

1-1-1992

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Recommended Citation

Luz Alvarez Martinez, *The Latina Reproductive Rights Movement*, 3 Hastings Women's L. R. 89 (1992).
Available at: <http://repository.uchastings.edu/hwlj/vol3/iss1/5>

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The Latina Reproductive Rights Movement

by Luz Alvarez Martinez*

I am very excited and extremely happy that we Latinas are finally breaking our silence about reproductive issues. I would like to begin to destroy the misconceptions and myths about us. Yes, it is true: despite our Catholic upbringing and our cultural teachings, Latinas do have abortions. We have always had them, and we will continue to have them. WE JUST HAVEN'T TALKED ABOUT THEM. Not only do we have abortions, but we have them at a higher rate than other ethnic groups. The abortion rate for Latinas is 42.6 per thousand, compared to 26.6 per thousand for non-Latinas¹.

That is why our group, Latinas for Reproductive Choice, has come together. We are taking our place in the reproductive rights movement and are redefining "choice." We are no longer lone voices, spread out and isolated from each other. We now have a way of connecting with each other and talking about reproductive issues in the ways that they affect us as women of color.

It has been eighteen years since the decision in *Roe v. Wade*,² and still the fight for reproductive freedom continues. We Latinas recognize that this struggle is ours. We must fight not only to keep abortion legal,

* Luz Alvarez Martinez is a co-founder of the National Latina Health Organization, which celebrated its fifth anniversary on International Women's Day (March 8). The Organization's most recent project, Latinas for Reproductive choice, is a coalition committed to providing a voice for Latinas in the national debate surrounding reproductive health. A long-time participant in women's health issues, Luz has attended the United Nations Conference Ending the Decade of Women in Africa and researched the health system in Cuba. She has worked with the National Black Women's Health project and the Berkeley Women's Health Collective, among others. Luz, one of eleven children, attended Hayward State University but left college in order to be a single mother to her four children.

1. Stanley K. Henshaw & Jane Silverman, *The Characteristics in Prior Contraceptive Use of United States Abortion Patients*, 20 FAM. PLANNING PERSPECTIVES JOURNAL, July.-Aug. 1988, at 158.

2. 410 U.S. 113 (1973), holding limited by *Webster v. Reproductive Health Svcs.*, 492 U.S. 490 (1989).

but also against all forms of reproductive oppression. These issues will affect mostly women of color and poor women. They are the ones who use the government-funded clinics.

To focus on access to abortion alone is much too narrow. Reproductive choice encompasses access to quality health care, information, and education about sexuality that is culturally relevant and in our language, and birth control that is affordable. It includes having early prenatal care so we can have healthy babies. It means freedom from reproductive abuses and being able to make knowledgeable, healthful choices so that we are not left with abortion as our only choice.

According to the Hispanic Health Council, many of the Latinas who underwent abortions were never given follow-up information on contraception.³ Latinas complained that doctors did not take time to explain contraception.⁴ Too many doctors believe we are incapable of effectively using standard birth control methods.

The medical system, unfortunately, equates the reproductive health of women of color with the limitation of pregnancies. Little or no attention is given to our fertility problems. Prenatal screening procedures, such as sonograms or amniocentesis, are equally unavailable. There is little effort to give information on these special procedures in our communities — and even less in Spanish.⁵

Reproductive choice is a broad issue for us, and abortion must be a part of that choice.

I would like to recount the story of Rosie Jimenez, who died thirteen years ago.⁶ It may be a familiar story, but it bears retelling. Rosie was the first woman to die when Medicaid funding of abortions was cut in 1977. Rosie died because she did not have all the reproductive choices available to her, simply because she was a poor Chicana in McAllen, Texas. The only form of birth control offered to her was birth control pills. Rosie was very health-conscious. She worried about the side effects of the Pill and didn't take it as prescribed.⁷ Rosie became pregnant.

