Black Mamas Matter Alliance have re-envisioned Black maternal health research by articulating best practices for the conduct of research with, for, and by Black Mamas.¹⁶ These best practices are as follows:

1. **Recognize and Respect** the Rights of Black Mamas;
2. **Understand** the Historical, Sociocultural, Political and Economic Contexts in which Black Mamas Live their Lives;
3. **Invest in Black Women** as Researchers;
4. **Fund and Conduct Ethical Research** that Benefits Black Mamas;
5. **Honor and Commit** to Community Engagement Through the Entire Research Process; and
6. **Include** Health Equity and Social Justice as Key Themes in Research with Black Mamas.

This report seeks to align with these best practices by ethically engaging with and listening to Black birth workers and organizational leaders. It also seeks to connect the issues of pregnancy accommodation and Black maternal health within the broader reproductive health, rights, and justice movements.

How to Read this Report: The remainder of this report includes a description of the listening session, participants' narratives, a discussion of these narratives, the gaps in current law, and our policy recommendations. We encourage readers to center the narratives and experiences shared by listening session participants and to further consider the legacies of Black women's reproductive oppression and labor exploitation in the United States. We also encourage readers to consider the ways this issue resonates, or does not, with their own experiences and those of their coworkers and community members. While this report centers on a federal policy recommendation, it should also spark reflection from readers on actions they can take in their daily lives to act in solidarity with Black pregnant and postpartum people, in the workplace and beyond.



OVERVIEW

of Listening Session

The Black Mamas Matter Alliance, in collaboration with A Better Balance, invited Black birth workers and organizational leaders from nine states, including Alabama, Georgia, Florida, Texas, Ohio, Michigan, Maryland, California, and New York for a virtual listening session to learn how they directly support Black mothers in their efforts to navigate pregnancy accommodations in the workplace. As we convened together, one outstanding message was clear—Black pregnant and postpartum workers are suffering both economic hardship and negative health outcomes due to the failure to receive pregnant and postpartum accommodations and a lack of support in their workplaces.

Our key goals for the listening session included:

- Gaining a better understanding of the challenges that Black pregnant and postpartum workers face when seeking pregnancy accommodations;
- Centering and amplifying the voices of Black birth workers and organizational leaders; and
- Developing evidence and recommendations for policymakers to take action on this issue.



METHODS

We asked our focus group the following discussion questions:



- Have you or your clients faced challenges at work while pregnant?
- What types of industries are you or your clients working in?
- What are the particular challenges, if any, of working as a pregnant person or parent in that industry?
- What kind of accommodations have your clients asked for at work because of their pregnancy?
- Have you seen that your community members' requests were ignored or that they experienced problematic delays in getting changes? Or have you learned about members who have been punished because they needed an accommodation or time off for health issues either under a company policy or otherwise? What was the result of this?
- Have you seen examples where people had to quit because they couldn't get an accommodation?
- Have you seen examples where your patients/organizational members/clients experienced financial insecurity because of their work environment?
- Have you also seen problems arise due to the lack of guaranteed unpaid or paid time off?
- Have you seen examples where birthing peoples' health or infants' health has been compromised because they couldn't get the accommodations they needed?
- How would the Pregnant Workers Fairness Act impact your community?
- How has your work helped your clients?
- How can we make better connections between workplace issues and healthcare outcomes?
- Who are the stakeholders involved that can be included in these conversations?

The listening session was recorded and transcribed. Two policy department researchers from Black Mamas Matter Alliance analyzed the discussions by using an iterative process to develop a codebook of salient themes. First, the researchers open-coded all transcripts to develop an initial set of codes. These transcripts were then double-coded using NVivo to create a consensus between the two researchers. Double coding of each transcript allowed for intercoder agreement (a reliability assessment) and any necessary adjustments to codebook structure and definitions.¹⁷ See Appendix for detailed NVivo coding scheme.

NARRATIVES AND EXPERIENCES SHARED

The personal experiences and anecdotes participants shared at the listening session powerfully uplift the many ways that the denial and absence of pregnancy accommodations impacts Black pregnant and postpartum workers. Many of the participants are leaders working in states where there is no state Pregnant Workers Fairness Act, such as Florida, Alabama, Georgia, and Michigan, highlighting how the lack of accommodations worsened pregnant workers' mental and physical health and that of their children.



