“WE WILL NO LONGER BE SILENT OR INVISIBLE”

Latinas Organizing for Reproductive Justice

It is commonly believed that issues of reproductive health and sexuality are not of concern to Latinas or their communities. As Latinas are predominantly Catholic, it is assumed that they are all against abortion, do not use birth control, and are not active participants in political struggles for reproductive freedom. These ideas persist not only among the general public but in the pro-choice movement and feminist scholarship as well.¹

The continual marginalization of women of color in organizing wholly erases the significant roles that Latinas have played in the development of both mainstream reproductive rights efforts and community-based reproductive health and sexuality agendas. In fact, as activist-historian Elizabeth Martínez points out, “Latinas’ views on reproductive rights are often more radical than Anglo women’s views and not ‘conservative,’ as some people say, because their definition of choice requires more profound social change than just abortion rights or preventing pregnancy.”² Grounded in the realities of their communities, Latinas insist that broader issues, such as racism and classism, influence their reproductive lives, and that true reproductive freedom necessitates an end to all forms of social inequality. As this and the following two chapters demonstrate, Latinas are organizing for their reproductive and sexual health rights and have developed innovative organizing strategies, principles, and practices grounded in the needs and cultures of their communities.

A challenge in documenting the activism of Latinas, however, is the diversity of communities and individuals that are placed within

¹This chapter was researched and written by Elena R. Gutiérrez.
the category. With national origins from countries in Central and South America and the Caribbean, Latinas have a wide variety of racial, ethnic, religious, and linguistic traditions. Latino communities are geographically dispersed throughout the US, and their cultures are regionally distinct and complex. Totaling more than 40 million, Latinas and Latinos are members of communities and families with various citizenship statuses, great intergenerational differences in acculturation, identity formation, and socioeconomic status. With the 2000 Census, Latinos became the largest minority group in the US, at 12.5 percent of the population, and are expected to comprise 25 percent of the US population by 2050.

As some of the first scholarship attempting to document Latina organizing for reproductive justice, this analysis focuses primarily on the two largest Latino groups in the nation, Puerto Ricans (9.6 percent) and Mexicans (58 percent), about whom the most written material is available.

Myths and Misconceptions

Images of Latinas circulating in popular media and academic research promote the idea of a "generic Latina," ignoring the complex social, historical, and cultural contexts within which Latinas live. In place of nuanced and multidimensional representations of Latinas are a handful of highly exaggerated and conflicting stereotypes upon which many people base their understanding of Latinas in the US. Generally, the images are of passive, childlike females who are subservient to their husbands in particular and men in general. Latinas are represented as traditional women—heavily influenced by Catholicism—and therefore sexually repressed. Or, when depicted as sexual beings, their sexuality is explicitly linked to their being Latina—meaning that they are characterized as tropically "exotic" and hypersexual. When depicted as sexually liberated, their liberation is written off as acculturation into the white mainstream society, reinforcing the idea that white women's sexuality is the norm and all others are aberrations. Always heterosexual, Latinas are defined by a strict virgin/prostitute dichotomy of sexuality and reproductive behavior. In both cases, a Latina is believed incapable of using birth control. These stereotypes serve to justify state, medical, and social intervention in their reproduction.

These core images shift and assume different meanings when applied to particular communities in different historical moments and social contexts. For example, Puerto Rican women have historically been cast in a variety of hypersexualized images that classify them as sexually deviant. Extending beyond the island to Puerto Rican
women living on the US mainland, various social and political representations present them as exotically sexual beings who carelessly bear many children who will ultimately become welfare dependents and drain social resources.\textsuperscript{11} Mexican-origin women are also ideologically associated with their fertility, but in contrast to the hypersexuality of Puerto Rican women, a strict Catholic traditionalism and over-identification as mothers is emphasized.\textsuperscript{12} The childbearing of Mexican immigrant women is increasingly suspect and often criminalized. For example, Proposition 187\textsuperscript{13} in California targeted poor, pregnant Mexican immigrant women, blaming them for the state’s and the nation’s problems. Mexican women were depicted as purposely crossing the border to give birth in publicly financed county hospitals to gain citizenship status and thus eligibility for public assistance.\textsuperscript{14} These representations provide the ideological justification for punitive policies that shape Latinas’ reproductive experiences.\textsuperscript{15} They also influence how health care professionals treat Latinas.\textsuperscript{16}

The Reproductive and Sexual Health Status of Latinas

Although research on Latinas and their health is sparse, studies report that, overall, they experience poor health,\textsuperscript{17} with disproportionately high rates of cervical cancer, sexually transmitted diseases, HIV/AIDS, teenage pregnancy, obesity, diabetes, domestic violence, and unintentional injuries compared to other women.\textsuperscript{18} These circumstances are exacerbated by the extremely low rates of health care delivery to Latinas caused by financial, institutional, and cultural barriers. Low levels of education and income contribute to high poverty rates in Latino communities and, concomitantly, poor health status. Almost one-third of Latinos report no health insurance coverage and Latinas are the least likely of any group to have access to regular health care or health insurance coverage.\textsuperscript{19} Since many Latinas communicate in Spanish, the predominantly English-speaking health care system presents significant challenges to health care delivery.\textsuperscript{20} Recent anti-immigrant sentiment has also increasingly discouraged many Latinos from seeking health care. As many providers have limited knowledge and understanding of Latina cultures, when immigrant and US-born Latinos do receive medical attention, many report high dissatisfaction with the health care they receive. Few feel that their health care providers genuinely care about their well-being.\textsuperscript{21}

Latinas are more likely to have children at younger ages.\textsuperscript{22} Almost 17 percent of births to Latinas are to adolescents under the age of 20, with Puerto Ricans having the highest percentage of teen births
Latinas have historically received low rates of prenatal care. In the past ten years, their use of prenatal services during the first trimester has increased significantly. When they do receive prenatal care, however, Latinas experience a low level of satisfaction, and complain of a poor quality of care and a lack of culturally sensitive treatment.