3. MUJERES EN ACCION POR SALUD REPRODUCTIVA, NORTHEAST PROJECT ON LATINA WOMEN AND REPRODUCTIVE HEALTH IN COLLABORATION WITH WOMEN OF COLOR PARTNERSHIP PROGRAM, ARCER (RELIGIOUS COALITION FOR ABORTION RIGHTS) EDUCATIONAL FUND, INC., HISPANIC HEALTH COUNCIL, PUERTORRICENAS: SOCIODEMOGRAPHICS, HEALTH AND REPRODUCTIVE ISSUES AMONG PUERTO RICAN WOMEN IN THE UNITED STATES — A FACT HANDBOOK (1990).

4. *Id.*

5. REPRODUCTIVE LAWS FOR THE 1990s, (Sherrill Cohen and Nadine Taub eds., 1989).

6. ELLEN FRANKFORT & FRANCES KISSLING, ROSIE: THE INVESTIGATION OF A WRONGFUL DEATH (1979).

7. As I mentioned before, health practitioners do not take enough time with us to make sure we understand how to use contraceptives. See MUJERES, *supra* note 3.

When Rosie went to her clinic seeking an abortion, she was told that Medicaid funding for abortions was no longer available and that it would cost her \$225. She was not referred to a nearby clinic, which would have performed an abortion for \$75.

Rosie Jimenez was a desperate woman. She couldn't have another child at that time. She had a four-year-old daughter and was enrolled at Pan American University. She was planning to become a teacher and work with disturbed children. Rosie had worked hard to get where she was. She came from a family of migrant workers. She couldn't give up her education; staying in school was the most important thing in her life. She refused to pay for a legal abortion with a scholarship check that she had in her purse at the time of her death. That money was to be used only for her educational expenses.

Rosie died at the hands of an illegal abortionist. It was a painful, horrible death . . . six long days of suffering. The abortionist who killed Rosie Jimenez was sentenced to three days in jail and ordered to pay a \$100 fine. That is how insignificant and unimportant the life of a poor Chicana is. The abortionist's arrest came about only because two of Rosie's friends took it into their own hands.

Women are acting desperately again. There is a recent report "of at least ten women who have shown up at a major Detroit hospital for repair surgery after performing abortions on themselves, mostly with coat hangers."⁸ These are the poor women who cannot afford a legal abortion.

Becky Bell, another desperate woman, died because abortion was not an option for her as a minor.⁹ Becky was a 17-year-old Indiana girl who died from a botched abortion in 1988 because she was too afraid to tell her parents that she was pregnant, despite a close family relationship. Indiana law required parental consent for a legal abortion. Becky also refused to tell her parents why she was sick for 6 days after the abortion and finally died from pneumonia, a complication of the septic (unsanitary) abortion. Her mother found a note afterward that expressed Becky's desire to tell her parents, and her fear of losing them, too.¹⁰ Although Becky was not a woman of color, her case illustrates that the laws limiting access to safe, legal abortions can affect specific groups of society. Such a parental consent law is just another burden, in addition to the financial burden, to women of color.

In January 1990, I heard Norma McCorvey, the original Jane Roe of *Roe v. Wade*, tell her story. So many of us owe Norma our lives for the

8. Patricia Shargot, *Abortion and the Poor: Medicaid Ban Develops Cycle of Angry Mothers, Unwanted Babies*, DETROIT FREE PRESS, August 5, 1990, at 1F.

9. Tamar Lewin, *In Debate on Abortion, 2 Girls Make It Real*, N.Y. TIMES, October 27, 1991, at 1.

10. *Id.*

courage and commitment she continues to give. We must keep telling these stories so we don't forget what happens when women get desperate.

We can no longer be victims. We have to remove all the barriers to safe, legal abortions so that desperate women like Rosie Jimenez, Becky Bell and so many countless others do not die horrible deaths from botched, illegal abortions. We cannot go backwards. We cannot afford to lose any more women.

Reproductive oppression threatens Latinas in other ways. Sterilization abuse is a major reproductive issue. We are forced into sterilization because of the lack of publicly funded birth control alternatives. While it is sometimes difficult for women to obtain Medicaid-funded abortions, sterilization services are provided by states under the Medicaid program, and the federal government reimburses states for ninety percent of these expenses.¹¹

Sterilization rates as high as sixty-five percent for Latinas have been reported in some areas of the United States.¹² New York Latinas have a sterilization rate seven times higher than white women and almost twice that of black women.¹³ At the time of the procedure, many Latinas did not realize that it was irreversible. We are not given adequate information so that we can give truly "informed consent" for medical procedures that affect our reproductive choices.

