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Local News

Pacific NW News

World News

Opinions

Jobs, Bids

Entertainment

Community Calendar

**SPECIAL ISSUE:  
FAIR HOUSING**  
April 18



# Opinion

## Senate Lawmakers Seek to Gut Fair Housing

In just a few weeks, civil rights and housing advocates will commemorate the 50th anniversary of the Fair Housing Act. Just six days after the assassination of Rev. Martin Luther King, Jr., Congress passed the law on April 10, 1968.

On the following day, President Lyndon Baines Johnson's signature made it unlawful to discriminate in housing sales, rentals and finance. Although race, color, religion and national origin were the original protected classes, in later years, the Fair Housing Act was amended to include gender, people with disabilities and families with children. With each revision, businesses such as banks, and other lenders, realtors, landlords, insurance companies — even governments that previously used zoning and restrictive covenants to deny housing access — were all obliged to adhere to new standards of inclusion.

Fast-forward 50 years, and much of Black America and other communities of color still find that the promise of fair lending remains just that. Our collective experiences as a people provide painful reminders of how full and equal access to credit — particularly in mortgage lending — remains an unfulfilled promise.

Charlene  
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Columnist

These long-standing concerns have somehow failed to be included in a new draft legislative proposal on Capitol Hill. In the name of housing finance reform, a working proposed bill by Senators Bob Corker of Tennessee and Mark Warner of Virginia

“It’s the kind of policy development that usually fails to attract major headlines but affects literally millions of unsuspecting potential homeowners

would eliminate the current requirement of a “duty-to-serve” all markets, particularly those like communities of color and rural areas. Instead, the promise of inclusion would be replaced with the vague business judgment of a so-called “guarantors’ decision.”

If the Corker-Warner housing reform plan is signed into law, government-sponsored enterprises (GSEs), Fannie Mae and Freddie Mac, would

be eliminated and fair lending requirements could be weakened. We’re talking trillions of dollars being affected by such a so-called reform without any assurance that fair housing promises made half a century ago will remain. At the end of 2016, the GSEs—Fannie Mae, Freddie Mac, along with Ginnie Mae, the Government National Mortgage Association (GNMA), together held \$16.7 trillion in mortgages on the nation’s secondary market.

It’s the kind of policy development that usually fails

to attract major headlines but affects literally millions of unsuspecting potential homeowners across the country. Once mortgage applicants are approved for loans, the bulk of them are sold to the secondary market, most often to Fannie Mae or Freddie Mac. Their sale enables the original lender to free up capital to make more loans to consumers.

Fortunately, the National Urban League and the Cen-

ter for Responsible Lending joined forces to oppose this proposal before it can pick up more lawmaker support.

A report co-authored by the Center for Responsible Lending (CRL) and National Urban League critiques this Senate proposal and criticizes recently published papers supporting it. The report titled “Senate GSE Reform Proposal: A Blow to Affordable Housing and Harmful to the Overall Housing Market,” calls for a system that supports opportunity for current and future generations to achieve homeownership. It also criticizes the current legislative proposal as reserving homeownership only for those who are financially well off.

“Although much of the housing market has recovered in recent years, many Americans have either not benefited or have even lost ground,” said National Urban League President Marc Morial. “Millennials and people of color deserve the opportunity to pursue their own American Dreams. And existing homeowners, especially older Americans need buyers when they are ready to downsize or retire. The financial glue connecting these generations is affordable mortgage credit.”

Read the rest of this commentary at  
[TheSkanner.com](http://TheSkanner.com)

## Black Women Need Better Access to Reproductive Healthcare

I’ve been a practicing OB/GYN for nearly 15 years, long enough to see patient after patient struggle through the web of systemic barriers that make accessing healthcare needlessly difficult. At my practice in Baltimore, in a state that is a national trailblazer in providing comprehensive and affordable reproductive healthcare, I still hear every day from women who struggle to get the care they need. My patients have told me stories about having to take three buses to get to an appointment, only to be turned away, if they are late. Some patients don’t have the right type of insurance coverage or have no insurance, pushing needed health services or medication financially out of reach. Others can’t take time off work or afford transportation or childcare in order to go to their doctor.

Reproductive healthcare is not a luxury, and for Black women specifically, being in full control of our reproductive decisions can quite literally be a matter of life and death. Data from the CDC show Black women are three to four times more likely to die during childbirth than White women. These statistics remain consistent even when adjusting for

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factors like age, education, and economic status. There is a growing consensus that the stress of prejudice and racism endured by Black women increases the likeli-

“What I hear from my patients is that the current systems for providing birth control are not meeting Black women’s needs

hood of preterm birth and other health consequences.

Racial and ethnic disparities in unintended pregnancy also persist. Black women are significantly more likely to have an unintended pregnancy when compared to all women of reproductive age, and the percentage of people who decide to end an unintended pregnancy, instead of give birth, is highest among Black women. Black women at risk of unintended pregnancy are also less likely to use any method of contraception, particularly young Black women. Researchers propose these disparities are a consequence

of implicit and explicit racism when interacting with the medical system, lack of quality information about effective family planning methods, and inability to access or afford reproductive healthcare.

What I see in these statistics — and what I hear from my patients — is that the current systems for providing birth control are not meeting Black women’s needs. We need to think bigger about how to overcome these barriers and

provide convenient contraceptive options directly in people’s communities. From birth control delivery apps, to pharmacist prescribing programs, healthcare innovators are bringing us closer to a world where the tools to prevent pregnancy are at your fingertips. In my view, an over-the-counter birth control pill is the obvious next step and would be a game changer for giving people the option of getting safe birth control when and where they want it.

Women’s health providers are working in tandem with researchers to hone best

practices for providing birth control pills—for example, no longer are blood pressure checks or pap smears required prior to prescribing the pill for healthy patients. People are already empowered to provide self-care with over-the-counter medications, and there is no reason a birth control pill should be different. Studies show that individuals themselves can determine whether birth control pills are right for them and if there are any health conditions that might make taking birth control pills less safe or less effective.

While having a yearly gynecology exam is important for other health reasons, it is not necessary to start birth control pills. Yet, I’m not concerned about my patients disappearing. In a recent survey, the vast majority of women interested in taking an over-the-counter birth control pill reported they would continue to visit their healthcare provider to obtain gynecological screenings, like pap smears. We don’t have to hold patients hostage to their prescriptions for birth control pills in order to get them into the office for other services. We need to work to make all reproductive healthcare more accessible for people where and when they need it.