Latinas also experience a high incidence of and mortality due to cervical cancer. The high rates may be tied to a host of environmental factors. Due to their concentration in service and agriculture industries, Latinas have high exposure to toxins. They are at high risk from the effects of teratogenic chemicals (known to cause malformation in a fetus) in the workplace and home because they are over-represented in three of the major labor market categories in which exposure is high: clerical (radiation), service (cleaning chemicals), and operatives and laborers (pesticides, herbicides, and chemicals). Agricultural laborers are also at high risk for exposure, and many communities experience high rates of infertility, stillbirths, fetal abnormalities, and cancers.

Latinas face additional sexual health risks; perhaps the cause for most concern is that Latinas currently represent 20.2 percent of the total AIDS cases among women. AIDS is the third leading cause of death for Latinas between the ages of 15 and 24. Latinas also have among the highest rates of chlamydia, gonorrhea, and human papilloma virus (HPV). Lack of basic knowledge about sexually transmitted diseases (STDs), lack of health insurance, and cultural and linguistic barriers to the health care system prevent Latinas from being able to prevent and/or treat STDs.

Research consistently shows that Latinas are pro-choice. Furthermore, they have abortions at a rate proportionately higher than any other group, with 20.1 percent of all abortions being obtained by Latinas. They are 2.5 times as likely to have an abortion as white women. While Latinas are actively seeking abortion services, they are among that group of poor women most likely to suffer from lack of access to safe abortions. When they do have abortions, Latinas disproportionately suffer from medical complications. Rosie Jiménez, an important symbol in the reproductive rights movement, is a clear reminder to Latinas that abortion is about more than choice.

History of Reproductive Oppression

Puerto Rican Women: Legacies of Colonialism

But the first and most important site of Puertorriqueña struggle is the female body. The body represents the unique and culturally revered capacity to procreate, sym-
bolizes the taboo realm of sexuality, and carries with it the honor or shame of the family. The body is at once a valued (often exploited) instrument for social survival and an object for enforcing social control...Sexuality, reproduction, motherhood, and family need to be redefined in light of the experiences of colonization, inter-lingualism, and the development of capitalism in Puerto Rico.\textsuperscript{34}

While the population control policies that have been implemented in Puerto Rico by the US government have gained some attention, issues of reproduction and sexuality were in fact at the center of Puerto Rican politics even before North American involvement.\textsuperscript{35} Control of women’s sexuality and reproduction was central to the colonial relationship the island’s residents first experienced with the Spanish, beginning in 1508, and continues to be a key factor in the neocolonial status it maintains with the US.\textsuperscript{36} Activist-historian Aurora Levins Morales contends that “from the first treaty with Ponce de Leon to the present, successive invaders of our country have tried to control our people by controlling our wombs.”\textsuperscript{37} Over the centuries and through today, colonialism, neocolonialism, and capitalism have shaped the sexual and reproductive politics of Puerto Rican women.\textsuperscript{38} Beginning with Spanish colonization, legislation was enacted to contain the reproductive and sexual behaviors of women. According to Levins Morales, “From the earliest days an astonishing proportion of the laws, decrees, and government correspondence coming out of Spain concern women’s sexuality and reproduction, and their movements from one place to another,” all in an effort to prevent interracial sex and reproduction in the colony. Spanish women were encouraged to migrate to the island, and in 1526 a brothel was established to deter Spanish soldiers from having sex with women from the island. When African slaves were brought to the island, it also became a capital crime for Spanish men to have sex with African women.\textsuperscript{39}

Although more research is needed on the control of women’s sexuality since Spanish colonization, it has been well documented that for the last 100 years the land and population of Puerto Rico has been used as a base upon which to conduct social and scientific experiments. In 1898, following the Spanish-American War, the US claimed Puerto Rico as its territory. Since then, reproductive and other social experiments on the island were fundamental to the relationship between the US and Puerto Rico. Essentially, Puerto Rico and its people have served as a laboratory for American contraceptive policies and products. For example, the contraceptive foam, the intrauterine device (IUD), and many varieties of the pill were all tested on the bodies of Puerto Rican women before ever making their way to the mainland.
US market. When laws against birth control prevented medical trials of the contraceptive pill on the mainland US during the 1950s, pharmaceutical companies conducted field trials in Puerto Rico. There were several experimental studies testing various birth control pills that often led to dangerous consequences. In one experimental study of the birth control pill on 838 Puerto Rican women, five women died. The incident was not reported to the Food and Drug Administration (FDA), and the drug was declared safe.

The United States government has also sponsored population control in Puerto Rico. Designed to remedy unemployment, a dragging economy, and "overpopulation," the program centrally promoted sterilization of women. Although federal funding of other contraceptives was not widely available in Puerto Rico until 1968, and abortion was illegal until 1973, tubal ligation—the most popularly performed method of sterilization—had been available, for little or no cost, to most women since 1937. Because sterilization was available in Puerto Rico and not in the United States, Puerto Rican women provided an opportunity for surgeons to practice and refine the technology before it was marketed in the US. Although these policies were generally accepted by Puerto Rico's ruling class, the support of United States funders and policy-makers catapulted their development. In the mid-1940s, Clarence Gamble, a leader in the US eugenics movement, with political connections and a financial empire, implemented a full program of sterilization in Puerto Rico. Within a few years tubal ligation was so common that sterilizing Puerto Rican women after childbirth was almost routine, with consent often obtained either during labor or right after childbirth. Legally, women were to be "well-advised" of the medical justifications for sterilization, but in reality they seldom were and many of the women didn't understand the procedure was irreversible.