Tiffany Burks, Southern Birth Justice Network, Florida:

“One of our doula clients was actually fired from her job at a gas station...Her feet were getting swollen because she was standing on her feet at the gas station. She asked for a stool and they were like you got to go. She was fired and basically lost out on resources to save up for her child before the child was born...When she became income insecure... her iron levels dropped down really low, where she had to start going to the hospital and getting iron infusions just to get her to a safe level to have a birth center birth.”

“The same client...she [previously,] worked at [a retail store] and she didn’t get enough time and a break, so her breast started leaking. Her boss ended up making fun of her instead of realizing that this is a nursing mother. She felt so humiliated that she quit her job.”

Aisha Wells, Mothering Justice, Michigan:

“I worked retail and I was on my feet a lot. I was sick every single day that I was pregnant, literally until the day that I went in. I found out that he had hydrocephalus. I wish I knew what I know now. I just think about what would have things like accommodations looked like for me? What accommodations could they have made for me at work? Could I have sat down for a few minutes or could I have asked for a little time off the floor or a shorter shift. What was the stigma behind those things?”

We also encountered anecdotes in which pregnant workers either lost their job as punishment for asking for accommodations or just quit entirely because they were not being accommodated. This reflects a hostile work atmosphere around pregnancy that left some workers too afraid to even approach their employers about accommodations.

Charity Faye, Sisters-in-Motion at Black Women for Wellness, California:

“... [T]he work environment isn't conducive for [my clients] to be able to express these concerns to their managers or even their coordinators without them feeling like they might lose their job or they might be looked at or shamed because they're pregnant.”

Charity went on to explain:

“Some of the moms that we have journeyed with during their pregnancies have made it aware that they don't feel comfortable in their work environment to make mention of the fact that they might need to reduce the amount of work that they're doing in order to really be able to take care of themselves while they're at work. So, they're finding themselves at five and six months pregnant still having to put forth the same amount of energy into their work and into their day as if they weren't pregnant at all.”

The listening session also revealed the struggles postpartum workers face:

Tanay Harris, Mommy Up, Maryland:

“The biggest thing has really been the mental health component of it which is really where things have been compromised. You feel inadequate, or folks who did just have a child, and you're looking at breastfeeding, chest feeding, body feeding, and you're like I'm just going to give it up. Then you get angry at yourself, because you had to give it up.”

Danica Davis, Baobab Birth Collective, Alabama:

“We run a breastfeeding support group in Birmingham, I had a mom that worked as a front desk clerk at children's hospital. You would think that [because] she worked at a hospital she would not have to fight. She was really proud of establishing breastfeeding with her daughter. She went back to work after 6 weeks. The first few months were okay. But what happened over the course of time, she was delayed—30 mins turned into an hour to give her break time [in order to be able to go pump]. She ended up quitting because she couldn't get this accommodation honored consistently by her manager. She went to HR, but they pretty much kicked it back to her manager's discretion.”

Other anecdotes highlighted the need for additional work-family policies such as paid sick time and paid family and medical leave:

Danica Davis, Baobab Birth Collective, Alabama:

“How do I prioritize going to the doctor's office, when it's gonna take me forever when I get there, because I'm at a public clinic, but I need this money, and I'm gonna be in there with a doctor for 10 minutes, but I spent all day trying to get those 10 minutes. Just the entry point, the access, sometimes is an issue.”

Danielle Rodriguez, SisterSong, Georgia:

“I was actually thinking about postpartum.... I've also heard stories of moms not being able to go to their own postpartum doctor appointments or being able to take their children to doctor appointments because they're scared that they spent all their [sick] time already.”

The listening session revealed that Black pregnant and postpartum people's work environments often lead to negative health outcomes, specifically when their workplaces are inhospitable and hostile towards their need for accommodations. These findings align with the concept of social determinants of health which the Centers for Disease Control and Prevention defines as “conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.”¹⁸

Cherisse Scott, Founder and CEO of SisterReach, Tennessee:

“[T]he stress of losing a job or not having a good relationship with your employer due to your pregnancy is a social determinant of health. Poor, low wage birthing people are doing what they have to do to take care of themselves and their families and that means that taking abuse is often the end result.”

“Pregnancy accommodations are essential to employees and employers.”

