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Puertorriqueña Power and *Testimonio*: Puerto Rican Women's Fight for Reproductive Freedom
in the 1930s through the 1970s

A Thesis submitted in partial satisfaction of the requirements for the degree Master of
Arts

in

Latin
American Studies

by

Bianca Noelle Martinez

Committee in charge:

Jillian Hernandez, Chair
Phoebe Bronstein
Sarah Johnson

2018

The Thesis of Bianca Martinez is approved and it is acceptable in quality and form for publication on microfilm and electronically:

Chair

University of California San Diego

2018

EPIGRAPH

Write what should not be forgotten- Isabel Allende

DEDICATION

This work is dedicated in honor of my mother, Amelia Martinez and in memory of my grandmother, Natalia Latoni.

They taught me the definition of strength.

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My mother Amelia Martinez, thank you for sharing your voice with me. Family stories have always been a part of my life and our relationship, but through these series of interviews I have opened up a wealth of knowledge about myself based on the lives of the generations before me. I knew you as a mother and have developed an understanding of you as a daughter, sister, aunt, cousin and woman above all.

To my committee members Jillian Hernandez, Phoebe Bronstein and Sara Johnson: Thank you for your support navigating not only through this thesis but my graduate studies and experience. They are all brilliant women who showed me how great my abilities could be and to continue despite any setbacks or difficulties. My advisor, Jillian Hernandez has shown me by example how to be chingona in the academic world, take space and have a voice. Phoebe Bronstein always saw the greatness in me and let me rant and complain about all my problems. Thank you for acting as a mentor and a friend.

Sara Johnson shared her wisdom and so much passion for her work showing that I too can invoke that spirit in myself.

The greatest thanks to my family, Eric Fisher and our Chewie. The three of us built a home that helped me weather the many storms that I experienced. Thank you for the endless love and support.

ABSTRACT OF THE THESIS

Puertorriqueña Power and *Testimonio*: Puerto Rican Women's Fight for Reproductive Freedom
in the 1930s through the 1970s

By

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Master of Arts in Latin American Studies

University of California San Diego, 2018

Jillian Hernandez, Chair

This research is on the ways Puerto Rican women fought for their reproductive justice. It covers the years 1930 through to the 1980s on the island of Puerto Rico and the city of New

York. The fight was not always won in the streets or in the courts but also through everyday struggles to survive. There were multiple forms of resistance used in order to fight for control of their own bodies and for the lives of their children. Reproductive justice is not limited to the right to have or not have children but also the ability to exercise choice and freedom over the children you have, over your own body and sexuality. The resistance led by these women was in all the ways they fought against oppressive forces which limited their ability to exercise reproductive freedom. The research was conducted through archival records, secondary sources and an interview conducted with my mother to learn the stories of the women in my own family and how they reflect the history I had researched. Puerto Rican women dealt with overcoming a high rate of sterilization, migration to the United States where they were met with racism and hostility and the ability to rise up and organize to demonstrate their voices as a collective. None of this could have been gained without the drive to survive.

Introduction

"Dear Ferdie:

The more I think about the Larry Smith appointment the more disgusted I get. Have you heard any reason advanced for it? It certainly is odd that a man out with the entire Boston group, fired by Wallach, and as far as I know, absolutely devoid of any scientific reputation should be given the place. There is something wrong somewhere with our point of view.

The situation is settled in Boston. Parker and Nye are to run the laboratory together and either Kenneth or MacMahon to be assistant; the chief to stay on. As far as I can see, the chances of my getting a job in the next ten years are absolutely nil. One is certainly not encouraged to make scientific advances, when it is a handicap rather than an aid to advancement. I can get a damn fine job here and am tempted to take it. It would be ideal except for the Porto Ricans. They are beyond doubt the dirtiest, laziest, most degenerate and thievish race of men ever inhabiting this sphere. It makes you sick to inhabit the same island with them. They are even lower than Italians.

What the island needs is not public health work but a tidal wave or something to totally exterminate the population. It might then be livable. I have done my best to further the process of extermination by killing off 8 and transplanting cancer into several more. The latter has not resulted in any fatalities so far... The matter of consideration for the patients' welfare plays no role here — in fact all physicians take delight in the abuse and torture of the unfortunate subjects.

Do let me know if you hear any more news.

Sincerely, "Dusty"
(Nelson, 35)

The letter above was written in 1931 by Dr. Cornelius P. "Dusty" Rhoads while he had been in Puerto Rico doing clinical research on anemia at Presbyterian Hospital in San Juan. He wrote the letter to his friend and former colleague Fred "Ferdie" Stewart. The letter was unmailed and later found by another staff member at the hospital. The circulation of the letter, understandably, created a scandal and Dr. Rhoads soon fled to New York and ended his work in Puerto Rico. The investigation that followed did not find concrete evidence of any patient who had been "transplanted cancer" or died under suspicious circumstances though of the thirteen

patients under his care, eight had recently passed. He claimed it was “a fantastical and playful composition, written entirely of my own diversion”. Despite the wide circulation of the letter in the press around Puerto Rico and being a sign of the “systemic and lethal US racism towards Puerto Ricans” (Nelson, 35), Rhoads’ career continued without a blemish on his record, no charges or professional consequences resulted from the letter.

I was told about this letter after my mother picked up the book *War Against All Puerto Ricans* by Nelson A. Denis. She had become more curious about Puerto Rican history after learning about my research and the attention-grabbing title. She called me one night astonished by this history she had never known.

This letter and the sentiments by Dr. Rhoads are just a taste of the involvement and prejudice of doctors and other colonial powers on the island of Puerto Rico. It indicates how racist views towards Puerto Rican people could determine the healthcare people received. The US government, medical professionals, and scientists all played a hand in wielding the health and welfare of Puerto Rican people, influenced by their own agendas. The letter also reveals the kind of relationship building between the United States and Puerto Rico, where the U.S. began to assert its power over the small island and insert itself in the health and homes of Puerto Rican people.

In 1965 feminist sociologist and demographer Harriet Presser found that one-third of the child-bearing population in Puerto Rico was sterilized (Presser, 2). Her survey was conducted to understand how sterilization effected the fertility of women on the island. This statistic sparked my interest in reproductive justice and I was curious about how and why something like this could happen. It shocked me that the small island of Puerto Rico had the highest rate of sterilization in the world. I am third-generation Puerto Rican born and raised in New York City.

My identity is mainly constructed based on being Nuyorican, and the fusion of Puerto Rican and New York culture. I was raised with an understanding and pride for my Puerto Rican culture but grew up with little knowledge of Puerto Rican history, I then wanted to delve into the experiences of Puerto Rican women and the circumstances surrounding sterilization. I soon learned that the high rate of sterilization was due in large part to a history of intervention by the United States on the island, and was only the beginning of the struggle women had in finding reproductive health care.

Due to the power imbalance between colonial powers and Puerto Rican women, much of the scholarship on this topic has centered around coercion and seeing these women as victims of compulsory sterilization policies (Lopez, xx). Complicating this image was my own aunt, Carmen, who had been sterilized in the early 60's. After learning this I wanted to know the circumstances surrounding a woman's choice to be sterilized as opposed to being coerced into the decision. Carmen was fully aware the procedure would permanently block her ability to have children. At the age of 33, married and with four children, she made the choice to be sterilized since she and her husband did not want anymore children.

My aunt's story presented a more complicated picture, and I wondered the difference between the ability to choose to be sterilized or to be coerced; what were factors that led to women making the choice to be sterilized. Anthropologist Iris Lopez, best summarized this complexity by using the phrase "constrained choice" in her work (Lopez, xxi). The constraint these women experienced was due to the lack of reliable contraceptive options and the limitations placed on Puerto Rican women because of their race and gender. The factors leading to Carmen's sterilization was the choice to stop having children in order to provide for the four children she already had. Sterilization was the best option she had to control her body and

support her family. Had she been a white middle-class woman this choice may have looked different. She would have been afforded many options to choose from and not feel the constraint based on racial discrimination. Carmen, and the one-third of women who were sterilized between the 1930s and 1970s, demonstrate that sterilization was not black and white but in the grey area there are multiple stories to be told; and what can be learned about reproductive freedom based on the experiences of Puerto Rican women.

Reproductive freedom is not only about controlling one's ability to have or not have children.

“To be realised (sic), reproductive freedom must include not only woman's right to choose childbirth, abortion, sterilisation (sic) or birth control, but also her right to make those choices freely, without pressure from individual men, doctors, governmental or religious authorities. It is a key issue for women, since without it the other freedoms we appear to have, such as the right to education, jobs and equal pay, may prove illusory. Provisions of childcare, medical treatment, and society's attitude towards children are also involved.”

–Lisa Tuttle, *The Encyclopedia of Feminism* (1986)

Thus, reproductive freedom for Puerto Rican women was a choice to be made in order to provide the best life for themselves and their families. The previous arguments in the literature hinged on the question of choice or coercion but I am not drawing my conclusions based on that binary. Instead, my study examines the ways Puerto Rican women were able to protect themselves and their families and work towards a healthier, more secure future. It was having the means and resources to provide for those children which includes food security, health access, education and freedom from violence. I wanted to learn the ways in which they were able to access certain freedoms and the struggles it took to guarantee a better life for them and their children. There exists a lengthy history about family planning on the island, continuing to the city of New York, and the limitations on reproductive freedom.

To secure that freedom and to fight for reproductive justice, resistance against oppressive forces arose. In this thesis I focus on how this fight was staged by protecting and ensuring the welfare of the children these women already had. A majority of Puerto Rican women during this time were making decisions about reproduction in order to control their fertility. They needed that control because they already had families and children, but in low income households they already struggled to raise their existing children. They needed to make sure there were not additional mouths to feed. Puerto Rican women practiced resistance through migration, asserting their place in American society and also organizing against abuses and neglect in their communities. This battle was not solely won in a courtroom or in the street, but also in the home. When I think of the strength I saw in my grandmother, Natalia Latoni, it was not physical strength she embodied, but the strength of a woman who fought to make the best life for herself and her family. This included making difficult choices. My grandmother was born in Mayaguez, Puerto Rico in 1919 and was raised in a middle-class family. She was placed into an arranged marriage at the age of 15 and by the age of 27 had, had two abusive husbands and three children. She migrated to New York City alone with three children to escape these circumstances. This is a display of strength, to be able to leave everything you knew behind to provide a better chance for your family. These are the stories that you do not read about in the archives or scholarship on the topic. This form of resistance is carried out by fighting to survive, even when the odds are against you and this is the story I wanted to tell about Puerto Rican women.

Puerto Rican women fought for their reproductive freedom in various ways that may not be explicitly seen as forms of activism or resistance. This study examines how Puerto Rican women fought for their reproductive rights inside and outside of the home and were able to negotiate with their circumstances. The United States government had a special interest in the

lives of Puerto Rican women and their families since they were seen as prime subjects to understand and eradicate overpopulation and poverty on the island. These circumstances did not entirely improve in the 1950s when they migrated to the mainland United States. They were a new group of immigrants and received a lot of backlash as they arrived in New York City. Puerto Ricans were met with racism from their new neighbors who believed they were ruining the city, depleting social services and bringing violence. Puerto Ricans were made to feel like they did not belong. From their employers, landlords, law enforcement and everyday encounters, the discrimination was evident. Despite the harsh treatment they received, women still had to care for themselves and their families. A large number of women went into the workforce to support their households and in their fight for survival, in an unknown new place, they resisted.