Campaigns to sterilize women were often tied to development. During the 1950s, Operation Bootstrap efforts to boost the Puerto Rican economy encouraged women to enter the workforce to increase manufacturer productivity. As the procedure became common for most Puerto Rican women, "Puerto Rican women became predisposed to sterilization because of its widespread availability and convenience, social acceptance, and overall lack of [other] viable options." Some women agreed to sterilizations only after doctors told them that the procedure could be reversed and that they could have children later. Others were simply uninformed, not knowing of or being told about other birth control options. Still others were economically coerced. Such practices continued without much public reaction until Puerto Rican Nationalists and Catholics joined together to expose the geno-
cidal campaign of sterilization. By 1965 about 35 percent of the women in Puerto Rico had been sterilized, two-thirds of them in their 20s.44

Although there are important distinctions between the realities of Puerto Ricans living on the island and those who settle in the continental US, statistics show that the reproductive experiences of both groups are similar. Like Puerto Rican women living on the island, those in the New York area have rates of sterilization much higher than the level for all women in the US.45 It is suspected that, for Puerto Rican women, sterilization has replaced other methods of birth control, as many Puerto Rican women wish to be sterilized whether living in the US or Puerto Rico. Anthropologist Iris Lopez argues that the continued high rates of sterilization for Puerto Rican women living on the island and in the continental US are a direct effect of population control policies of the US government in Puerto Rico.46

**Mexican American Women in the Southwest**

While sexual and reproductive abuse of Native women began during the Spanish colonization of Mexico, Mexican-origin women's reproduction has been an issue of public concern in the United States since at least the turn of the 20th century. During the 1920s, national debates raged about increased immigration to the US and its impact upon the "racial stock" of the nation. Fears grew among whites about the effects immigration might have upon the cultural and social fabric of the country. During the heyday of eugenics, racist ideas about the cultural inferiorities of Mexicans and their excessive fertility became part of the political discourse in the Southwest. Questioning whether newly arrived Mexican immigrants would shed their native (and presumably inferior) cultures to adopt mainstream Anglo-Saxon values, habits, and customs, Americanists (who believed that immigrants could succeed in the United States only if they gave up their own cultural habits and adopted "Anglo" practices) and public health officials designed programs to promote the assimilation process. Programs specifically targeted Mexican immigrant women and their children, identifying them as the primary agents for cultural change.47 Mexican American families were inculcated with American ideals of family planning and family size in hopes that this would ultimately convince women to have fewer children. While perhaps intended to facilitate their integration into the country, the underlying message of these programs to alter Mexican women's reproductive and childrearing practices was that, without direction, Mexican women would not be proper mothers or citizens.

Like Puerto Rican women, Mexican-origin women were also used as guinea pigs for contraceptive trials. In 1971, Dr. Joseph Goldzheir, of the Southwest Foundation for Research and Education, conducted
a study designed to test whether symptoms associated with the pill (nervousness, depression, and headache) were direct effects of the pill or psychological. The trial, sponsored by Syntex Labs and the Agency for International Development, included a total of 398 women, all of whom were poor and 80 percent of whom were Mexican American. Half the women were given one of three actual prescription birth control pills, and the other half a placebo. The women were told that the pills might not be 100 percent effective and that they should also apply vaginal cream. Though the women were never fully informed that they were involved in a medical experiment, Goldzheir argued that the experiment was entirely ethical. When asked why clinic clients were not fully informed, Goldzheir replied, “If you think you can explain a placebo test to women like these, you’ve never met Mrs. Gomez from the west side.” All of the women involved already had two or more children, had gone to the clinic for the specific purpose of obtaining contraceptives to avoid another pregnancy, and had never before used an oral contraceptive. Of the 74 who were prescribed the placebo, 10 became pregnant. As residents of Texas, where abortion was illegal, all were forced to bear children they had specifically visited the clinic to prevent.48

Also like Puerto Rican women, throughout the Southwest, Mexican-origin women were targeted for sterilization. Hundreds of women were sterilized without their knowledge between the years of 1969 and 1973 at the University of Southern California–Los Angeles County Medical Center.49 Many of the women were coerced into signing permission forms during labor, after doctors had threatened to withhold pain medication unless they agreed to sterilization, or were never asked for their consent. They described being approached during labor by primarily English-speaking personnel who coerced and harassed them to “consent” to a tubal ligation. If a patient would not consent, some doctors performed the procedure anyway, without telling the woman. Sometimes doctors would lie, telling a woman that she would die if she were not sterilized, or that the state of California only allowed three children born by cesarean section before sterilization was necessary.

As other chapters in this book document, poor women of color bore the brunt of the abuse, and many have argued that sterilization abuse of poor women and women of color in the 1970s was a direct outgrowth of eugenics.50 In addition to Puerto Rican and Mexican-origin women, other Latinas, poor women, and women of color were sterilized in teaching hospitals across the nation.51

As individuals and in collective organizing, Latina activists have resisted these abuses and promoted reproductive freedom. In past decades, Latinas throughout the nation have planted the seeds
of organizing to improve the reproductive and sexual health experiences of their communities.