“Culture shift doesn't change overnight. Workplace culture doesn't change, but having these tools available can help employers learn how to develop more equitable workforces. It's really sad to see that in 2021-- birthing people are an afterthought, and that can have a negative impact on their health and the health of our communities overall.”

Pregnancy accommodations in the workplace are essential to the health of pregnant and postpartum workers across the nation. In the United States, women are either the sole breadwinner or co-breadwinner in nearly two-thirds of families.¹⁹ Pregnant workers, especially non-salaried, low-wage workers, and workers with physically strenuous jobs, are often forced to choose between their health and their income when proper accommodations are absent. Black workers and other workers of color are disproportionately represented in these non-salaried, lower-wage, physically strenuous jobs. Thus, accommodations are crucial for pregnant workers, especially workers of color, to stay healthy as they continue to work.

Rev. Deneen Robinson, The Afya Center, Texas:

“The Pregnant Workers Fairness Act will positively impact Black birthing people’s health and economic security. By putting a national pregnancy accommodation standard in place, the Pregnant Workers Fairness Act has the potential to be a viable avenue to improve the experience of Black pregnant people in the workplace. Furthermore, the Pregnant Workers Fairness Act will help remove one of the many barriers Black pregnant people face at work by ensuring they are afforded immediate relief under the law, and not thrown into financial dire straits for needing pregnancy accommodation.”

“[Pregnant] folks get caught in between space. I’m not sick enough to be accommodated. But it’s not a real thing. My sickness is not visible. Since it’s not visible it is not real.”

In her report, *The Missing Conversation about Work and Family: Unique Challenges Facing Women of Color*, Jocelyn Frye writes, “Many women of color with children are expected to go to work and are questioned if they want to stay home. Perhaps stemming from the historical view of family matters being confined to the home, some women of color may find that their success at work hinges—and is judged— on their willingness to deprioritize family in favor of work obligations.”²⁰

The listening session bore out Frye’s theory that historically racist tropes still underpin Black women’s current workplace experiences. Reverend Deneen Robinson explained, “People of color have a history within American systems” that penalizes them and treats them as though they should be lucky to have a job in the first place, let alone ask for accommodations on top of that. Danica Davis from the Baobab Birth Collective in Alabama, who works with mothers as a doula provider, has seen that challenges in the workplace caused the Black mothers she supports to feel a “lack of joy and being able to enter spaces and feel supported and accommodated regardless of income level and job title.”

While one policy will not bring an end to the systemic racism Black birthing people face, instituting a standard whereby all workers are entitled to ask for and receive accommodations without penalty is one critical step in dismantling the racist stereotypes that continue to pervade American workplaces. Black pregnant and postpartum people deserve to not only enjoy their pregnancy experiences, but also thrive and continue to financially support their families.

THE GAPS

In Current Law



Over 40 years ago, Congress passed the Pregnancy Discrimination Act (PDA) to protect pregnant workers from discrimination in the workplace. The PDA set a standard that pregnant workers should receive the same accommodations that would be offered to a similarly-situated employee, but did not provide an affirmative right to accommodations for pregnant workers.²¹ However, given the uniqueness of pregnancy-related issues, it does not easily compare with other employees' needs nor do pregnant workers always have someone they can point to in their workplace who has received accommodations (or the time or resources to find a comparator). Consequently, this clause proved to be too vague in practice and employers have denied pregnant workers basic accommodations as a result—a decision made without considering the unique lifestyle pregnancy can require.

Through its free legal helpline, A Better Balance (ABB) has repeatedly heard from workers, especially women of color in low-wage industries, who have faced dire economic and health consequences because they were either forced out for needing accommodations or forced to continue working without accommodations. In 2012, ABB Co-President Dina Bakst penned an op-ed in the New York Times calling out the problem and urging Congress to act to close the gap in the PDA that was leaving pregnant workers without the accommodations they needed.²² ABB heard from workers like **Armanda Legros**, who shared her experience with the Senate in 2014:

“I worked for an armored truck company on Long Island for two years before I

was pushed out of my job. I was 6 and 1/2 months pregnant when I pulled a muscle in my stomach doing some heavy lifting at work and had to miss the rest of the week recovering. My doctor told me to avoid heavy lifting so I wouldn't hurt myself again, and gave me a note to bring into work. My manager took one look at the note and sent me home without pay, indefinitely. He said I could only work if I had no restrictions—company policy... When I was eight and a half months pregnant, my health insurance was cut off...Once my baby arrived, just putting food on the table for him and my four-year-old was a challenge. I was forced to use water in his cereal at times because I could not afford milk.”