I come from a long line of powerful Puerto Rican women which informs my use of memoir narratives that include the experiences of my mother and grandmother, to evoke a sense of what women experienced during the 1930s through the 1980s. I was able to gain insight into the ways reproduction was determined by power and choice, despite the lack of women's voices in the scholarship on reproduction. It was difficult to create a full picture of the past lived Puerto Rican women because their voices were not always readily available. I explored the powers at play in determining women's choices especially how Puerto Rican women were able to vocalize and demand their rights.

This period of time covers pivotal transformations in how Puerto Rican women determined their reproductive choices. The United States government's intervention began with an attempt to curb overpopulation in Puerto Rico by creating strategies to control reproduction. Scientists, pharmaceutical companies, and governmental powers soon entered and attempted to control the wombs of Puerto Rican women. A majority of the intervention took place during the

1930s through the 1950s on the island of Puerto Rico and due to many imperialist influences a mass migration to the mainland, mainly to New York City, began in the 1950s.

The Civil Rights Movement during the late 1950s through the 1960s changed the way women of color shared their voice. During the Civil Rights Movement people of color formed groups and fought against the racial injustices that plagued American society. Grassroots and local movements began taking place in New York City and with the large Puerto Rican population being formed, they became a significant presence and force to be reckoned with. As Puerto Rican families migrated to the mainland, their children who were growing up during this social unrest, discovered outlets within their communities to fight an oppressive society. Women growing up during the Civil Rights Movement were able to change the ways in which power affected their foremothers. Earlier generations of women and mothers were given few options in their lives, but their daughters and granddaughters used the struggle they grew up seeing to work for change in their community.

Historical Background: Relationship between the United States and Puerto Rico

The relationship between the United States and the island of Puerto Rico is an important context for understanding the issue of Puerto Rican women and reproduction. Puerto Rico lies in a position between that of an independent nation and as a state of the U.S. This relationship began in 1898 when the United States won the Spanish-American War against Spain, making Puerto Rico a colony of the United States. With Puerto Rico becoming a colony of the U.S. the nation had to abide by many of its laws including the earliest form of contraceptive legislature, the Comstock Law of 1873 which made the teaching of contraceptive methods a felony. The Comstock Laws did not directly forbid the use of birth control but suppressed the trade in, and

circulation of, obscene literature and articles of immoral use (Ramirez de Arellano, 19). This included sending materials with sexual content even in personal letters. Further sections of the law specifically forbid the publication or importation of information directly about contraceptives or abortion. This in turn made it illegal for health clinics to provide any knowledge or services on birth control methods. The law would exist for almost 50 years until its repeal.

Another major law was created in 1917 granting United States citizenship to Puerto Ricans through the Jones-Shafroth Act. The Act also created executive and legislative branches within the Puerto Rican government. The highest political position on the island became the governor, originally appointed by the US President until 1949 when it became an elected position. The US president also has the power to veto any law written by the legislature. Citizenship was also conveniently granted before the US entered World War One, making Puerto Rican men eligible for the draft.

One of the first tests of the relationships built between the US and Puerto Rico was in 1918 when the San Fermin earthquake devastated the island. The damage resulted in over 100 deaths and property damage totaling \$4 million. The tsunami that resulted from the earthquake made the greatest and most serious damage to the west side of the island. After becoming important to the United States and enlisting soldiers to fight for it, the island received little aid to repair the damage. It was soon clear the United States had more incentives to use the islands resources than to supply relief. Opposition to U.S. occupation soon followed with the creation of the Nationalist Party.

The Nationalist Party of Puerto Rico was founded in 1922, by Pedro Albizu Campos with the goal of Puerto Rican independence. Independence would not be granted easily and often

resulted in violence. The Ponce Massacre of 1937 was one of the greatest examples of this violence, when a peaceful march resulted in the deaths of 19 civilians and injured another 235. The civilians killed by police included women and children while two policemen were also killed by friendly fire. Many of the wounds of the deceased were found in their backs, demonstrating they did not pose a threat to officers. Photos taken during the demonstration show the protestors fleeing while they were being fired upon by the police (Figure 1). In the image, you can see the civilians did not pose a threat to officers. They attempted to flee when force was used by law enforcement. Instead of allowing the peaceful protestors to disperse and end the demonstration peacefully, deadly force was used. This peaceful march took place during the anniversary of the abolition of slavery which was meant to symbolize the freedom they still hoped to be gained. While slavery had been abolished for over sixty years¹, they were not an independent nation due to still being a colony of the U.S. and unable to exert the rights of a free nation. No convictions or arrests were made to the police officers involved. The appointed Governor at the time, Blanton C. Winship resigned due to the outrage and anger that resulted in the investigation.

¹ Slavery was abolished in Puerto Rico on March 22, 1873. It was one of the last places slavery was abolished with Brazil being the last in 1888. For reference the United States abolished slavery in 1865 almost ten years before Puerto Rico while it was still a colony of Spain.



Figure1: Ponce Massacre taken by photo journalist Carlos Torres Morales (Nelson, 46)

The Nationalist Party would continue to fight for independence through a series of revolts and protests in the 1950s. This took place after the US initiated a Gag Law (1948-1957) against any discussion of independence including making it illegal to wave the Puerto Rican flag and against patriotic singing. The numerous uprisings ended in 1954 since Nationalists were no match to the overwhelming combined forces of the US military, National Guard, FBI, CIA and local police force. Their movement for independence was suppressed and would not see the same traction they had during this period. This also did not curb the involvement of the United States on the island.

Puerto Rico's reproductive health history began during the 1920s and 1930s when family planning clinics began to open. The United States, motivated by population control and eugenics

became interested in the reproductive activities of Puerto Ricans and unofficially supported the use of contraceptives. The Comstock Law was disbanded in 1928 and allowed the government to move forward with efforts to try and end over-population on the island (Ramirez de Arellano, 49). The first clinic opened in the city of Ponce by the Birth Control League but closed in a year due to a lack of funding and pressure from the Catholic Church. The Catholic Church did not believe in the use of contraceptives or any artificial methods to control fertility. Not only did the Catholic Church pose a challenge to the birth control movement but Nationalists did as well. They believed population control was another form of genocide towards Puerto Rican people and the use of contraceptives was an attempt to exterminate their people (Briggs,76). The next clinic which opened in San Juan in 1932 met a similar fate as Ponce, as would the next clinic in Mayaguez (Ramiz de Arellano, 28-29).

The Catholic Church did not just act as a religious power but also a dominant and influential power in Puerto Rico. The rules and beliefs of the church were at times stronger and more influential than the government's laws. The church influenced homes all across the island. Priests had more control on the everyday lives of those on the island than the government, the stigma created by the Church against birth control made women hesitant to use it. Therefore, if the Catholic Church disagreed with a law, the law would change. The rules of the Church were also at times more restrictive than those of the government (Ramirez de Arellano,).

The latter half of the 20th century marked a turn towards industrialization in Puerto Rico, with various projects developed by the United States government known as Operation Bootstrap. The island was a sugar plantation economy and the government wanted to transition it into factories and industry. As an incentive, U.S. companies were offered cheaper labor, tax-free profits and duty-free imports. The companies would benefit from Operation Bootstrap more than

the people of Puerto Rico. The companies could not offer the same amount of jobs people were losing in agricultural work, which led to a high rate of unemployment, especially, among men, since much of their labor had been in sugar fields. While men were unable to find work, women found many opportunities in factories using their sewing skills in the garment industry. These economic shifts would cause considerable changes to the gender politics of island (Briggs, 165).

Literature Review

My thesis makes an intervention into how Puerto Rican women have been portrayed as victims of sterilization abuse and depict the story of strength that has been obscured within the narratives. I want to show how women made choices not as victims, but as survivors. The majority of the scholarly work continues to focus on sterilization and whether it was a choice or coercion, but these realities do not constitute an either/or. Instead I interrogate how they could exist at the same time and be navigated to work as a strategy of resistance. I do not suggest erasing the narratives of abuse, or gloss over the many wrongs that have been done to Puerto Rican women, but rather, I want to show that despite the odds and the oppressive forces they faced, they remained resilient. My work is not to continue uncovering the traumas of the past, but the story of strength and survival that emerged and inform Puerto Rican women in the present.

Puerto Rican women's history is not widely available and told. The existing literature frames Puerto Rican women through recurring and limited narrative themes. The first frames the issue of sterilization and contraceptives as a result of colonialism from the United States and the power of the Catholic Church. This focus is on sterilization and birth control testing being coerced by the United States and their ability to seek birth control being hindered by the Church.

An additional theme was the addition of choice as a major factor leading to sterilization. This area tries to broaden the understanding of the experiences of Puerto Rican women and tries to understand why women voluntarily sought sterilization. The final theme centers on the activist efforts made by various groups and organizations established in the United States. This includes specific work done by Puerto Rican women to fight for their communities.

Colonial Power and the Church:

The literature goes from the focus on colonial powers, to those that complicate this narrative and finishes with the scholars that describe the resistance. These texts describe the oppressive powers and the control the United States and the Catholic Church had over women. Annette B. Ramirez de Arellano and Conrad Seippe's book *Colonialism, Catholicism, and Contraception: A History of Birth Control in Puerto (1983)* outlines the history of birth control programs in Puerto Rico and how these efforts received retaliation from the Catholic Church and the United States government. They detail how reproduction was controlled by population control policy developed by the United States. The book also goes a little further by also showing how Catholicism and the bureaucracy of the Church wanted to intervene in the lives of the people and the decisions they made. The authors position reproductive health being controlled by two, at times, opposing forces: The U.S., which wanted contraceptives to become available, and the Church, that wanted to stop this from happening. Also trying to dismantle the power of the U.S. was The Nationalist Party who opposed all forms of birth control and sterilization as they were seen as initiatives of colonial forces. The struggles between the Catholic Church, the United States government and the Nationalist Party, marginalized the experiences of the women and families on the island who were being affected by their decisions.

The book is a historical lens of the many restrictions in place that ruled over the contraceptive availability in Puerto Rico and the biggest powers that led to the high rate of sterilization.

The documentary *La Operación (1982)* (“The Operation” the nickname for sterilization) by Ana María García interviews women and medical experts in Puerto Rico on the issue of sterilization. The documentary builds the argument of blaming colonialist U.S.-imposed policy on the island for the high rate of sterilization. Instead of providing birth control options, the documentary states the U.S. objective was to get as many women sterilized as possible and test new forms of birth control technology, which would prove dangerous and ineffective. The women interviewed in this documentary are largely portrayed as victims of abusive medical practices due to the limit of choices they were given. The documentary shows the government targeting poor and non-white communities for sterilization and birth control testing. Women were able to tell their side of the story through interviews about why they wanted to get sterilized. Many of these women describe wanting to be sterilized in order to control the amount of children they had, in order to have enough to provide for the children they already had. But it is clear that they were not well-informed about the procedure. They expressed that they were not informed of any other options and others believed it was reversible. The motives of the documentary were to inform people that colonial intervention did not alleviate the problems on the island but shows the repercussions of colonialism that continue to effect Puerto Rico. This film provided one of the few examples of hearing the actual voices and opinions of women’s experiences with sterilization. The documentary does not deal with the idea of choice, but I was able to find weight to women’s ability to also choose the procedure and were not just coerced into it. Their quotes allow me to further see the constrained choice Puerto Rican women had in the 1930s through the 1950s and why they felt sterilization was their best option.