Latina Organizing for Reproductive Freedom

Latinas’ resistance to reproductive oppression occurs as part of broader community resistance to the social, economic, and political exploitation that Latinos face in the US. Alongside other activists, Latinas have actively struggled and organized around labor and education issues, sexism within their own communities, and environmental and social discrimination. And although the historical record may not highlight their achievements, Latinas have also fought for reproductive freedoms.52

The widespread exposure of the reproductive abuse of Latinas catalyzed concerted efforts that coalesced as part of the social justice movements of the 1960s and 70s. In that period, Latina activism occurred within and outside of Latino Nationalist and mainstream women’s rights organizations, both of which tended to marginalize the issues of women of color. Beginning locally and within grassroots organizations, these efforts provided the basis for the development of a distinctive Latina reproductive rights platform that emerged in the more formal, national-level organizations during the 1980s and 90s.

Organizing During the 1960s and 70s

Throughout the second half of the 20th century Latinas fought for their right to bear children in addition to struggling around a host of other issues such as labor organizing, welfare rights, education, and childcare.53 At times, Latina efforts to organize around issues of birth control or sexuality from a liberatory framework challenged Nationalist agendas that so often proscribed that women’s roles in community advancement was to produce lots of children. These pronatalist agendas stemmed from historic and contemporary birth control experimentation and sterilization abuses. Believing that their communities were literally at risk of being demolished by state efforts, Nationalists considered these abuses tantamount to genocide.

However, while Chicano and Puerto Rican Nationalists denounced the abuses that occurred, they ultimately adopted differing stances toward abortion. For example, shortly after the New York State abortion law legalizing pregnancy termination up to 24 weeks went into effect on July 1, 1970, Carmen Rodríguez became the first woman to die from a legal abortion. Leaders of the Young Lords Party (YLP), a Nationalist organization, argued that, within a racist medical system that already mistreated Puerto Ricans, the new abortion
law promised to be yet another form of genocide. Upon Rodriguez’s death, Gloria Cruz, the YLP health captain, warned,

A new plan for the limitation of our population was passed—the abortion law. Under this new method we are now supposed to be able to go to any of the city butcher shops (the municipal hospitals) and receive an abortion. These are the same hospitals that have been killing our people for years.\textsuperscript{54}

In response to these concerns, the Young Lords opened community-run clinics that offered a broad range of birth control options, including abortion. Similar community-based clinics were opened in Los Angeles, some created by the Brown Berets, a Chicano Nationalist organization like the Young Lords. However, while the Young Lords believed that abortion was an important component of comprehensive health care, the Brown Berets were adamantly anti-abortion and pushed a more traditional pronatalist Nationalist agenda. They argued that all forms of birth control were tools of genocide, and any attempt to end a pregnancy that might result in future revolutionaries was decried.\textsuperscript{55}

The divergent stances on abortion taken by two Latino grassroots organizations indicate that there is no singular Latino stance on abortion or reproductive politics. It also demonstrates the difficult situation Latinas and others face in reproductive politics. As expressed in the Young Lords’ statement on women:

Third World sisters are caught up in a complex situation. On the one hand, we feel that genocide is being committed against our people... On the other hand, we believe that abortions should be legal if they are community controlled, if they are safe, if our people are educated about the risks, and if doctors do not sterilize our sisters while performing abortions.\textsuperscript{56}

While Puerto Rican women were able to successfully integrate the struggle for reproductive freedom into the Young Lords Party platform, Chicanas more often developed their own complementary organizations. However, they did not retreat into a separate entity but continued to demand that so called “women’s” issues be acknowledged in the struggle for Chicano equality. Despite efforts to stifle women’s issues in the Chicano movement, the first National Chicana Conference was held in May 1971 in Houston, Texas. At this meeting, discussions of abortion, birth control, marriage, and other feminist issues were central.
In her recollections of the proceedings at the conference, Francisca Flores regards issues of family size as fundamentally an issue of bodily self-determination.\textsuperscript{57}

The issue of birth control, abortions, information on sex, and the pill are considered “white” women’s lib issues and should be rejected by Chicanas according to the Chicano philosophy which believes that the Chicana women’s place is in the home and that her role is that of a mother with a large family. Women who do not accept this philosophy are charged with betrayal of our culture and heritage—OUR CULTURE HELL!\textsuperscript{58}

On another level, part of Chicana efforts to fight for their reproductive autonomy was to counter the Nationalist narrative, which prescribed that their role in the revolution was to produce lots of brown babies. Chicana writers such as Sylvia Delgado questioned the Nationalist prerogative of procreation.

We accuse genocide. La Raza’s cry. So we turn to increasing the population. But what kind of padres are we, if we are going to see our sons raised in slavery, with cut-rate education, poverty, and to watch our children die? I say no to fools who say women are tools for copulation and birth. Unwanted babies are not loved in the mother nor by those who must toil for them. Don’t people think that 15- and 16-year-olds are listening to their ban on birth control? While parents and peers taboo sex, they know what they are feeling in sexual terms. Are we going to go down as saying intercourse is to make babies while in our heads we are glad that in the past lays we had, there was no pregnancy?\textsuperscript{59}

Breaking the silence about Chicana sexuality and the right to make their own reproductive decisions, activists ignited a discussion that has helped to envision different roles for women from those traditionally defined by the Nationalist movement. The development of a Chicana feminist consciousness led to the establishment of many new grassroots organizations focused upon the issues women found central to gaining equality. Latinas became involved in all areas of women’s organizing—in domestic violence and sexual assault movements, educational and social policy efforts, and the fight for welfare rights.