Armanda was far from alone with workers in industries ranging from retail to health care to construction struggling to get the accommodations they needed.²³ Though Congress introduced the Pregnant Workers Fairness Act in 2012, soon after the op-ed was published, it was also important to pursue a state-level strategy, and soon after, states began to pass their own pregnancy accommodations laws. Since 2013, 25 states have passed such laws with overwhelmingly bipartisan support, bringing the total to 30 states with a law on the books.²⁴ The movement to pass pregnancy accommodations laws on the state-level signified the broad-based support and understanding that the law was failing pregnant workers and needed to be fixed.

In 2015, the U.S. Supreme Court case *Young v. UPS* established a new test²⁵ that many hoped would provide clarity on the circumstances in which employers are required to provide pregnancy accommodations under the Pregnancy Discrimination Act. Unfortunately, the test left pregnant workers still forced to jump through legal hoops and unable to get the accommodations they needed to stay healthy and working.²⁶ In a comprehensive review of pregnancy accommodation cases following the *Young vs. UPS* decision conducted by A Better Balance in 2019, and then updated in 2021,²⁷ analysis found that over two-thirds of courts held employers were not required to accommodate pregnant workers under the Pregnancy Discrimination Act, largely because of the onerous comparator standard.²⁸

In addition to the PDA, some pregnant workers may have protection under the Americans with Disabilities Act (ADA) which requires employers to provide reasonable accommodations for workers with disabilities, including pregnancy-related disabilities such as preeclampsia or carpal tunnel syndrome.²⁹ However, the ADA has proven to offer only limited protections for pregnant workers in need of accommodations.³⁰ First, under the ADA, pregnancy in and of itself does not qualify

as a disability, and does not provide protections for pregnant workers who do not yet have complications, but may need an accommodation, such as light duty or extra bathroom breaks, to prevent a disability from arising. Second, even after Congress expanded the ADA in 2008, courts are still narrowly interpreting the types of pregnancy-related conditions that may qualify as a disability, leaving many pregnant workers with little to no legal protection to request an accommodation, remain healthy at work, and provide for their families.³¹

Pregnant workers do not have the time or resources to go through long, protracted battles to access short-term accommodations to keep them healthy and working.³² The barriers facing Black pregnant and postpartum workers, who disproportionately occupy low-wage jobs where they have less bargaining power and often face intersecting forms of discrimination, are even greater.³³

As a result of these inadequate laws, employers continue to discriminate against and fail to provide reasonable accommodations for pregnant and postpartum workers.³⁴ Therefore, there is still a need for comprehensive federal legislation to protect the health of pregnant and postpartum workers.



POLICY RECOMMENDATIONS

Action is Long Overdue

Legislation concerning pregnancy and postpartum accommodations is absolutely necessary. Not only do laws help to bring visibility to issues that pregnant workers face, legislation can also help lead to changes in behavior through enforcement of the law. Black Mamas Matter Alliance and A Better Balance support the federal **Pregnant Workers Fairness Act**, critical legislation that enables pregnant and postpartum workers to ask for and receive modest changes that are reasonable and timely to stay healthy and connected to the workforce and the lactation accommodations they need to safely and adequately express milk at work.³⁵

Providing necessary pregnancy accommodations also has benefits for businesses and employers. Several states and local governments have implemented laws requiring pregnancy accommodations and subsequent data has shown that there are benefits to employers in providing these accommodations.³⁶ Accommodations increase retention and decrease turnover because pregnant workers are able to stay healthy while continuing to work. Data also shows that pregnancy accommodations are typically short-term and inexpensive;³⁷ and some accommodations are no-cost, like allowing a pregnant worker to keep a water bottle nearby.

The PWFA is essential because it fills gaps in the law and provides clarity to both employers and employees around reasonable pregnancy and postpartum accommodations, including lactation accommodations, that employers are required to



make. It would encourage pregnant workers to initiate conversations with their employers about what they need to stay healthy and safe in the workplace without fear of retaliation or penalty. Most importantly, it would meet the immediate needs of pregnant and postpartum workers, such as the need for flexibility around scheduling prenatal and postpartum appointments, temporary transfers, extra water and restroom breaks, light duty, and relief from standing.