Changing the Narrative:

Laura Briggs' *Reproducing Empire* (2002) exists today as the cornerstone of Puerto Rican history on reproductive health. Briggs makes the argument that there were many factors that led to the high rate of sterilization, not just the victimization of Puerto Rican women. Briggs proves there was no official sterilization program run by the U.S. government, which was a common discourse, because of a lack of medical infrastructure which meant many women lacked regular medical care and access. She also makes the argument that not many women regretted their decision to get be sterilized. She offers the first substantial view rationalizing why women did in fact choose to be sterilized. While women speak about their vulnerability when having the procedure in the documentary *La Operación*, they still state the various reasons behind why they made the decision to be sterilized. She counteracts how the scholarship paints a totalizing image of Puerto Rican women's disempowerment. Many women did want this procedure and understanding the complex factors sat play helps to understand the women as agents with limited choices, but who did the best they could despite these limitations.

Iris Lopez offer's a full overview of the complicated choices Puerto Rican women had to make through her book *Matters of Choice* (2008). She conducts interviews with five Puerto Rican families from 1981 to 2006 who live in the neighborhood of Bushwick, Brooklyn where she grew up. She criticizes the binary of sterilization as either coercion or choice. She elaborates on the idea of a "constrained choice" because while women did choose to be sterilized, there was a lack of other choices and many other factors such as home life that led to the high rate of sterilization: "Their reproductive decisions are based on a lack of options circumscribed by a myriad of personal, social, and historical forces that operate simultaneously to shape and

constrain Puerto Rican women's fertility options" (Lopez, 300) These choices were usually the result of other people's motives and restrictions that factored into the decision to get sterilized. She describes it as an unofficial campaign for sterilization because while the government did not have an official health policy promoting sterilization, physicians, hospitals, government etc. did not offer many opportunities to access contraceptives or other family planning services. Therefore, sterilization was the most accessible and effective option. She interviews multiple generations of women within the five families and shows a wide range of experiences had by Puerto Rican women. This offers an understanding about how family and migration also determined reproductive choice from the earliest generations who grew up on the island to the later generations who grew up in New York City.

Fighting Back

The final focus of the literature is on the central groups and organizations that were created in New York City to fight the specific struggles of Puerto Rican women. They reveal the ways the community was conscious of the oppressive forces in their lives and forged activist efforts to combat them. At this point we are seeing overt forms of resistance from communities of color. With this, Puerto Ricans had a special and specific role because of migration and the large populations of Puerto Ricans in New York City. The Young Lords Party (who I will elaborate on later) were a group of young Puerto Ricans and other minority youth who were growing up in New York City and became frustrated with the neglect their community was shown. They fought back through grassroots community initiatives. They also published their own series of newspapers titled *Palante*², through these newspapers they would inform the public about what

² Translation: Forward

they were doing and write editorials on various issues they saw in their neighborhoods. They also later published a collection about the work they did and the issues they fought for in *Palante: Voices and Photographs of the Young Lords 1969-71 (1971)*. The collection of essays and photos provides a cohesive look at the work of the Young Lords Party and the impact they had on the community.

The Committee for Abortion Rights and Against Sterilization Abuse (CARASA) also published a book to discuss their work on reproductive freedom. Their book *Women Under Attack: Victories, Backlash, and the Fight for Reproductive Freedom (1988)* discusses how reproductive freedom cannot be achieved without consideration for issues of race, economic status and sexuality. It is a collection written to educate people on the injustices experienced by women of color, including sterilization abuse, and a call to action on that work that needs to be done to fight for reproductive justice.

Historian Jennifer Nelson's book *Women of Color and the Reproductive Rights Movement (2003)* focuses entirely on the work done by women of color to fight for reproductive justice. This book functions to understand that the reproductive rights movement was divided by race and Nelson provides details on the contributions of women of color in the movement. Different racial groups then had to lead their own groups and causes to fight for their needs during the movement. Nelson focuses on the work done by the Committee to end Sterilization Abuse (CESA), the Committee for Abortion Rights and Against Sterilization Abuse (CARASA) and the Young Lords because of their focus on sterilization abuse in Puerto Rican communities and low income communities of color. I will elaborate more on the work of these groups and the work they did in New York City to help women of color. Many books are being written on the work women of color have done to achieve reproductive justice. Puerto Rican women are just a

portion of the work African-American, Mexican, Asian and Native American women all had done to fight white patriarchal oppression.

Methodology

My research methods for this project include an analysis of archival historical records, secondary sources and an interview with my mother who helped to shed light on the experience of Puerto Rican women through her testimony. My work focuses on the time period of the 1930s through the 1980s which chronicles the important history of reproductive justice for Puerto Rican women. The 1930s through the 1950s shows the first stages of involvement from the United States on women's bodies and the rise of contraceptives and sterilization. This is when clinics began to open and caused tension on the island. The 1950s was the decade of heaviest migration from the island to the mainland and the fragile lives led by Puerto Ricans who were learning to live new lives in New York City. The 1970s and 80s were also important in New York City because of the youth activism that took place during the second wave of feminism. This time period crosses over major historical events and puts a lens on women's work and roles in trying to control their bodies and protect their households.

The archival records were centered on two individuals at the beginning and end of this history. The first are the Clarence Gamble papers located at his alma mater, Harvard School of Medicine. Gamble was a wealthy heir to the Proctor and Gamble fortune, also an advocate for eugenics and the birth control movement. The collection includes correspondences with colleagues in Puerto Rico and the mainland United States on the subject of the birth control movement and the pamphlets and ads made by the clinics and shared in the communities they served. They include the work being done at various clinics in Puerto Rico and the ideas he had behind several research projects at the time. The papers also include surveys and field notes used

in clinics. The main contribution I gathered from his notes and letters were the motives and ideas which influenced his work through the conversations he has with his closest colleagues. Within the various folders covering the decades of the 1930s through the 50s I was able to read first-hand the opinions had by Gamble, and other associated with the birth control movement, about Puerto Rico, the people on the island and the work they believed had to be done. Briggs and Ramirez de Arellano also used this archive in their studies and while my own analysis is provided of the same letters and materials they viewed, they did not exam the images that are provided in the archive. The images of the ads and pamphlets used by the clinics was also important to understanding the views and experiences of Puerto Rican women. These materials show the kind of information women received at the time. It is crucial to examine the language used and how they were written to promote the work of the clinic and the services they provide. The ways in which they advertise how they can help women shows the women's experiences and the choices they made as mothers.

The second collection I researched was that of Helen Rodriguez- Trías at the Hunter College Center for Puerto Rican Studies. The archives there are specifically centered on the Puerto Rican experience in the United States and the important figures that were a part of it. Helen Rodriguez- Trías was a physician who was a major advocate against sterilization abuse and fought for reproductive justice for low-income women and families. Her collection includes interviews, notes and articles from her career. They allowed me to understand how a Puerto Rican woman in medicine was able to use her knowledge to advocate for those without a voice. Her advocacy work focused on Public Health initiatives for women and children from low-income, minority populations all over the world. These two archival subjects came from very

different backgrounds and show different perspectives on Puerto Rican people and the health services they deserve.

The Power of Storytelling: History through *charlas* and *testimonio*

I conducted interviews with my mother because so much of what I read in documents and materials, were a part of her lived experience. I wanted to understand the time period and the history of the women in my family. It began with learning about my aunt's experience and unfolded from there. This process included some informal chats when she had visited me and I first considered interviewing her. I composed quick notes so I could develop my ideas on this work. The next step when I understood more about what I wanted to produce, I recorded our conversation. This included targeted questions and took our conversation to more specific details. Even after my work materialized, there were details I learned through organic conversations over the phone. Her stories added context to what I had read and gave a face to the experiences.

From the conversations with my mother I better understood the generational differences between the experiences of her and my grandmother and how reproductive freedom and oppression existed over time. Their experiences at times differed from the other forms of evidence I examined. An example being my Aunt's choice to be sterilized and how that was difference from the abuse that is the forefront of the literature on this subject. My mother growing up during the second wave of feminism revealed, even more so, how women of color were excluded from mainstream feminism. The restrictions she experienced showed the legalization of abortion did not provide a blanket solution to women's lives. I further understood how race and economic status not only divided white people from women of color but the divisions that existed in the Puerto Rican community, that is not discussed. From the literature,

Puerto Rican women are shown in complete solidarity but their battles included internal struggles as well. This is shown through through the differences my mother felt even with her own sister that speak to divisions based on being born on the island or mainland, being light or dark skinned, your age, being bilingual or not and how these impacted her identity. The intersection of reproduction with the formation of identity is not a common narrative but one I wanted to explore further.

The pieces of literature that lend to my use and understanding of incorporating my mother's voice included Meredith E. Abarca, Michel-Rolph Trouillot and Arnaldo Cruz-Malavé. In her book *Voices in the Kitchen* (2003), Meredith E. Abarca conducts what she calls, *charlas* or chats, with her mother and other female members of her community and family in their own kitchens. They are chats because of the nature of the dynamic between those in conversation. Abaraca states "Charlas are about vertical thinking, not horizontal, meaning that researcher and women in field are intellectually on the same plane" (Abarca, 9). Instead of interviewer and interviewee, Abarca, is speaking informally with women in her community, she has familiarity with and not as an "informant" (Abarca, 12). Similarly, talking with my mother is a natural thing. Growing up, the women in my family always shared stories about their lives. People who had passed long before I was born, suddenly came to life and they were brought back through these stories. I was able to understand my mother as a daughter, sister, woman through the stories that were shared about her and from her.

Abarca develops an understanding of the issues of space, sensual knowledge, artistic and narrative expression, and cultural and social change through these *charlas*. She also states how these conversations worked to challenge the question posed by feminist critic, Gayatri Spivak's in her essay, "Can the Subaltern Speak?". The essay considers whether the subaltern, or

populations outside of the majority power establishment, experience a lack of power and therefore a lack of voice. Abarca makes the case that “This book, however, shows that working class women have been speaking all along, but perhaps not in political or economic conventional discourses” (Abarca, 10). The subaltern can speak, just in a different way. The histories and storytelling of my family are no less valid than the histories I have read in my academic career. It opens up the academic space to consider how these chats also inform our understanding and exist as valid forms of history and analysis.