**Opposing Sterilization Abuse**

Latinas across ethnicities in Los Angeles, San Francisco, and New York came together to organize legal, grassroots, and legislative
measures against the sterilization abuse of Latinas and other women of color. While individual efforts took place on both the East and West Coasts, ultimately Latinas began communicating and working together. In New York, many Puerto Rican anti-sterilization abuse activists were previously involved in similar organizing in Puerto Rico. Others had come to be involved in reproductive rights issues as an outgrowth of their work within the Puerto Rican Socialist Party. Similar to the women within the Chicano movement, many women struggled to bring women’s issues to the forefront of a decidedly Nationalist agenda. With reproductive rights at the center of their women’s platform, women like María Sanchez, Martina Santiago, Elsa Rios, and Eugenia Acuña organized and attended demonstrations and mobilized against sterilization abuse and the lack of informed consent procedures.\textsuperscript{60}

The Committee to End Sterilization Abuse (CESA) was founded in 1974, spearheaded by Dr. Helen Rodríguez-Trias, Dr. Raymond Rakow, and Maritza Arrastia, editor of Claridad. Although CESA was a multi-ethnic coalition, Latinas were crucial to the group’s efforts. Comprised of a coalition of individuals and groups, including the Puerto Rican Independence Movement, the Puerto Rican Socialist Party, the Center for Constitutional Rights, the Marxist Education Collective, and the Committee for the Decolonization of Puerto Rico, the group was formed on the basis of rumors of sterilization abuse and recent statistics showing that sterilizations in public hospitals in primarily Puerto Rican neighborhoods had increased 180 percent. CESA initially organized to collect information about sterilization to document abuse and educate others about the issue, developing fact sheets and statistics. Largely due to CESA’s mobilization and the community outcry against sterilization abuse, sterilization guidelines for the state of New York were developed, with CESA’s influence strongly represented on the advisory committee. These laws and regulations ultimately became a model for many other state regulations and the federal regulations that were later established.

In 1979, CESA united with the Committee for Abortion Rights and Against Sterilization Abuse (CARASA) and several other organizations, such as the Mexican American Women’s National Association, the Center for Constitutional Rights, and the Chicana Nurses Association in a coalition to monitor the compliance of New York City hospitals with new city laws. This New York coalition became part of the Reproductive Rights National Network (R2N2) in 1981.\textsuperscript{61}

Meanwhile, much of the activism in California revolved around a particular case of abuse at Los Angeles County Medical Center and the lawsuits that followed. In 1975, 11 Mexican-origin women filed a civil suit against the Los Angeles County Medical Center, claiming
that each of them had been involuntarily sterilized between 1971 and 1974. The women asked the court to require the US Department of Health, Education, and Welfare to mandate that hospitals receiving federal funds provide sterilization counseling and consent forms in Spanish. The court ruled against the women, attributing the nonconsensual sterilization to a “communication breakdown” between the women and their doctors. The appeal of the court’s decision was also denied. In large part, this legal effort, and the connected attempts to bring attention to the issue and raise money for the case, resulted from an already established network of Chicana grassroots organizations fighting for issues of childcare, health care, and educational opportunities for their children.62

The Mexican American Legal Defense and Education Fund (MALDEF) Chicana Rights Project worked with this network to file a petition with the State of California Department of Health for the adoption of more strenuous regulation of consent procedures for sterilization operations. Organizers in San Francisco and around the state turned to CESA in New York for advice and assistance. Although Latina organizing against sterilization abuse occurred on both coasts, this was perhaps the first prolonged national communication between Latinas concerned about reproductive and sexual rights.

In addition to legislative battles, Latina activists staged protests, held rallies, circulated petitions, and gave speeches in order to educate the public and the women’s movement about sterilization abuse in their communities. They also broadened the meaning of reproductive rights and identified the value of women organizing along racial-ethnic lines. As Dagmaris Cabezas wrote in 1977:

This is a struggle where Puerto Rican women have to lead the way, because only the Puerto Rican woman can best understand her own reality. I don’t think any one has the right to tell her what position she must take. There are women who opt for sterilization or abortion because their economic reality pushes them in that direction. Therefore, one can’t separate that struggle from the struggle for better day care centers, for equal pay for equal work, for a better education, and for all rights that a woman must have to make a free choice in this society.65

Although not solely Latina, CESA was perhaps the most significant reproductive rights development on the East Coast, and a significant step in the development of a national Latina reproductive rights agenda because it was founded and largely run by Latinas. According to Eugenia Acuña, who was a member of a CESA chapter in Connecticut, CESA was important because for the first time she
was able to connect issues of national liberation and women and work with other Latinas.

We did research on sterilization rates in New Haven. We organized women in the community and got at least one community clinic to look at what it was doing. The thing about CESA that was so important was that here were some Latinas who were also feminist, and cared about reproductive rights but from a Latina point of view. That was like coming home.64

For others like Acuña, coming together with other Latinas to struggle against reproductive abuse was a significant event. Until that point, many Latina health workers and activists had experienced isolation. With new connections and experience working together, CESA led to the founding of the first Latina-specific reproductive rights organizations in the US and to coalition work among various organizations.

Organizing from the 1980s to the Present

Before discussing the evolution of a number of Latina reproductive health entities over the past 30 years, it is important to emphasize that, even before Latinas came together to work in collaboration, many were already individually doing the hard work of health education or providing health services in their communities, often in addition to activism against reproductive abuse. Usually working in isolation, and with very limited resources or support, during the 1980s and 90s a cadre of Latina health professionals grew across the nation. Those who were drawn to women’s health education and services were usually the first to develop a reproductive and sexual health curriculum for Latinas and the only ones in their clinics or organizations voicing those concerns.