The PWFA is long overdue, overwhelmingly bipartisan, and fills gaps left by previous laws like the Pregnancy Discrimination Act and the Americans with Disabilities Act.

Congress must act to pass the Pregnant Workers Fairness Act now.

ADDITIONAL POLICY RECOMMENDATIONS



The **Providing Urgent Maternal Protections for Nursing Mothers (PUMP) Act** is another critical piece of legislation that would address gaps in the current Break Time for Nursing Mothers law. Although the law currently requires employers to provide (1) reasonable break time to express milk for one year after a child's birth and (2) a non-bathroom space free from view and intrusion, nearly 9 million employees, that is 1 in 4 birthing people of childbearing age, are excluded from this coverage.³⁸ Importantly, the PUMP Act would extend coverage to these millions of excluded employees, including teachers, transportation workers, and agricultural workers, many of whom are pregnant and postpartum workers of color. The PUMP Act also provides clarity around pay for time spent pumping and recourse for workers whose rights have been violated.³⁹

It is important to also consider the impact policies such as **paid family and medical leave** would have on the health and economic stability of many employees and their families in this country. The United States remains one of the only nations in the world that does not guarantee paid family leave to all its workers. Currently, the federal Family and Medical Leave Act (FMLA) only guarantees unpaid, job-protected leave for 12 weeks to some covered employees.⁴⁰ Nationwide, 23% of private sector workers receive paid family leave, and workers of color and those in low-wage jobs are even less likely to have access to this critical legislation.⁴¹ While nine states and Washington, DC currently have state paid family and medical leave laws, without a nationwide right to paid family and medical leave, millions of workers are forced to keep working or forced off the job without an income while seriously ill or recovering from childbirth or a serious health issue, which can include prenatal and postpartum complications such as preeclampsia and postpartum depression, cancer treatments, or other chronic illnesses.⁴²

Similarly, paid sick leave is a measure that can advance positive health outcomes in birthing people and caregivers, while also helping workplaces retain critical employees by allowing covered employees to take paid sick days to deal with personal and family illness. According to the Bureau of Labor Statistics, only 33% of low-wage earners are able to earn paid sick days, with Black and Brown workers disproportionately excluded.⁴³ Today, over 33 million people in this country still do not have access to a single paid sick day.⁴⁴ It is time for Congress to pass the Healthy Families Act and create a nationwide legal right for millions of workers to earn paid sick time to use when they or their family members are ill or need medical care.⁴⁵ Paid sick leave is critical for pregnant and postpartum workers who need time off to attend prenatal and postpartum appointments. In the midst of the ongoing COVID-19 pandemic, many workers have been forced to work without guaranteed paid sick leave. However, momentum is growing in the U.S., as dozens of states, cities, and counties have recognized the crucial role paid sick time plays in improving workforce participation and the health of their workforce, every worker in this country deserves the right to paid sick leave.⁴⁶

For too long, Black pregnant and postpartum workers have borne the brunt of multiple forms of discrimination in the workplace. Taken together, these policy recommendations lay the groundwork for meaningful change in the experiences and outcomes of Black pregnant and postpartum workers across the country.

The time is now for Congress to listen to Black pregnant and postpartum workers and pass this legislation.

LISTENING SESSION

PARTICIPANT BIOS

Rose Aka-James, Manager of Partnerships, Black Mamas Matter Alliance (BMMA)

Rose Aka-James is the Manager of Partnerships at Black Mamas Matter Alliance. In her role she manages relationships with BMMA partners and programming for Black Maternal Health Week, Black Maternal Health Conference along other organizational culture shift initiatives. Rose has a Bachelor's degree in Psychology from St. John's University and a Masters in Global Public Health from New York University. Her passion for health equity, social justice, and human rights has led her to a career working in the fields of HIV/AIDS research, Sexual/Reproductive Health education, and Maternal health programming domestically and abroad in Ghana, West Africa. In her spare time, Rose enjoys reading, listening to music, cooking and spending time with her family traveling.