Michel-Rolph Trouillot was a Haitian academic and anthropologist who also has experiences where the conversations with his family enrich his academic pursuits. The first line of his book *Silencing the Past* he says, “I grew up in a family where history sat at the dinner table” (Trouillot, xxi). Through the conversations between his dad and uncle when he was growing up, he was able to hear the truth about Haitian history that developed into why he continued to seek knowledge about his nation, Haiti. He does not interview his family for the book but beginning the book in this way shows the importance and value of growing up with history at your table. Storytelling was a form of his understanding of history I also incorporate in my work. Abarca and Trouillot show the ways in which our upbringing and the conversations we hear from our elders are a piece of history and scholarship. These methods are unique and special because we are having them in the comfort of our homes, within our own communities.

Testimonio or testimony is a method first incorporated in Latin American literature. It is a method where a first-person account is said by someone who has faced instances of inequality, marginalization or oppression. Their voice then represents a larger, collective story that took place in the community that the narrator inhabits. Cruz-Malavé uses this method to present the story of his subject, Juan Rivera, whose life experiences expose the reader to the lives of queer

Puerto Rican men in the 1970s and 80s, especially in the art and club scene of the 80s. The way Rivera was a lover of and later abandoned by Pop artist Keith Haring, is not just creating a picture of one person's story but how queer Latinos navigated living in New York City at that time. My mother's testimony helps me to understand the experiences of Puerto Rican women just like her, my grandmother, or my aunt. Their experience lends to an understanding of the historical periods I focus on.

The Lady at the Center of It All

My mother, Amelia Martinez was born and raised in New York City in 1958, the youngest of four children. Says she was an "oops" baby since my grandmother was 38 when she was born and her father was in his mid-forties. Since her siblings were so much older than her, she was raised alongside her nieces and nephews who were closer in age. She was spoiled by her two brothers and resented by her oldest sister. While my mother was born in the US with a loving father and my grandmother all to herself, it was a privileged life compared to the one her sister lived. The eldest of my grandmother's children, Carmen was born when my grandmother was 15 years old. Her upbringing in Puerto Rico was difficult because she never knew her father and my grandmother's second husband was as cruel as the first. When she left with my grandmother from Puerto Rico they did not have much. She had to learn to navigate living in the United States in ways her other siblings, especially my mother, did not. My mother was able to exercise many aspects of reproductive freedom that her mother was unable to and make choices over her body and what she wanted.

My mother is currently the oldest living matriarch of my family and holds many of our families' stories and secrets. Despite my grandmother Natalia Latoni, no longer being with us,

she always made a point to share moments of her life with me and my mother. While researching reproductive justice, I was troubled by the absence voices of the women experiencing them. Yet, I realized I had the ability to fill in some area through the stories I had always heard about my grandmother and mother's lives and find out so much more about myself and reproductive justice today.

Overview of Chapters

The first chapter of this thesis *Laboratory to the Rise of Sterilization 1930-1950*, centers on the experiences of Puerto Rican women on the island between the 1930s through the 1950s. The purpose of this chapter is to show the limitations of family planning options during this period. It describes the interventions of colonialism and Catholic tradition which were strong forces in the lives of women. The United States wanted to begin studying birth control methods and the lives of Puerto Rican families while the Catholic Church opposed any discussion, study or use of birth control. In 1936 Clarence Gamble opened his first clinic in Puerto Rico and would begin his decades long involvement on the island. His work would usher in an era where Puerto Rico was used as a laboratory for scientists and social scientists. Under the guise of working towards population control, unethical testing was conducted on women in order to understand different contraceptive methods before they were distributed on the mainland United States. These limitations were caused by racist and sexist perceptions of Puerto Rican women as hypersexual, hyperemotional and unintelligent. Despite the many powerful forces controlling women's access to contraceptive methods, they still took charge and tried to do what was best for their families, even if that meant sterilization. My research will show that even the constrained choice to be

sterilized was a way to demonstrate their determination to provide for their family and the children they already had.

The second chapter *Migration and Motherhood 1950-1960*, focuses on migration to the city of New York City in the 1950s. After World War Two migration increased from the island to the mainland United States. A majority of the Puerto Ricans who migrated went to New York City to seek better opportunities. Women and their families joined the wave into the United States and continued working in factories and raising families. With increasing financial responsibility in their homes to support their families, women needed reliable birth control solutions. The American public responded to migration with fear and hostility. The transition to the mainland was not easy and included taking difficult, low paying jobs, and trying to make sure their children had everything they needed to help them succeed in a new place. Puerto Rican mothers fought for their families' survival and by doing so resisted against the racial tension building against Puerto Ricans.

The third chapter *Community Activism for Reproductive Justice 1960-1980*, focuses on the direct forms of activism demonstrated by Puerto Rican women during the second wave of feminism. The activism of the Civil Rights Movement spread to the streets of New York City and Puerto Rican women's voices emerged in various groups. They focused on the issue of reproductive justice, not only through access to abortion but also fighting against sterilization abuse. They also knew the fight for reproductive freedom could only be done by understanding the added burdens faced by women of color because of race and economic status. Women of color began leading groups to fight against the problems they saw in their communities.

Chapter 1: Laboratory to the Rise of Sterilization

¿USTED PUEDE TENER ya solamente los HIJOS que desea!

¿Por qué tener más hijos de los que Ud. puede criar y educar bien?
¿Por qué tener un hijo todos los años, arriesgando así su salud, si le es posible tener uno cada dos o tres años?
¿Sabía Ud. que existen ya métodos efectivos —y que no hacen daño a la salud— para limitar el tamaño de su familia?
¿Por qué no consulta a un médico sobre esto?
Nosotros podríamos orientarle, sin costo alguno para usted.
Si, por el contrario, Ud. desea tener un hijo —pero no le ha sido posible tenerlo— ¡nosotros podemos ayudarle también!

CONSULTENOS HOY MISMO. NO LO DEJE PARA DESPUES.

ASOCIACION PUERTORRIQUEÑA PRO BIENESTAR DE LA FAMILIA

AREA DE BAYAMON

Martes	— 8:00 — 11:30 A.M.	Alcaldía - Toa Baja
Miércoles	— 8:00 A.M. — 4:30 P.M.	Calle Maceo No. 19 Interior Edifi Banco Popular - Bayamón
Jueves	— 8:00 — 11:30 A.M.	Alcaldía - Dorado
Viernes	— 8:00 — 11:30 A.M.	Alcaldía - Cataño

Figure 2: Advertisement for a clinic in Bayamon, Puerto Rico³

Translation:
You can have only the amount of children you desire!

Why do you have more children than you can properly raise or educate?

Why do you have a child every year, risking your health, when you can have a child every two or three years?

Did you know that there existed effective methods—that do not do damage to your health—that limit the size of your family?

Why have you not consulted a doctor about this?

We can guide you, at no cost to you.

Also if you have had trouble having children- we can help with that too!

Consult us today. Do not leave it for later.

Clinic name, information on hours

³ Image found in H MS C23, Box 49, Folder 822, Clarence Gamble Papers

Through this flier, a clinic in Bayamon (Figure 2) encouraged women to go to clinics to control the number of children they had and have the best life and options for themselves and the children they already head. The offered support and a consultation to advise on ways they could control their fertility and care for the children they have. The questions the ad poses persuades the reader to believe that they aren't caring properly for their children because they keep having them and are not going to clinics for help. It puts the onus on the person that is reading it to take action to be a better parent to their children. The words guilt the reader into seeking care. The ad is not specific on the method that would provide these solutions, only that it would not effect the patient's health and not be as risky as having children every year. No other medical information is provided, just the wondrous results they would receive.

Ads like this existed during the time my grandmother, Natalia Latoni was being raised in Puerto Rico. She grew up in a loving middle-class home she lost all of that when she was placed into an arranged marriage at the age of 15. Very soon after marrying a man, who was 42 at the time, she gave birth to her first child, Carmen. Her husband expected her to act as a maid for his entire family and became abusive so when Carmen was 8 months old my grandmother left her husband. This was a decision that my grandmother had to make at 16. When she returned home to her family she was ostracized in her Catholic community for being a single unwed mother. She was no longer a child, even at 16, and had to fight for not only her own happiness but now for that of her child's. She later remarried, also arranged, and had two more children. Her next husband was abusive and did not show any care for my grandmother or their children. This abuse prompted her to move to New York City to escape. From the moment she had her first child at 15 years old, my grandmother's decision-making focused on bettering her life and the life of her

children. It was difficult and isolating having these responsibilities but she did what needed to be done, even if it was scary, to make sure her children were safe. The ad and the life of my grandmother show how the responsibility of mothers and the importance of creating a better life for their children.

My grandmother's early life demonstrates the experiences of many women during the 1930s and 40s in Puerto Rico in a strict Catholic patriarchal society. Natalia was expected to be a dutiful wife and raise her children in precarious environments, but she refused. Women were expected to follow the rules dictated by men, first by their fathers and later by their husbands. The obligations women had to be wives and mothers, is similar to the obligations Puerto Rican had as a colony of the United States. Colonialism also demanded compliance as the United States government was allowed to make various rules that limited the choices and freedoms of people on the island. Puerto Rican women's bodies were one area that could be a place to exercise some freedoms. By making decisions over whether or not to have children, and how to raise them was a way many women demonstrated choice. They were able to exercise some control over the domestic sphere and the responsibility of child-rearing.

I will detail some of the circumstances that led to difficult choices being made by Puerto Rican women to ensure the survival of their families. They had slim options based on their race and gender and this was sometimes the burden of having too many children. Understanding this, women did the best they could. The following will detail how the involvement of the Church and colonialist scientists led to a constraint on the choices women could make in terms of their reproductive care. Ultimately the lack of options led to the rise of sterilization which was seen as the only reliable form of birth control. It was also a choice made by women to control their fertility when nothing else worked.

Population Control and Eugenics

In the 1930s the United States government became invested in the island of Puerto Rico through projects like Operation Bootstrap and sought to intervene in the poverty they found rampant on the island. This also provided an opportunity to test new medical advancements on the population. The prosperity of Puerto Rico and its usefulness to the United States government depended on curbing the population. “By 1932, responding to the problem of overpopulation had become the cornerstone of federal policy in Puerto Rico” (Briggs, 87). The arguments for population control, stemmed in part to a belief in eugenics, the science of improving a human population by controlled breeding to increase the occurrence of desirable heritable characteristics. Eugenics was a racist view that targeted those seen as unfit by those in power, which results in being the groups that are poor, non-white and marginalized. This idea determined what kind of people should exist and continue reproducing and who should not. Bonnie Mass detailed the correlations of eugenic philosophies and efforts at population control “...the less than fit, be weeded out so that the entire “human stock” be improved to the extent that the “aristogenic” individuals with perfect genes would abound” (Mass, 67). In 1937 a eugenic sterilization law was passed which “...included poverty as a legitimate reason for permitting sterilizations” (Briggs, 107) With unemployment on the rise, Puerto Rican families became targets of eugenicist policies.

The United States government studied these families to find the cause of overpopulation and poverty and determined reproduction was the largest contributing factor. The solution to overpopulation focused on lessening the amount of children being born. The womb was seen as at fault for poverty as families had many children they could not afford to support. Population as

the cause of poverty ignored the other contributing factors such as the Great Depression, a hurricane that devastated the island and economic initiatives by the U.S. which exploited the island's resources and people, leading to unemployment and poverty.