Many of these health educators worked in both Latino communities and mainstream reproductive rights networks. For example, Eugenia Acuña, a Chilean who migrated to the US and received a masters in public health from the University of Puerto Rico, worked in a wide variety of positions in New York City, some at the same time: health department, bureau of maternity services, community centers, coordinator of Hunter College reproductive rights education project, health education, and the International Reproductive Rights and Health Action Group. Many other Latinas followed similar paths in their own communities, providing health care information at different forums, developing curricula, and training other educators. As these practitioners developed their expertise and became acquainted
with one another, many realized the need to begin organizing formally together to share information, combine agendas, and provide mutual support.

The Latina Roundtable on Health and Reproductive Rights (LRHRR) was founded in October 1989 by a number of women—mostly Puerto Rican and Dominican—including Jenny Rivera, Diana Correa, Celina Romany, and Elsa Rios. These community leaders were concerned about the health crisis among Latinas and felt the need to organize a Latina response to escalating attacks against their reproductive rights. Being the only Latina reproductive rights organization in New York, LRHRR quickly emerged as a major community education and health policy group, addressing Latina health and reproductive rights issues on a local, state, and national level. At the time, LRHRR was the only visible women of color organization in the state exclusively devoted to advocating for increased access to a full range of quality and affordable health services and reproductive options for Latinas. Its first executive director was Wilma Montañez, a longtime reproductive rights advocate who started her career as a community health worker and family planning counselor working with youth and immigrant communities. Her involvement with issues of HIV/AIDS and women, along with her commitment to include community-based input in public policy, positioned the organization as a critical player in the reproductive rights movement, locally and nationally. Composed of Latina health providers, attorneys, community activists, educators, and policy analysts, the LRHRR was instrumental in providing a Latina analysis and action plan on the most restrictive reproductive rights policies of the late 1980s and 90s, which included waiting periods for abortion, parental involvement in abortion decisions, welfare reform, mandatory HIV/AIDS testing, and treatment of pregnant women. Although many social service agencies within the New York City Latino community were concerned with some of these issues, there was reluctance to adding a gender lens to issues such as HIV/AIDS; reproductive rights continued to be considered a white woman’s issue that did have a place on the long list of other community concerns.

The LRHRR’s coalition-building and networking efforts provided a safe place for Latinas to meet and collaboratively develop advocacy strategies to be used to influence public policy. LRHRR meetings provided much-needed support to activists who felt that their desires to include and strengthen the voice of women within their own organizations were not always welcomed. One of LRHRR’s most memorable activities was organizing clinic defense efforts in the South Bronx in response to Operation Rescue in July 1992. This event marked the first time a group of Latinos took a public position
defending abortion services in the community. When Montañez left LRHRR in 1996 to become the reproductive rights program officer at the Jessie Smith Noyes Foundation, Luz Rodríguez took the helm. Under her leadership, LRHRR received a grant from the Ford Foundation that helped initiate the SisterSong Collective, which has since gained national recognition as a force for women of color working for reproductive justice. Consistent with other nonprofit organizations with fragile infrastructures, LRHRR closed its doors in 1998. During its short stint, LRHRR succeeded in proving that Latinas on a local level could have an impact on national policies and, most importantly, that Latinas are involved in the reproductive rights movement.66

In the 1990s, Amigas Latinas en Acción, a Latina feminist collective in Boston, advanced its Latina perspective on reproductive health through Mujeres en Acción Pro Salud Reproductiva: Northeast Project on Latina Women and Reproductive Health.67 They used data collected from women to advocate for policy changes. They promoted Latina leadership and distributed bilingual, bicultural informational materials on reproductive health and sexuality. Ultimately, these programs developed into a support group in which women discussed issues of sexuality and the body. Many participants said it was the first time that they had ever talked about such topics, and its developers considered it “the first step in empowering women to articulate their unique identities and to reclaim their rights as Puerto Rican women.”68

National Latina Institute for Reproductive Health

The National Latina Institute for Reproductive Health (NLIRH) established itself in 1994 as the first independent national organization for Latinas on reproductive rights issues. Initiated by the Hispanic Outreach Project of Catholics for a Free Choice in 1991, its primary objectives were to provide information and technical assistance to national Latina/o organizations that wished to work on issues of reproductive health, and to promote the involvement of Latina/o organizations in pro-choice efforts. Starting with a four-member advisory committee, the group rapidly grew.69 Developing audiovisual and written materials that encompassed the cultural attitudes, values, perspectives, and languages of Latinas with regard to issues of choice, the project was also centrally involved in the mainstream pro-choice movement. The NLIRH newsletter, Instantes, featured educational articles about reproductive health and rights from a Latina viewpoint and included legislative analysis. The group’s first director, Aracely Panameno, developed the organization to more broadly define its
mission to include a broad array of health issues that spoke to the diversity of Latina/o communities in the US.

From 1996 through 1999, the NLIRH held a series of forums across the nation to bring Latinas interested in working on reproductive and general health issues together and to promote regional and national collaboration in the development of a Latina reproductive politics platform. The NLIRH agenda was driven by the needs and voices of Latinas at the grassroots rather than being directed from the top down. The goal was to encourage the formation of state coalitions, networking circles, and statewide reproductive rights agendas. The delegates invited to each forum included health care providers and policy-makers, teachers, clinic staff, activists, and others concerned with Latina reproductive rights. They presented a summary of the health status of Latinas in their region and strategized about how to implement policy changes based upon their findings. Regional health leaders also addressed the delegates and spoke of the reproductive health concerns experienced in the region. For example, Olga Sánchez from the Mexican American Legal Defense and Education Fund discussed the ties between welfare reform and anti-immigrant legislation in California. Other speakers showed how access to dental care and environmental degradation are related to reproductive health. Skill-building for those who provide health services to Latino populations was also part of the agenda.