Tiffany Burks, Birth Justice Coordinator, Southern Birth Justice Network (SBJN)

Tiffany Burks is a 28 year old birth justice doula, abolitionist, and black feminist. She was radicalized in 2013, when George Zimmerman was acquitted of all charges after he murdered Trayvon Martin which sparked her to attend her first protest. In 2016, three years after attending her first protest Tiffany co-organized her own shortly after Philando Castile and Alton Sterling were murdered by the police in 2016. Since then she has dedicated her life to black liberation. more about living a plant-based lifestyle.

Nkenge Burkhead, Organizing Director, Mothering Justice

Nkenge Burkhead is a community organizer and the Organizing Director of Mothering Justice. She coordinates conversations with mothers of color to understand what the community needs are, using their life experience to determine what we ask of legislators. Nkenge believes that being a black woman is a political experience within itself and organizing mothers of color will create the equitable society activists dream of.

Danica Davis M.Ed, CBE, CHES, CLC, Co-Founder, Baobab Birth Collective

Danica is a women-focused community health manager with 25 years of experience. She is the co-founder of Baobab Birth Collective, an organization in Alabama that provides exceptional evidence-based care to mothers in their journey to give life.

Danica has attended births since 2014 after completing doula training through Doulas of North America (DONA). She has also received a graduate degree in Health Education and Health Promotion and completed training as a childbirth educator with Lamaze International. She has had the privilege of attending hospital births, natural births, medicated births, and births after still birthdays. No matter how many births she attends, each birth is a unique and special moment that leaves her full of awe and draws her deeper into the world of childbirth.

In addition to her role as doula, Danica is also a wife and mother. She believes that women are entitled to and should have the empowering birth that they desire and she is honored when she is given the privilege to be a part of that process.

Charity Faye, Program Manager, Sisters In Motion

Charity Faye is a trained Wellness Chef and Healer. Currently studying Herbalism and Wise Women traditions, she serves as the Program Manager for Sisters- In- Motion at Black Women for Wellness. With over 7 years experience as a chef, she noticed several barriers African Americans face that prevent them from living healthy lives. Through her work with Kitchen Divas and with the National Diabetes Prevention Program, she aspires to remove barriers, increase nutritional awareness, encourage flavorful cooking demonstrations, support physical activity, and provide various healing modalities along the way.

Tanay Lynn Harris CBS, CPE, PD Co-Founder, The Bloom Collective, Founder + Creative Director, Mommy Up

Tanay Lynn Harris is the daughter of Alicia, granddaughter of Loretta Mae, great granddaughter of Catherine Lord and Dollie Mae, and great great granddaughter of Melisse Brown. She is passionate about village cultivation and building towards liberation on behalf of mamas, birthing persons, families and community. A seasoned organizer and abolitionist working at the intersection of human rights, racial justice and reproductive justice.

Tanay is a Certified Lactation Specialist, Certified Perinatal Educator with Commonsense Childbirth Institute, Postnatal Doula, trained with Abuela Doulas in the United Kingdom, a researcher and ethnographer centered on Black maternal health, global and community health, reproductive justice and human rights. Tanay has worked with various national and international human rights and racial justice institutions over the past 15 years. She believes that our homes and our ability to center radical joy are the frontline of resistance. Tanay believes that if mamas, birthing persons and families are given space and place to be their most whole selves, we will manifest the strength to build up our children, families and the larger community.

Tanay is a trusted advisor and strategist to countless community-based organizations and businesses. She is an advisory board member of CLLCTIVLY, Board Member of Orita's Cross Freedom School, the Maryland Breastfeeding Coalition, a Kindred Partner of the Black Mamas Matter Alliance, and co-Chair of the Maryland Maternal Health Improvement Task Force. Tanay believes that our collective work must be holistic, decolonized, center radical imagination, invest in the community and trust our long view history and genius to make long-lasting change. Tanay is a graduate of Africana Studies at Temple University and the School for Social Policy & Practice at the University of Pennsylvania. She lives in Reservoir Hill in Baltimore City and enjoys a good cup of coffee, reading, traveling, hiking and spending time with her family and friends.

Destiny Ma'at Benson, Clinical Coordinator, Restoring Our Own Through Transformation (ROOTT)

Destiny Ma'at Hotep Benson is the Clinical Coordinator for ROOTT and has been a Perinatal Support Doula with ROOTT since 2017. She is also a certified lactation counselor, naturopathic reiki master teacher and breathwork facilitator. She has recently started her journey into midwifery and is currently enrolled at the National College of Midwifery working towards a MEAC degree. Destiny believes every family deserves respect and the right to informed care and decision making.