We are subtly and sometimes overtly coerced into believing that sterilization is the only alternative to the inferior, degrading reproductive health care we receive. This deception often denies us access to safe and effective contraception or abortion. Sometimes a woman must agree to sterilization in order to receive an abortion. We are sterilized by doctors who regard excessive childbearing by poor women and women of color as deviant or inappropriate. Some public hospitals have two films they show to women seeking contraceptive information: the English-language film emphasizes conventional contraceptive methods; the Spanish-language film stresses sterilization.¹⁴ When I went to seek a sterilization I found out quite by accident that the Spanish-language film emphasized sterilization and the English-language film emphasized conventional contraceptive methods.

There are other dangers as well. We cannot allow the prosecution of pregnant women who abuse drugs; we must demand drug abuse programs. As we fight to have RU-486 (the "abortion pill") made available

11. See COHEN & TAUB, *supra* note 5, at 45; See also Ann F. Lopez, *Latinas and Repro Rights - Silent No More*, MS. MARCH/APRIL 1991, at 91 (federal government subsidizes sterilization information but not contraception).

12. COHEN AND TAUB, *supra* note 5, at 46.

13. *Id.*

14. Lopez, *supra* note 11.

in the United States, we must be sure we are fighting for its availability to all women, regardless of economic status. We must also speak out and fight against the enforced use of Norplant contraceptive implants and other forms of birth control. A judge recently ordered a pregnant mother of four children to have Norplant implanted as a condition of probation after a conviction for child abuse.¹⁵ Why aren't we making counseling services and resources available to her instead?

Latinas have always been involved in fighting for our reproductive rights. From my grandmother in El Rio, a small town near Oxnard, California, who had 26 pregnancies and only 8 live births, going to a *partera* or midwife to get "herbs" for her numerous abortions, to Latinas speaking out and fighting in the courts, we have always been there:

— Dr. Helen Rodriguez-Trias, formerly of New Jersey and now living in Northern California, has been very active in fighting against coercive sterilizations of Puerto Rican women. She was part of the group that made the film, "La Operacion," which presents the history of forced sterilization in the Puerto Rican community.

— Selina Espinoza, Director of Womancare Sur clinic has been very much involved in teaching and promoting "menstrual extraction" and quality reproductive services in the San Diego area and in Mexico.

— The Hispanic Health Council is conducting reproductive research among Puerto Rican women in Hartford, Connecticut.

— Beatriz Pesquera, a Sociology and Chicano Studies professor at UC Davis, has almost completed her research on the reproductive attitudes of a group of Latina clerical workers. She has found that they overwhelmingly and adamantly believe in having control over their bodies.¹⁶

— Eugenia Acuno-Lillo is working on a reproductive rights project at Hunter College in New York City and has been involved in the movement for many years.

— Haydee Rosario and Kathy Alvisa are part of the Latina Round Table on Reproductive Rights and the Reproductive Rights Project of the ACLU in New York.

— Stevie Gonzales is the past reproductive rights chairwoman for Comision Femenil de Los Angeles.

— Pauline Cashin and Darlene Cabeza de Baca are working with the

15. Stephanie Denmark, *Birth-Control Tyranny*, N.Y. TIMES, October 19, 1991, at 23; Times Staff, *California in Brief*, L.A. TIMES, July 26, 1991, at A25; Daniel Weintraub & George Skelton, *Wilson Favors Use of Birth Control Implant; Family Planning: Governor Hopes to Make Norplant Device Widely Available to Teen-agers and Drug Users*, L.A. TIMES, May 17, 1991, at 1.

16. This finding is not surprising. I left the Catholic Church more than twenty-two years ago when I was told in the confessional that I couldn't use birth control.

National Abortions Rights Action League affiliates in Austin, Texas, and Santa Fe, New Mexico.

— Consuelo Eason has been blackballed by the Catholic Church and prohibited from receiving the sacrament in Toledo, Ohio, because of her work in reproductive issues.