The forums brought Latina reproductive health practitioners together for the first time ever and planted seeds for activist collaboration in advocating for Latina reproductive health rights in their own communities. However, maintaining collaborations proved difficult, as scheduling, distance, and lack of financial and other resources prevented groups from developing. Many regions struggled to continue this work beyond the forums. In 1998, the NLIRH expanded its efforts to strengthen and institutionalize state coalitions. By providing funding and technical assistance, it hoped to empower state coalitions to undertake outreach and educational projects and to participate in local and state health policy discussions. This effort was deliberately aimed to “grow” the movement: “Recognizing the high rate of burn-out experienced by many of us involved in activist work, NLIRH’s intent in working with coalitions was to create permanent, staffed, and funded entities designed around a common overall goal—to improve Latinas’ health.” Unfortunately, NLIRH’s quick expansion, together with its ever-broadening scope, ultimately spread the still-young organization too thin. Although the NLIRH was forced to close its doors for a few years, it reopened in 2003, and recently moved into the forefront of organizing for Latina reproductive and sexual freedom as one of the co-sponsors of the 2004 March for Women’s
Lives. Moreover, the NLIRH has spawned other organizations, one of them being the Colorado Organization for Latina Opportunity and Reproductive Rights (COLOR), which is featured in Chapter 14.

The two case studies which follow demonstrate that Latina efforts have successfully reframed reproductive issues to reflect their cultural and political realities and developed innovative organizing strategies and principles. Perhaps more importantly, as Dr. Helen Rodriguez-Trias pointed out, "The ingenuity of women in grassroots community organizations was the main factor enabling the continuation of reproductive health services to women." The next chapter discusses the oldest organization working on behalf of Latinas and their reproductive rights—the National Latina Health Organization.
This essay is written en memoria de Helen Rodríguez-Triás, who was dedicated to improving the health conditions and life circumstances of US Latinas. In the 1970s, Rodríguez-Triás spoke out tirelessly against sterilization abuse of Puerto Ricans. A founder of the Committee to End Sterilization Abuse, her efforts were crucial in establishing informed consent guidelines for sterilization that protect all women. Throughout her career she was active in the Women’s Health Movement, serving on the boards of the National Women’s Health Network and the Boston Women’s Health Book Collective. An expert in maternal and child health, she was the first female director of pediatrics at Lincoln Hospital in the Bronx, New York in 1970, the first Latina medical director of the New York State Department of Health AIDS Institute in the 1980s, and the first Latina president of the American Public Health Association in 1992. In 1996, she helped found and co-direct the Pacific Institute of Women’s Health, a non-profit dedicated to improving women’s health and well-being. She was awarded a presidential Citizen’s Medal of Honor for her work on behalf of women and children, AIDS patients, and the poor. An inspiration to many, this history is written so that her work, and the efforts of so many others who strive to better the life circumstances of their communities will not go unknown.

For example, Angela Pattatucci-Aragon’s entry “Hispanic/Latina Women and Reproductive Rights” in the Historical and Multicultural Encyclopedia of Women’s Reproductive Rights in the US, ed. Judith Baer (Westport, CT: Greenwood Press, 2002), 103–106, asserts that: “While reproductive autonomy has been top priority among non-Hispanic feminists, it has been of secondary importance to Latina feminists. They have concentrated upon basic survival issues such as adequate childcare, and public safety. Thus, Latinas have often been the subjects, but not the participants, in discussions focusing on reproductive rights.”


The terms Latino and Hispanic were created by the US government to categorize people of Latin American descent living in the US. However, as markers they erase differences in national origin and racial/ethnic status, citizenship status, etc., and promote the representation of Latinos as a monolithic group. Moreover, while they may be defined as such through this definition, individuals who officially fall into this group may or may not personally identify as Latina/o, though research shows that Latinos are increasingly self-identifying as Latina/o; see Nilda Flores-Gonzalez, “The Racialization of Latinos: The Meaning of Latino Identity for the Second Generation,” Latino Studies Journal 10, no. 3 (1999): 3–31 and Suzanne Oboler, Ethnic Labels, Latino Lives: Identity and the Politics of Representation in the US (Minneapolis: University of Minnesota Press, 1995).


Ibid., 2.
The term, "generic Latina" is borrowed from a play with the same title by Chicago's Teatro Luna, an all-Latina troupe. Their play demonstrates that media images often treat Latinas as caricatures and stereotypes, flattening the deep diversity within Latina cultures. Judith Ortiz Cofer also writes of the homogenization of Latinas in "The Myth of the Latin Woman: I Just Met a Girl Named Maria," in One World, Many Cultures, ed. Stuart Hirschberg and Terry Hirschberg (Boston: Allyn and Bacon, 1998), 167-175.


For an extended discussion, see Briggs, Reproducing Empire.


Passed in 1994, but later overturned, Proposition 187 was a statewide referendum that barred undocumented immigrants from public services such as non-emergency health care, welfare and public schools.

The so-called "Save Our State" initiative constructed the high fertility of Mexican women as emblematic of the myriad problems caused by increasing immigration from Mexico.


While I will highlight some of the major trends in the reproductive health status of Latinas here, a thorough analysis is beyond the scope of this chapter. For a more complete assessment of the status of Latina reproductive health, see Aida L. Giachello, "The Reproductive Years: The Health of Latinas," in Latina Health in the United States: A Public Health Reader, ed. Carlos W. Molina and Marilyn Aquirre-Molina (San Francisco: Jossey-Bass, 2003), 77-131.