Chanel Porchia-Albert, Founder, Ancient Song Doula Services

Chanel L. Porchia Albert CD, CPD, CLC, CHHC is the founder and Executive Director of Ancient Song Doula Services a reproductive health organization focused on providing resources and full spectrum doula services to women of color and marginalized communities. Her work within infant and maternal health has led her across the globe to Uganda where she has served as a maternal health strategist in rural war torn areas to address

the lack of resources to birthing mothers, she is a certified lactation counselor, midwifery assistant and vegan chef and has served on various advisory boards throughout the country. She has served as a consultant for the NYC Department of Health in Mental Hygiene and other healthcare institutions engaging providers in birth justice and serves on the advisory board at Ariadne Labs at Harvard Medical School, Board of Directors for March for Moms, Board Member of The Foundation for the Advancement of Midwifery and Village Birth Intl. Most recently she has been appointed to the NYC Mayors Commission on Gender Equity and Advisory Board Member for Marymount College School of Politics & Human Rights. Her work in birth and reproductive justice continues to span into the research and methods of care of marginalized people and people of color bringing a human rights framework into birthing rooms and beyond into institutional reform and accountability measures within healthcare to address implicit bias and racism. Chanel's and Ancient Song's work has been featured on CNN's Champions for Change, cover of Working Mother Magazine, NY Times and more. When she is not teaching or facilitating workshop you can find her spending time with her six children.

Rev. Deneen Robinson, Former Policy Director, The Afiya Center

At the time of the listening session, Rev. Deneen Robinson was the Policy Director at the Afiya Center in Dallas, Texas. The Afiya Center is the only Reproductive Justice organization in North Texas founded and directed by Black women. Its mission is to serve Black women and girls by transforming their relationship with their sexual and reproductive health through addressing the consequences of reproductive oppression. Deneen has been a leader in HIV and addiction activism for over 20 years. After receiving a degree in social work from the University of Texas in Austin, followed closely by her own diagnosis with HIV, Deneen found her calling ministering to those on the margins. She began her work at the Margaret Wright Clinic at

South Dallas Health Access, now the Peabody Clinic, and the Legacy Founders Cottage. She founded At the Kitchen Table, a resource group for women in Dallas in 1999. Deneen has been featured in The Dallas Examiner Supplement on HIV, The Black AIDS Institute, Newsweek, HIV Plus, the Dallas Voice, aidsmeds.com, and has consulted for the CDC, The Well Project, The Black AIDS Institute, and The International AIDS Society. Deneen is the recipient of the Civil Rights Award from Lambda Legal. She is the mother of two daughters, and a member of the Living Faith Covenant Church.

Danielle Rodriguez, Georgia Coordinator, SisterSong – The National Women of Color Reproductive Justice Collective

Danielle Rodriguez is a queer black & Puerto Rican, mother, doula, and RJ organizer whose work is focused on protecting the most marginalized communities in all aspects of reproductive justice. Danielle believes in the quote by Audre Lorde “I am not free while any woman is unfree, even when her shackles are very different from my own” and Danielle strives to make sure their work reflects that daily.