The Birth Control Movement had begun during this time and was supported by eugenicists, but also feminists who understood the importance of safe, reliable birth control. Puerto Rican feminists supported contraceptives and understood how access to contraceptives would allow women greater freedom. Eugenicists and feminists fought for control over what services women received. Eugenicists were usually American scientists with more power, government support, and resources. These opposing forces fought for the same thing, for different reasons and this tension, negatively impacted the experiences of Puerto Rican women. The involvement of scientists that follows are examples that echo the sentiments made by Charles Rhoads when he stated in his letter, "The matter of consideration for the patients' welfare plays no role here — in fact all physicians take delight in the abuse and torture of the unfortunate subjects" (Nelson, 35). There was not documented delight in the negative experience had by others but the lack of care and consideration for Puerto Rican women can be shown in the colonial involvement that took place.

Clarence Gamble's Laboratory

The access had by the United States in Puerto Rico allowed an opportunity for American scientists to descend on the island and conduct experimentation with little ethical oversight.

"Who are the members of the Puerto Rican family? The answer: Mom, Dad, the kids and the sociologist" (Briggs, 117). The scientists, mainly white males infiltrated the lives of people on the island and became as prevalent as a family member. Puerto Rico was used as a laboratory to

study the islands' women as if they were lab rats. Their sexual habits, family size, marital status and even diet were surveyed and observed for the gains of scientific research. Scientists descended in Puerto Rico as a means to advance contraceptive technologies and their own careers. One of the leaders taking advantage of this was Dr. Clarence Gamble, educated at Harvard Medical School and heir to Procter and Gamble, who had the financial means to support various clinics and experiments on the mainland United States and in Puerto Rico. He was a well-known eugenicist and had previously led initiatives in North Carolina and India where he also funded the establishment of birth control clinics and research on contraceptives in poor communities. He began the first birth control clinics in many areas of the world, but with a strong belief in eugenics driving his work.

Dr. Gamble's first attempts to open clinics in Puerto Rico in the 1930s were not successful and closed soon after opening due to opposition from the Catholic Church. They strongly discouraged the spread of contraceptive knowledge or clinics and did so through control of the government and any power on the island they could influence. Considering the power of the Church, the government followed suite and forced the closure of the clinics making it difficult for them to survive. The clinics were also trying to operate before the full repeal of the Comstock Law, which stated it was illegal to spread contraceptive knowledge. The law would later be modified to allow information spread in cases concerning health, which allowed clinics to exist. Gamble was able to establish his first string of successful clinics, in partnership with the local organization Asociación Puertorriqueña Pro Bienestar de la Familia or the Family Planning Association of Puerto Rico (Profamilia). Gamble would set up a field advisor to oversee operations of the clinic where Puerto Rican nurses and social workers would go door-to-door

with contraceptive information. He oversaw all decisions that were made and provided the financial backing.

Other than the Catholic Church, the major interference in the work of the clinics was Gamble's impatience, prejudice and personal research interests which hindered the progress that could have been made. He made decisions based on what would benefit his own career or on his own personal prejudice against Puerto Ricans. Instead of providing the best possible forms of contraceptive to help Puerto Rican women and curb overpopulation, Gamble used his control and financial means to conduct work on the island to support the use of ineffective contraceptive methods⁴. The correspondences he had with colleagues and friends on the work being done in Puerto Rico were full of discussion of racist assumptions about Puerto Ricans. Letters would detail how unintelligent, yet teachable Puerto Rican women were and how they had a, "lack of inhibitions in regard to sex"⁵. Forms of contraceptive like the diaphragm, which had started to become successful with small groups, he found to be too complicated for Puerto Rican women to use. Instead he told the clinics to push for spermicidal foam.

One way he was able to justify using the foam over the diaphragm was by paying for studies that would support his beliefs. One such study was conducted by J. Mayone Stycos which led to the development of the Emko Foam, "Unfortunately, Gamble's test on spermicidal effectiveness found Emko to be virtually inert...Gamble revised his procedures and published information that in at least one test Emko worked well" (Briggs, 128). Gamble was not willing to wait for other options to develop or the opinions of Puerto Rican women but he pressured the

⁴ Correspondence from Clarence Gamble to Phyllis Page, 1936, H MS C23, Box 45, Folder 734, Clarence Gamble Papers

⁵ Correspondence from Gladys Gaylord to Clarence Gamble, 1936, H MS C23, Box 45, Folder 733, Clarence Gamble Papers

clinics to function based on his own beliefs. Gamble then began putting money towards campaigns to promote the Emko foam in storefronts, door-to-door, in pamphlets and ads all over the island.

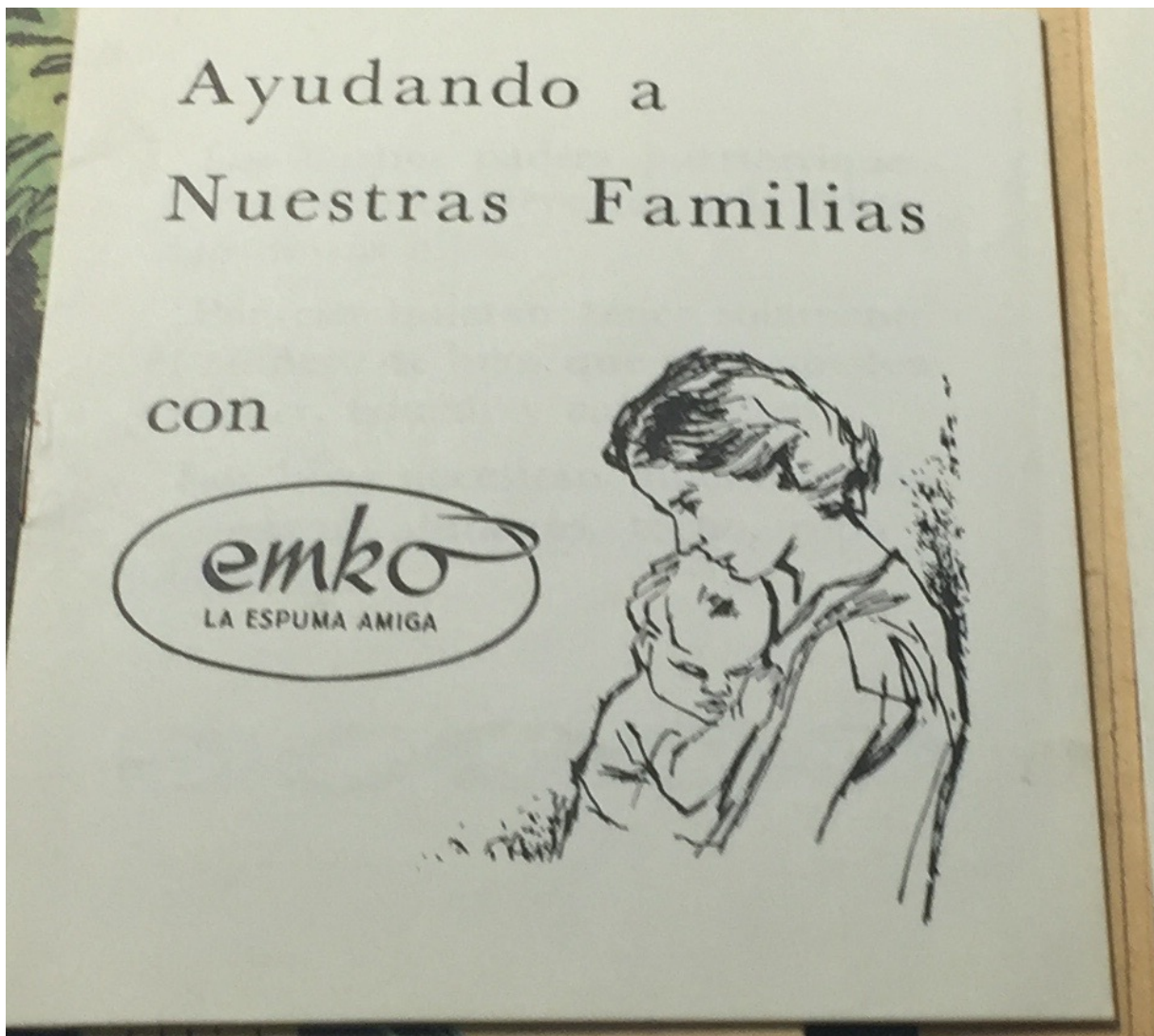


Figure 3: Emko Foam advertisement in a Family Planning Association pamphlet⁶

⁶ Image found in H MS C23, Box 47, Folder 771, Clarence Gamble Papers

Emko foam was promoted as a helpful way for families to limit the amount of children they had. One of the ads (Figure 3) used by Profamilia promoted the foam by showing a mother who looked slightly concerned, we are to suspect that she wanted to figure out a way to help her family. Luckily, she has access to the Emko Foam which could help her family and allow her to be the best mother to the child she is caressing. The image of a mother, as opposed to a single woman, also shows that contraceptives were tools to help mothers and needed by mothers. The foam was depicted as not only helpful (*Ayundando a Nuestras Familias*) but also friendly (*la espuma amiga*). The voice in this line attempts to appear as a familiar voice since it says it can help “*nuestras/our*” families, meaning this information isn’t coming from an outsider but someone, who understands their plight. Promoting the foam became more important than the health and welfare of the communities the clinics served since he would derive more prestige and money from this method. The rampant visibility of foam advertisements along with the positive, helpful message that followed made an impact on the women who were trying to control their fertility and help their families. This appeared to be the obvious solution. Gamble put in a lot of effort and resources which hindered the potential progress of his own clinics, had they had more effective options.

Gamble had the resources to manipulate the clinics working on the ground to do what he wanted. He gained the support of sugar factories to disseminate contraceptives to agricultural communities by bribing them for their assistance⁷. He also made sure photos were also shared of families living in slums to be used to raise additional support and spread propaganda about the uncontrollable population and hyper sexuality of the people by showing them impoverished with

⁷ Correspondence from Clarence Gamble to Phyllis Page, 1936, H MS C23, Box 45, Folder 733, Clarence Gamble Papers

many children⁸. Gamble would encourage field supervisors to work with poorer and poorer populations because he believed they would be desperate to try whatever Gamble was selling in order to help their families and control their family size⁹. Before Puerto Rican women could decide what choices they could make it was already decided for them by powerful men like Gamble.

Puerto Rican women's access to medical care and reproductive services was determined by the beliefs that white Americans, like Gamble, held about them. Along with stereotypes about their inability to use contraceptive technology, their sexual habits and family sizes were also scrutinized. There were many remarks made in Gamble's correspondences about his beliefs about Puerto Rican people. Many show his eugenicist points of view, targeting poorer, rural and darker communities. In her analysis of the medical practices used at the time, Harriet Presser found, "physicians believed contraceptives too difficult for Puerto Rican people to use" (Presser, 54). Racist beliefs plagued the birth control movement and weakened its ability to provide adequate care or to control the population.