Although Latinos have very high labor force participation, they are in great part members of the working poor and are concentrated in low wage jobs that do not offer health insurance. In 1995, 21 percent of Latinos ages 15–44 reported no health insurance coverage, compared with 7.5 percent of whites and 9.3 percent of African Americans of that age group. (J. Abma et al., "Fertility, Family Planning and Women's Health: New Data from the 1995 National Survey of Family Growth," *Vital and Health Statistics* 23 (1997): 19. Also see de Adela de la Torre et al., "The Health Insurance Status of US Latino Women: A profile from the 1982–1984 Hispanic HHANES," *American Journal of Public Health* 86, no. 4 (1996): 534–537.


Hortensia Amaro, "Psychological Determinants of Abortion Attitudes Among Mexican American Women" (PhD dissertation, University of California Los Angeles, 1982) and Giachello, "The Reproductive Years."

This may partially be explained by the fact that most Latino births are to Mexican American women, who represent roughly 70 percent of Latinas of childbearing age. They also have the highest fertility rate of any racial/ethnic group. Birthrates (the number of births per 1,000 population) of Latino origin were as follows, 26.4 for Mexican Americans, 19.0 for Puerto Ricans, 16.0 for Cubans, and 23.2 for Central and South American women in the United States. Stephanie J. Ventura et al., "Births: Final Data for 1998," *National Vital Statistics Reports* 48, no. 3 (2000), http://www.cdc.gov/nchs/data/nvsr/nvsr48/nvs48_03.pdf.

Ibid.

Ibid. There are significant intra-group differences; however, "in 1998, about 6.3 percent of all Latino mothers had late or no prenatal care at all, compared to 2.4 percent and 7 percent of white and African American mothers, respectively. Within the Latino population, Mexican American mothers (6.8 percent), those from Central and South America (4.9 percent), and Puerto Ricans (5.1 percent) were most likely to delay or not receive prenatal care at all. The percentage for Cuban mothers was the lowest of any other racial and ethnic group (1.2 percent)." Mexican mothers reported the lowest use of early prenatal care (72.8 percent).


Adaljiza Sosa Riddell, "The Bioethics of Reproductive Technologies: Impacts and Implications for Latinas," in *Chicana Critical Issues*, ed. Norma Alarcon (Berkeley: Third Woman Press, 1993), 189; See also Nancy San Martin, "Children of the Fields; Birth Defects Occur at an Alarming Rate Among Guatemalan Migrant Workers," *South Florida Sun-Sentinel*, July 14, 1996.


35 Briggs, *Reproducing Empire*.


41 Ibid., 26.

42 Briggs, *Reproducing Empire*.


Goldzheir, who was considered a pioneer in testing oral contraceptives and was a consultant to several drug companies, refused to accept any responsibility for the impact of the experiment on these women’s lives, attributing their pregnancies to their carelessness in using the cream. He announced his findings at the American Fertility Society meetings in New Orleans in April 1971. From “Placebo Stirs Pill ‘Side Effects’” in *Medical World News* (1971), 19.


For example, Dominican women were also sterilized at Gouvernor Hospital and Beth Israel Hospital on the Lower East Side of New York City. From “Sterilization: Dominican Women in NYC,” in *Triple Jeopardy* (December 1973).

Although this history focuses on public organizing, we must begin to acknowledge the other ways in which women have actively participated in the struggle for reproductive rights. As suggested by Mary Pardo, women’s activism not only occurs at the organizational level but also often takes place in individual interaction. Latinas are politically active not only in public spheres—for example, in mobilizing a grassroots effort to stop the building of an incinerator in their neighborhood—but also in their everyday lives. See Mary Pardo, “Creating Community: Mexican American Women in Eastside Los Angeles,” in *Community Activism and Feminist Politics: Organizing Across Race, Class, and Gender*, ed. Nancy A. Naples (New York: Routledge, 1998), 266–300. For example, keeping the control of reproductive and sexual health in their own hands has been a priority for many Latinas.
The birthing of children by parteras, or midwives, occurs in many Latino communities. Moreover, as Latinos are increasingly dependent upon Western medicine, women's friendship and communication networks provide another primary means of obtaining and sharing information about health care options and negotiation of the health care system. These “informal” communications also serve an important purpose of allowing women to exchange important information with others, such as whether experiences at particular health clinics have been positive or negative, or in which hospitals Latinos have been treated poorly.


The roles of women in the Young Lords Party and within Chicano Nationalist groups such as the Brown Berets varied; differences arose in part, but not completely, due to the groups’ differing perspectives on women's roles in revolution. Young Lords had a very outwardly pro-mujer position—see their position paper on women. For more on the Young Lord's position on reproductive politics, see Nelson, “Abortions Under Community Control.” For more on Chicano Nationalist positions see, Elena R. Gutiérrez, Fertile Matters: The Racial Politics of Mexican Origin Women's Reproduction (Austin: University of Texas Press, Forthcoming).


For more thorough discussions of these events, see Espino, “Women Sterilized” and Gutiérrez, “Policing Pregnant Pilgrims.”


Ibid.

This project was based out of the Hispanic Health Council in Hartford, Connecticut.

Flores et al., “La Mujer Puertorriqueña,” 227.

The committee was originally comprised of Sally Martinez (vice president of the Women’s Division of the League of United Latin American Citizens), Bambi Cárdenas Ramírez (member of the US Commission on Civil Rights), Alice Cardona (assistant director of the New York State Division of Women) and Aida Giachello (professor of sociology at the Jane Addams School of Social Work at the University of Illinois, Chicago).


COLOR, letter to forum participants, April 1998.