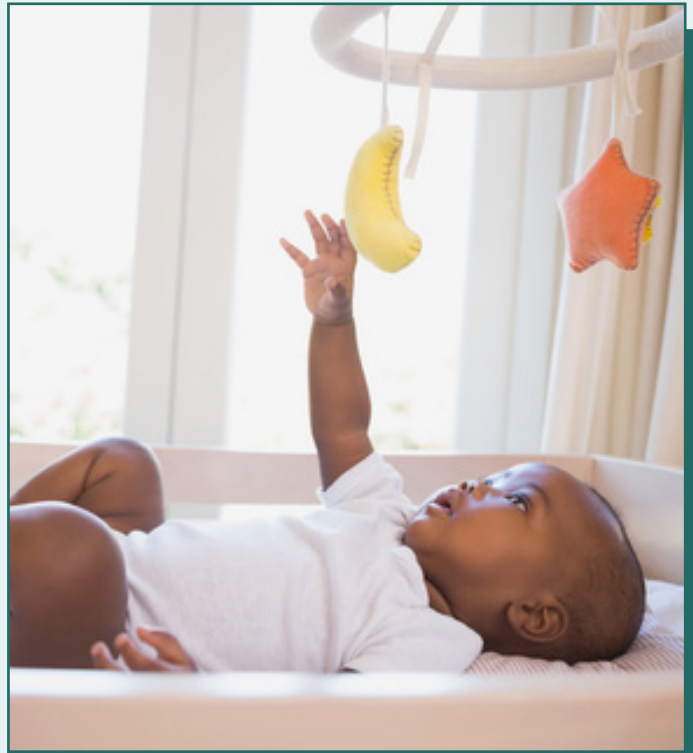
Danielle began their work at SisterSong as the National Conference Coordinator organizing the largest Let's Talk About Sex Conference. She is now the Georgia Coordinator at SisterSong, and their role is focused on coalition building and bringing awareness to the RJ injustices that are affecting our communities.

As a doula, Danielle's work started as a call to action after learning about the growing problem of maternal mortality and morbidity in the United States and how black pregnancies are disproportionately negatively affected. Danielle learned that when you empower Black people about their rights and how to advocate for themselves it creates the space of safety and oftentimes garners successful outcomes.

Danielle lives in Atlanta.

Aisha Wells, Paid Leave Organizer, Mothering Justice

Aisha organizes with Mamas of color in the community to understand the Paid Leave issues in the workplace to help pass legislation. Before working at Mothering Justice, Aisha has interned at the NAACP helping with the freedom fund dinner and monthly membership meetings, and has advocated for her special needs son (Alex) since 2006. Aisha plans to start her Master's in Public Policy with a concentration in Nonprofit Organizational Management in the fall of 2021 at University of Michigan. Aisha's passion is to support and advocate for families with special needs children. She believes that the key to life is to follow your passion and purpose and success will follow!



APPENDIX

1. Examples of pregnancy accommodations absent in workplace

- a. Break time is not enough
- b. Insurance issues
- c. Lack of flexibility around schedules and appointments
- d. Lactation accommodations
 - i. Break time for pumping
 - ii. Lactation rooms not easily accessible
 - iii. No lactation or pumping rooms
 - iv. Unable to store breast milk
- e. Not allowed to sit / No place to sit
- f. Time allotted for maternity leave is not adequate

2. Effects of lack of pregnancy accommodations

- a. Financial insecurity
 - i. High stress levels
 - ii. Unable to stay physically healthy
- b. Mental, psychological, emotional health
- c. Physical pain, discomfort, illness
- d. Stress

3. Work atmosphere

- a. Hostility towards pregnancy and necessary accommodations
- b. Perception of pregnant and birthing workers
 - i. Expectation that pregnant person should perform the same as nonpregnant person
 - ii. Hiring discrimination
- c. Retaliation
 - i. Fired or loss of job
- d. Uncomfortable mentioning need for accommodations

4. Disparities in necessary pregnancy accommodation

- a. Gap in support systems for high income and low income birthing and pregnant workers
- b. Highlighting pregnant birthing workers who are primary breadwinners
- c. Pregnant and birthing workers with mental disorders

NVivo Coding Scheme

- Examples of pregnancy accommodations absent in the workplace
- Effects of lack of accommodations
- Work atmosphere
- Disparities in necessary pregnancy accommodation
- Improving connections between workplace and healthcare outcomes
- Support systems for pregnant and birthing workers external to workplace
- Quitting as a result of not being accommodated or respected
- Miscellaneous

5. Improving connections between workplace and healthcare outcomes

- a. Education for legislators
- b. Employee training and education for admin, supervisors, and HR
- c. Making healthcare outcomes workplace liability
- d. Raise pregnant and birthing workers' awareness of accommodations rights
- e. Separate HR department so employees can confide in employer

6. Support systems for pregnant and birthing workers external to workplace

- a. Community resources and services
- b. Doulas
 - i. Birthing and childcare education
 - ii. Doulas as advocates
- c. Family
- d. Public benefits
- e. Self-advocacy

7. Quitting as a result of not being accommodated or respected

8. Miscellaneous

- a. Childcare
- b. General recommendations
- c. Policy recommendations
- d. Social Determinants of Health

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