Feminists Fighting for Women

The success of Gamble's clinics depended on the knowledge of Puerto Rican nurses and social workers who better understood the communities and the people. Many were feminists who wanted women to have access to reliable contraceptives. Yet, their knowledge and passion for providing women with the many advantages of contraceptives were limited by Gamble's agenda.

⁸ Correspondence from Phyllis Page to Clarence Gamble, 1936, H MS C23, Box 45, Folder 735, Clarence Gamble Papers

⁹ Correspondence from Clarence Gamble to Dr. Gould, August 12, 1941, H MS C23, Box 46, Folder 752, Clarence Gamble Papers

Their efforts were not forgotten, as they remain important figures in feminist history in Puerto Rico. They deserve more of a highlight in this history than what is supplied in the literature.



Figure 4: Rosa Gonzalez in 1906¹⁰

Rosa González (1889-1981) was a nurse who worked at one of Gamble's clinics. She was said to "...not suffer fools gladly and who publicly did battle with prominent physicians..." (Briggs, 106). Gamble made her the head of a clinic in her hometown of Lares in 1936, but due to lack of funding it failed after four years. At the start of World War II she then became the Director of Nurses Services for the Red Cross in Puerto Rico. She may not have been able to foster direct change to the birth control programs that were taking place but she did continue healing the people of Puerto Rico. She had a long history of fighting for nurse's rights on the island and professionalized nursing in Puerto Rico as the founder of the Association of Nurses of Puerto Rico. She was an activist for women's suffrage and fought against discrimination of

¹⁰ Lopez, Adolfo R. *Figuras Historicas De Puerto Rico, Vol. 3*, 15

women in the medical field. She also founded many health centers and wrote several books about nursing before her death in 1981.



Figure 5: Carmen Rivera de Alvarado¹¹



Figure 6: Celestina Zalduondo¹²

Two social workers, feminists and *independistas* who worked at the *asociaciones* at various points included Carmen Rivera de Alvarado (1910-1973) and Celestina Zalduondo (1908-1982). Carmen Rivera de Alvarado was once arrested in order to support the legalization of birth control. Working as Profamilia's executive secretary she fought to prevent the clinics from being raided in the late 1930s and was arrested as a result. In her role as secretary, she was often in communication with Gamble, to let him know about the work being done at the clinic. When Gamble was beginning a new project on the island with his colleague Christopher Tietze, they sought a field supervisor for the experiment. Despite her qualifications and experience in

¹¹ <http://www.borifrases.com/2014/05/carmen-rivera-de-alvarado.html>

¹² <https://www.guidestar.org/profile/23-7034732>

the field, Rivera de Alvarado was denied the job and it was given to someone from the mainland, who could be better controlled (Ramirez de Arellano, 99). They rationalized this decision because of her support for Puerto Rico's independence which could affect government support. Local community members and organizations were insulted by this decision and lost faith in the project. They withdrew their involvement and were less willing to help Tietze with his research. She was a pioneer in the field of social work and the founder of the College of Social Work at the University of Puerto Rico, regardless of the setbacks from American scientists.

Celestina Zalduando, also a social worker, was appointed executive director of the Family Planning Association and was a fierce supporter of the birth control movement. She worked on the promotion of materials, recruitment of social workers and volunteers who would visit patients and she acquired the funding to make sterilization accessible. She believed in reaching out to the people in the community to fight against the religious and political powers who stood in opposition against birth control.

These *feministas* knew that contraceptive options were important in bettering the lives of Puerto Rican women. They served their communities and advocated for medical care and access. Though Gamble's intervention hindered what they could have accomplished in the early stages of the Birth Control Movement they were still able to educate and provide necessary care to women in Puerto Rico and also left a legacy in the fields of nursing and social work.

Pill Trials

In addition to clinics attempting to provide women with contraceptives, towards the end of the 1950s the earliest forms of the pill were being developed and tested on Puerto Rican women. The trials led to a series of attempts at trying to garner testing subjects to further

advance scientific research. Gamble was not at the forefront of this initiative. Biologist Gregory Pincus led the development of the pill, financially backed by the wealthy philanthropist Katherine McCormick, who was one of the first women to graduate with a degree from MIT and was a supporter of the birth control movement. These studies had the goals of furthering the research of these scientists rather than helping women. Pincus never made a profit from the creation of the pill and did not care about the side effects women were experiencing, but was persistent in wanting new tests and subjects for the sake of scientific discovery (Eig, 249).

Scientists tried to get participation for their studies by having nurses try and recruit people by visiting their homes. This became very inconsistent since the women in these communities would often drop out due to side effects which created disinterest in keeping up with the methods. In the spring of 1955, one group they tried to recruit were medical students at the University of Puerto Rico- Rio Piedras. Twenty-three female students were recruited by their Professor, Dr. David Tyler. This was a smaller test run and they purposefully targeted women with higher educational backgrounds, believing they would be more reliable. One way they tried to ensure their reliability was to make it a class requirement and threaten the students' grades if they did not follow through. Threatening their education was an absurd abuse of power to try and control them, which still proved ineffective. Within three months more than half of the participants dropped out after becoming sick with side effects or they were no longer willing to keep up with the rigorous and invasive testing involved. Scientists next attempted to target smaller populations including nurses at a local hospital and prisoners but they all said no (Eig, 202). It seemed they would not continue abusive coercive methods and put people's jobs and freedoms at risk, to a certain extent.

One individual who became effective at recruitment was Edris Rice- Wray who was the medical director of the Puerto Rican Family Planning Association (Profamilia) and passionate about finding forms of birth control for her clients. She was eager for more access to forms of contraceptives, like the pill, but was at first unsure if she was open to the testing of new drugs on her clients. She would eventually partner with Pincus to begin a trial in the area of Humacao. A new government housing development had opened from the formerly slum filled area and Rice-Wray knew the building would be populated with women who may have the desire to control their fertility. After meeting with the housing superintendent she was given a list of residents to recruit as participants, without the resident's permission. She and a local nurse, Iris Rodriguez looked for patients by visiting community gatherings and health centers. Rice-Wray had the best intentions but she would ignore her instincts and to go ahead with the studies (Eig, 229). Unlike Gamble and Pincus, she was not trying to further her research and career but actually provide new options for the community. She might also have had a case of impatience, due to her desire to further the Birth Control Movement and prove the great potential of the pill.

In April 1965 pills were distributed to the women in the housing project and many found it difficult to follow the instructions. Many women would miss pills, consume too many, give them away or not take them at all, making them ineffective. The early forms of the pill may not have clearly stated the importance of taking it everyday, at the same time. The earliest packaging used in these trials (Figure 7) is very different than the packaging used today. The pills today have each pill individual packed in cases with the days of the week clearly labeled, instead of a single bottle with loose pills. This is helpful for the user to see if they have taken the pill everyday. The trial was unsuccessful because of how new the medicine was but also due to the disconnect between the people developing the drugs and those distributing them. There were

conflicting motives and this led to confusion of the testing population who put their trust in these people.



Figure 7: The first birth control pill bottle (Eig, 180)

The trial was also hindered by outside forces, like the Catholic Church. Soon after the trial began, a reporter heard about the testing taking place and, while Rice-Wray and her colleagues gave him very little information, the reporter proceeded to write inflammatory articles about the birth control trial. The negative publicity resulted in thirty women dropping out of the trial because their husbands told them to, they feared the judgement of their priest along with the side effects they were experiencing (Eig, 239). The backlash continued with TV ads made by the Church demonizing the pill. More and more women continued to drop out. Rice-Wray and Rodriguez then began going door-to-door to promote the pill instead of large gatherings. They also decided they would not mention that the pills were in the experimental phase when doing

this. This was a concerted effort to not provide full clarity to patients. They were given pills only a few people, like Pincus, understood the side effects of.

The experiences of some of these women are shown in the documentary *La Operación*. One woman spoke about the side effects she experienced after trying the pill, “I felt everything was spinning and I almost passed out. All I thought about was, ‘God take care of my kids’”, luckily she recovered from this feeling. Only during this interview did she and another woman find out they were some of the first people to try the pill. These early forms of birth control had three times the amount of hormones (therefore three times as powerful) as those on the market today, which resulted in many side effects. They would experience side effects such as, headaches, dizziness, diarrhea, vomiting, bleeding and abdominal pain¹³. After these experiences women were, understandably, wary of using any form of contraceptive they were offered. This woman’s immediate concern was for the welfare of her children. The creation of the pill was intended to help women, especially to alleviate the stress of having more children they would be unable to care for. Yet, their wellbeing should not have to be risked in order to further the study of contraceptives.

The main goal was to further advancements of the pill and that could only be done through testing many women. Pincus only believed in the scientific achievement and not the people effected or at risk. Pincus partly blamed the side effects experienced by these women, on the believed “emotional super activity of Puerto Rican women” (Ramirez de Arellano, 110) and not based on side effects of this new drug. The assumptions made about Puerto Rican women

¹³ There are some cases that may have resulted in death. However, the literature on the subject does not offer a clear confirmation, whether deaths officially occurred because of the pill. No autopsy was performed to determine if the cause of death was because of the oral contraceptives.

consisted of ideas about their supposed hyper sexuality and lack of intelligence. Their emotional state was also questioned and women's experiences were not given full or proper attention. The purpose of the trials was to better understand the drug but side effects were not properly addressed. Their physical discomfort and pain was seen as driven by emotion and not validated as they should have been. This belief led to ignoring the problems instead of fixing them.

Puerto Rican women could not depend on medical professionals or clinics to provide them the care they wanted. They were given very few choices on birth control options that were accessible, reliable and safe. When women discovered sterilization could help them stop having children with very few side effects and was readily available, they took it. With so few options, sterilization was a major breakthrough for women, which finally allowed them the freedom to control their fertility. Gamble's laboratory and the pill trials had caused enough difficulty and pain. Instead of only seeing the rise in sterilization as coercion, zooming out to the whole scope of family planning history reveals that it was no mistake that women wanted to be sterilized. It was a constrained choice, but still was a choice.

Rise in Sterilization

While women were being used to test contraceptives and subjected to the testing of various scientists, hospitals had an endless amounts of women coming in to be sterilized. Women lacked safe, reliable forms of contraception and the means to control their own bodies. With few choices, sterilization gained popularity in Puerto Rico. It became so popular that, by 1965 one-third of the child-bearing population had been sterilized (Presser, 2). Sterilization,¹⁴ did not carry the same stigma as contraceptives or abortion. The Catholic Church supported sterilization and

¹⁴ Tubal ligation: the fallopian tubes are cut, tied or blocked to permanently prevent pregnancy.

therefore the government did as well. It was supported by the Church because it is believed that a conception begins the life of a child, an abortion is done after conception but sterilization does not allow a child to be conceived. This resulted in a plethora of support for this birth control method because they can reconcile making the decision without going against their religious beliefs. Without the added stigma and obstruction from the church women could easily seek sterilization. After experiencing side effects from the pill and ineffective methods like the spermicidal foam women were able to be sterilized which existed as the only reliable form of birth control. “Sterilization was a response to the inadequate promotion by the government of adequate and safe contraceptive services available at birth control clinics” (Mass, 73). Gamble also approved of the practice and while he did not directly sponsor any initiatives for it, he did provide a hospital with a cautery machine and the medical professional needed to use the machine for the procedure¹⁵. With all these factors at play the procedure was in high demand.