— In June 1990, Rachel Vargas, the director of Reproductive Services, Inc., was the first known Catholic in the United States (and possibly the world) to be excommunicated (by Bishop Rene Gracida) for her work on reproductive rights issues.¹⁷ Bishop Gracida has since excommunicated Elva Bustamante the Latina director of the New Woman Clinic, a family-planning clinic in Corpus Christi, Texas, that provides abortion services, and Eduardo Aquino, also of Corpus Christi.¹⁸ Rachel believes that her excommunication was a political act, to make her an example for pro-choice Latinas who defy the church's hierarchy. Rachel believes that Bishop Gracida "made a mistake in picking on a woman like myself, who has the strength and the determination to fight back and say no, I will not allow you to intimidate me and I will not allow you to kick me out of the church."¹⁹

These are strong words from strong women. Yet they are just a few of the Latinas who are working towards our reproductive freedom.

In February 1990, the National Latina Health Organization, along with other groups and community activists, created "Latinas for Reproductive Choice," a project of the National Latina Health Organization. We have come together to:

1. Break our silence and provide a forum in which Latinas can openly discuss reproductive rights issues and how they affect our lives and the lives of our children.
2. Debunk the myth that Latinas do not have abortions and are not concerned about reproductive rights issues. The burden of any attempt to curb access to abortion and reproductive services will fall most heavily on women of color and low-income women, including Latinas.
3. Pressure our political representatives, including Latinos and Latinas, to take a position on choice that would be favorable to the Latina community.
4. Serve as a watchdog organization to monitor decision-makers' votes on crucial reproductive rights legislation.
5. Work to place more Latinas on the boards of traditional reproduc-

17. Eric Brazil, *Excommunicated Latina defies bishop on abortion, Hispanic women to lobby for reproductive rights*, S.F. EXAMINER, October 4, 1990, at C-27.

18. Mimi Hall, *Bishop Ousts 3rd Person in Abortion Fight*, USA TODAY, November 13, 1990, at 2A.

19. Brazil, *supra* note 17.

tive rights and reproductive health organizations so our perspective will be reflected from within this movement.

By taking care of the needs of the most oppressed women, we will be taking care of the needs of all women. I am convinced that women will make the positive changes that need to be made. We need to strike a balance within the reproductive rights movement with women of all colors. The reproductive issues of women of color can no longer be an addendum. We must take the responsibility for making ethnic diversity within the movement a priority, a part of the movement's mission.

We need to become more political. We must elect more women to political offices and support women's campaigns financially. We need to consider running for office ourselves. We absolutely must be involved in making the decisions that determine our fates.

I want to share an excerpt from an essay by Marilou Awiakta entitled "Amazons in Appalachia," from the book *A Gathering of Spirit*:²⁰

"Where are your women?"

The speaker is Attakullakulla, a Cherokee chief renowned for his shrewd and effective diplomacy. He has come to negotiate a treaty with the whites. Among his delegation are women "as famous in war as powerful in the Council." Their presence also has ceremonial significance: it is meant to show honor to the other delegation. But that delegation is composed of males only. To them the absence of their women is irrelevant, a trivial consideration.

To the Cherokee, however, reverence for women/Mother Earth/life/spirit is interconnected. Irreverence for one is likely to mean irreverence for all. Implicit in their chief's question, "Where are your women?" the Cherokee hear: "Where is your balance: What is your intent?" They see that the balance is absent and are wary of the white men's motives. They intuit the mentality of destruction.

I turn to my own time (1983). I look at the Congress, the Joint Chiefs of Staff, the Nuclear Regulatory Commission . . . at the hierarchies of my church, my university, my city, my children's school. "Where are your women?" I ask.

My answer is, WE WOMEN ARE HERE. We women of color are taking our places in the reproductive freedom movement: Latinas, Blacks, Asians, and Native Americans.

WE WILL NO LONGER BE SILENT OR INVISIBLE!

20. GATHERING OF SPIRIT: WRITING AND ART BY NORTH AMERICAN INDIAN WOMEN 125 (Beth Brant ed., 1984).