The government also provided monetary incentives to hospitals who performed the procedure since it was another method of population control. Presbyterian Hospital in San Juan in 1947 had an unofficial policy that they, “refuse to admit women for their fourth delivery unless they agreed to sterilization, provided the pregnancy was uncomplicated” (Briggs, 157) though this was not the only factor that led to the high rate since a majority of births were still taking place at home and the procedure was costly to the patient. This unofficial policy was not surprising as the director of the hospital, John Bierley, took his ideas from stereotypes of Puerto Rican women and “...insisted that the hyper sexuality of Puerto Ricans made birth control impossible” (Briggs, 157). This made it so that medical professionals like Bierley did not seek

¹⁵ Correspondence from Clarence Gamble to Dr. Rafael Gil y Rivera, 1936, H MS C23, Box 47, Folder 774, Clarence Gamble Papers

out other forms of contraceptives but were driven by their preconceived notions of the people on the island.

Sterilization, received a nickname “La Operación” which gives no indication about what the procedure entails but lends to the casualty with which women wanted the procedure. In the documentary it is also shown that the popularity of being sterilized was spread by word of mouth and one of the few instances where women discussed reproduction openly. This was facilitated by the use of a nickname and as time went on the limitations like cost and access became more lenient leading to more women getting the procedure. Like most things spread through word of mouth details can get blurred or omitted and women’s full understanding of the procedure varied, especially the permanency of it.

Women who were interviewed in *La Operación* gave many reasons that led them to have the operation including:

1. Wanting the procedure because they were poor and already had too many children to support
2. Their husband would not get sterilized
3. They did not know it was permanent and thought it could be reversed because their doctors said their tubes were tied, when they were actually cut
4. Women were in labor and while in pain were told to sign to give permission for the procedure.
5. They were not informed of any other options

The actual voices of the women continue the idea that birth control and contraceptives were necessary to be able to raise children in the manner their mother wished them to be raised.

Throughout the documentary, the decisions shown are made first with the consideration of the

impact of the children these women were already raising. It is also shown how women, not men, had the responsibility of controlling whether or not they had children and the consideration if they could afford to keep having children. Their husbands refused to be sterilized and would not even consider it, especially since vasectomies (male sterilization) was not permanent and could be reversed. The third and fourth listed items are blatant abuse and coercion. The misinformation about the permanence of the procedure led to regret for many women who wanted to continue having children. Even currently, I have had conversations where the fallopian tubes are believed to be tied and reversible. This misconception shows the lack of full disclosure of what the procedure entailed. While in labor, women were confused and believed the procedure was necessary for a safe delivery and a healthy baby. This is also coercion and abuse of the fact that a safe and healthy baby is the most important consideration for a mother in labor. The women of *La Operación* were all mothers, showing it was not only a struggle of Puerto Rican women but of Puerto Rican mothers having to make the decisions for their family.

The rise in sterilizations had a reverberating impact on population growth. Schools were closed in four neighborhoods because there were no children to fill them. The town of Barceloneta had 20,000 sterilizations from 1956 to 1976 and the mayor later expressed pride in that fact and the school closures. The leniency of the procedure led to greater access, even in the workplace where clinics were set up in factories to provide women with sterilizations. This was the idea of Dr. Antonio Silva who was the Medical Director of the Family Planning program in Puerto Rico from 1974-76. In *La Operación* Dr. Silva states how he approached factory managers about the benefit it would provide them,

“I would say to the factory owners ‘I need your cooperation. It is profitable for you, if only for the maternity benefits you would save’ The company has to pay the hospital costs, two months of maternity leave and of course the workers

productivity during those months is zero. That's millions of dollars for the owner".

Instead of trying to provide women with knowledge and access about birth control options or to ask if they felt comfortable with a clinic in their workplace, they were seen only as workers and this decision was made for them. Cost became more important than the individual and understanding the lives of their workers. They worked to provide for their children and needed options to be able to do that. Sterilization was seen as cost effective and a quota to be filled by individuals like Silva, this took precedence over the needs of Puerto Rican women.

The rise of sterilization was a complicated issue because of the differing levels of choice and coercion. It was a reliable way for women to control if they had any children and if so how many, which they wanted, but the way it was conducted did not take their best interests into account. Previous unsafe and unreliable forms of contraceptives led women to become disheartened and unable to control their fertility. The racism from medical professionals and their preconceived notions about Puerto Rican people did not help the adoption of contraceptives among Puerto Rican women. Even feminists and women who supported the birth control movement supported sterilization because it was a solution to the problems they saw in their communities. Women wanted to not only have less children but the ability to provide for the children they already had.

Small families became the modern ideal for women and influenced their desire to be sterilized (Briggs, 119). Not only was controlling fertility a practical solution, in order to better care for their families, but smaller families also became a trend. Smaller families and less children were seen as the path to prosperity. The following image (Figure 1.6) was used in pamphlets and publications at the Family Planning Association, it compares a family that planned their future (left) to a family that did not plan their future (right). This stresses the

**Esta familia
planeó su futuro**



Cuantos más niños se tienen,



**Esta familia
no planeó su futuro**



Menos se les pueda dar a cada uno



Figure 8: Image comparing a small family to a large family ¹⁶

importance of planning in order to improve the lives of these families and women wanted to plan. The difference is the family that did not plan has more children and appears to be poorer.

The planned future allows the family on the left to have a

home and car because they have less children. Below the image the central message states,

“Cuantos más niños se tienen, Menos se les pueda dar a cada uno” which translates to “the more children you have, the less you are able to give to each one”. When women considered how to

¹⁶ “The Problem with the “Population Bomb”: Eugenics and Population Control”
Asian/Pacific/American Institute at NYU, December 22, 2014,
<http://apa.nyu.edu/hauntedfiles/the-problem-with-the-population-bomb-eugenics-and-population-control/>

best provide for their children, these messages were then delivered. In order to provide your child with enough food, options and resources in life, you needed to have less children. This is further driven in the cartoon diagram showing the difficulty in providing for and feeding many mouths as opposed to a small family. In the larger family they have to share the little they have, which is never enough. The small family however can feed everyone and afford luxuries. This also led to women wanting to be sterilized because some already had surpassed the two child ideal and did not want to continue having children, some at the rate of one per year without contraceptives. Sterilization would allow the freedom of knowing you would not have one child after the other but be able to focus on the children they already have. This was not the only image that was used to persuade women to have smaller families. The following images are posters and ads circulated by Profamilia.

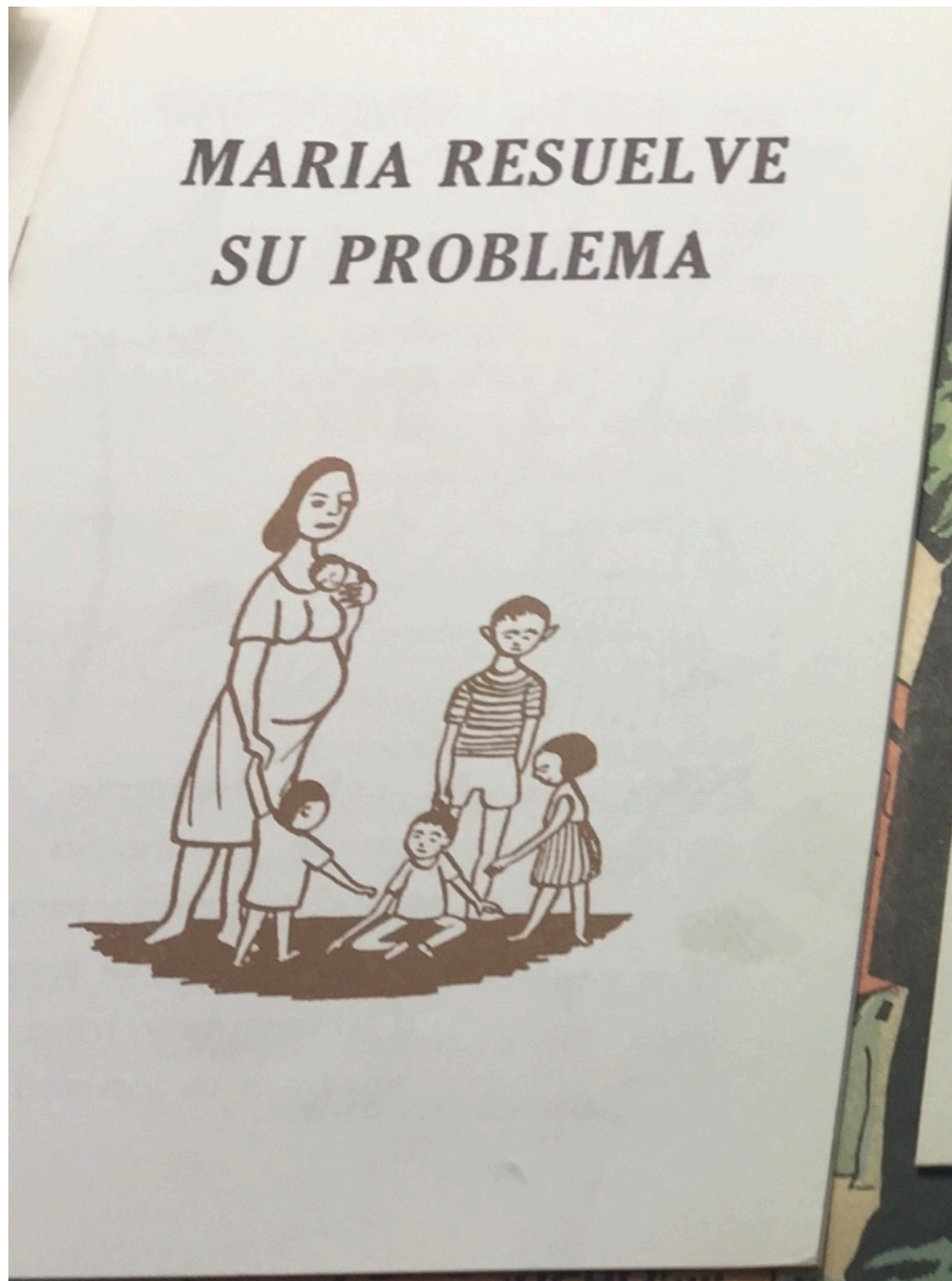


Figure 9: Advertisement- Maria Resuelve Su Problema¹⁷

Figure 9 shows a mother, Maria, who is framed as having too many children. They are all so young and the limited features on her face still depicts a mother who is already tired with her

¹⁷ Image found in H MS C23, Box 53, Folder 866, Clarence Gamble Papers

five children and she has one on the way. All the children also appear to be close in age and in the prior ad it mentions women being frustrated having another child every year. There is no father included in this image, men were generally absent from any discussion on birth control. Men could also be sterilized but they were unwilling and that decision was not given further speculation. It argues, that the woman be made responsible for family size and preventing pregnancy.

During this period of the 1930s through the 50s, there were numerous advancements in contraceptives and more reproductive options for women developed in Puerto Rico. The history shows how Puerto Rican women were the targets of contraception studies and this left them with a lack of options and choices over how they controlled their own fertility. Many forms of contraceptives in their early stages, including the diaphragm, foam, jelly, sponge, IUD, Depo Provera, and the pill were often unreliable or inaccessible. This, along with intervention from American scientists and fears depicted in ads, led to the high demand for sterilization and the alarming rate in which Puerto Rican women were sterilized. While many arguments about sterilization center on whether these women were coerced or not, this cannot be defined as an either/or situation. This is how sterilization became a constrained choice¹⁸. The choice to be sterilized, that was made by mothers to better care for their existing children, was consistently constrained by various social and economic factors. Their reproductive decisions were often controlled by other powerful factors that led to few options. Specifically, the island's status as a colony of the United States, their impoverishment and limited choices on contraceptives.

¹⁸ Lopez, Iris. "Agency and Constraint: Sterilization and the Reproductive Freedom Among Puerto Rican Woman in New York City." *Urban Anthropology and Studies of Cultural Systems and World Economic Development*, Vol 22, No ¾ (1993): 299-323.

Chapter 2: Migration and Motherhood

and can you remember,
the last time mami smiled?

an old friend greeted her one day, told her how good of a woman she was,
for raising such a fine family
and she smiled.

the old man didn't know
she sacrificed her life to make it happen.
sixteen years for it to happen.
sixteen years, sixteen long years
working in the garment district,
all to see it happen.

.....
you say you saw her smile the other day
 even though pops beat her up
 with a bat...
 after that he went to see his other woman.
there were three little boys running upstairs
after three little girls
and mami smiled
 for she knew
 what it would lead to...
 it happened to her.

.....
hey but look,
she's smiling now
and I'll never make her feel bad again.
i'll always bring you flowers
to keep you smiling
and I'll see you every day
keep your place clean
and, and, an...

“sorry son but we have to close the coffin”

pity I never had the chance to tell her,
te adoro madre mia...

When was the last time you saw mami smile?
-Americo Casiano¹⁹

¹⁹ Fitzgerald, 187

The sentiments expressed by Casiano in this poem reveals the view he had, as a second-generation Puerto Rican child, being raised by his strong migrant mother. Young people like Casiano had to navigate between the tradition of their parents and the American society they lived in. Their parents, like my grandmother, struggled to survive and dealt with hardships to provide for their children. This chapter is about those mothers who built a life for their children, while also dealing with the difficulty of migrating to a new place. Stories like Americo's begin with the courage and resilience of their mothers. They resisted an oppressive society, held back tears, and fought for their children's success. Mothers during the 1950's Great Migration and the years following, heavily valued the survival of their children, placing it above themselves. Their resiliency and courage was a demonstrated form of resistance against American society that pushed back against their existence. Puerto Rican perseverance was ensured through the actions of Puerto Rican mothers.

My grandmother escaped abusive husbands and arrived to New York City with nothing but the things her children needed. The turning point in her second marriage was when her husband denied her youngest child medical care for his asthma. She retaliated and "He put a machete to her throat and told her, 'If you ever talk to me like that again, I'll cut your throat'". With that, she knew she had to move to the mainland United States to protect herself and her children.

My grandmother Natalia arrived to New York City in 1946 with her three children, Carmen, Manolín and Benjamín. When she first arrived she lived in the South Bronx with two women she knew who moved from Puerto Rico before her. These friends each had five children, and in addition to her three, she was put in charge of taking care of all the kids. She soon wanted to find her own place.

“Grandma got off the train at 110th Street and it was too loud, she liked quite so she walked to see when apartments got nicer.” Her first apartment was a one-bedroom in East Harlem on 117th Street. The neighborhood was mostly Italian and Irish but she was able to rent there because of her Italian last name, Latoni. She was one of the first Puerto Rican families to move to the area. To raise her children, Natalia worked as a seamstress making gloves in the garment industry. Though Natalia had escaped problems in Puerto Rico, New York City posed its own issues as a woman arriving alone with her children, but she would have the independence she did not have back home in Puerto Rico to determine what she wanted and what was best for her family.



Figure 10: Puerto Rican families upon arrival to the mainland U.S.²⁰

Migration and Women in Factories

²⁰ Dick DeMarsica, *Harlem/World Telegram & Sun*, April 29, 1947, Courtesy of Library of Congress

After the end of World War II, a surge in the migration from Puerto Rico to the mainland United States began, known as the Great Migration. During the peak of migration in 1953, 75,000 people arrived, most of them to the City of New York. This was also the first major airborne migration as air travel became the most affordable and accessible means of travel to the mainland (Figure 10). Since Puerto Ricans were citizens of the United States, migration was encouraged by the United States government to alleviate the island's population. The image shows the migration of predominantly women and children arriving in the United States through air travel. Puerto Ricans arrived for the chance at new and better opportunities, more jobs, better education and overall easier lives. They arrived to attain the American Dream but this would not be easy for the newly migrated population.

After the arrival of families to the mainland, women were able to find work in the garment industry. They were new migrants and were seen as an abundance of cheap labor for factories, "The post-second World War migration brought the largest contingent of Puerto Ricans to NYC; this was reflected initially in a sharp increase in women's overall labor force participation rate to 38.9% in 1950. The highest for females of any racial/ethnic group in New York City" (Muniz, 47). It was easier for women to find work in the garment industry since the skills they learned in the home transferred to the skills needed in factories. My grandmother sewed her whole life and then worked in a factory making gloves. My mother spoke of her experience and touched upon the racism of that time period and the outside work pursued by my grandmother in order to survive, "She worked with leather, sequins, lame, at Tonette and Co., the owner was a Jewish woman but gave her business a non-Jewish name to sell her merchandise. You know, there were a lot of problems with ethnicity. Not only did she work there, but she could bring home piece-work. That's how she went from a one-bedroom to three, saving money

by working nights in the house”. Not only did she work at the factory but also had other avenues to make money on the side to make her family more comfortable in a larger apartment. My grandmother had to put in the extra work to overcome the low wages women were paid in factories.

Working in factories as women of color, and a newly migrated population, they faced many challenges and difficult work conditions. They received low pay despite working long hours and in poor conditions. Unions existed to combat this unfair treatment but Puerto Rican women often had to fight as a collective for the representation and rights they deserved. They held various protests not only to achieve their rights, but to gain leadership roles in the union. They not only had to worry about wages but also the racial abuse and discrimination that persisted in the work environment. They also wanted to advance from their positions into more skilled labor, yet,

“...Puerto Ricans were unable to improve their economic conditions; the majority remained the lowest paid, dead end, unskilled and semiskilled positions...the low wages received and the lack of opportunities for advancement had a very adverse socio-economic impact on the Puerto Rican community as a whole” (Muniz, 50).

Earning low wages, with no ability to advance in their work, meant they could not afford to support their families. Women worked to combat these issues but continued to be rejected by employers and their own unions. Unions did not listen to the needs of the Puerto Rican community and did not provide them equal representation.



Figure 11: Puerto Rican women working in a garment factory²¹

Further effecting women's ability to work and survive was the worry about pregnancy and having more children. They needed reliable contraceptives so they could continue to work. There was still no easy solution to this problem and the desire to be sterilized was also the most reliable form of contraceptive in New York City, as it was on the island. Women gained independence by having an opportunity to work but still had the burden of few options to control their fertility. Being able to attain reproductive freedom was not only about a woman's ability to control her body and whether she will or will not have children, but also being able to raise the children she

²¹ Women making brassieres at the Jem Manufacturing Corp. in Puerto Rico, March 1950, International Ladies Garment Workers Union Photographs (1885-1985), Kheel Center for Labor Management Documentation and Archives, Ithaca, New York

already had. The majority of the women who needed reliable contraceptives were working women with families. Making the decision about whether they desired more children or wanting the chance to wait before having children was a difficult choice without many options. Regardless of the hardships they faced, Puerto Rican women ensured the survival of their families and their children as a form of resistance against the various oppressive forces. Puerto Ricans were considered to be a nuisance but they continued to live on the mainland and assert their presence in their communities. Not only by existing, but creating families who would survive despite the hatred was a way to resist a racist American public. There was a quiet, yet active resistance which existed here when trying to manage work and family. Women were embarking on new journeys in New York City and displayed the courage to seek better opportunities for themselves and their families. This new territory was made even more complicated by the hatred Puerto Ricans received on the mainland.

Racist backlash

Despite only wanting to improve their lives, new immigrant groups are consistently met with racism and hatred in the United States. This xenophobia was expressed towards the newly arrived Puerto Ricans and they were not welcomed in New York City. Many residents, like Lydia Gonzalez whose family migrated to the Lower East Side in the 1950s remembered seeing signs in front of restaurants that read, “No dogs or Puerto Ricans allowed”²² (Gorham NYU). With this ignorance and misunderstanding of Puerto Ricans came negative stereotypes and assumptions.

²² Gorham, Zakaila C. “Immigration and Transformation on the Lower East Side”. NYC Mosaic. <https://journalism.nyu.edu/publishing/archives/nyc-mosaic/les.html>.

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Officials Worried by Influx Of Migrant Puerto Ricans

By ALBERT J. GORDON

Puerto Ricans, seeking work, are arriving by plane and ship at the rate of more than 2,000 a month to augment the estimated 600,000 already here. The situation is causing the New York City authorities increasing concern because of the housing, health and other problems involved.

Figure 12: New York Times headline (1947)

The migration caused a panic in cities like New York when the population of Puerto Ricans began to rise. Instead of focusing on some of the positive results of migration, including the abundance of labor force and production, the focus was on the problems that the new group could potentially pose. Even before the Great Migration, “The *New York Times* published no articles about the mainland Puerto Ricans in 1946, but almost thirty, all focused on the new migrants as a problem, in 1947” (Briggs 167), including the image above (Figure 12), which made it seem as if Puerto Ricans were invading the mainland. The language used in the media and these national reports single out Puerto Ricans as a city-wide problem. This would only worsen over time as Puerto Ricans grew in population. The idea that the migration posed a threat or could cause problems set the tone for the attitude the American public had towards Puerto Ricans. It determined the access they received with health, education, housing etc. The

neighborhoods they lived in usually received the least amount of resources, worst hospitals and little care. Children would be discriminated against in schools because they spoke Spanish and the housing they lived in was neglected.

Anti-Puerto Rican sentiment was made worse when Nationalists, fighting for Puerto Rico's independence, opened fire on the house of representatives in the U.S. State Capital in 1954. Five representatives were injured as a result but not fatally. The four assailants were convicted and given long sentences. They were then pardoned in 1978 and 1979 by President Jimmy Carter. This act marked Puerto Ricans as anti-American.

The repercussions of the hatred towards Puerto Ricans affected my mother and her siblings differently based on how they were perceived in American society. My mother and her older sister Carmen were darker skinned than their brothers Manny and Benny who also were predominantly known by the Americanized versions of their birth names, Manolín and Benjamín. The sisters were also the only two to be fluent in Spanish and had Spanish last names, Carmen Lopez and Amelia Martinez were received differently than Manny and Benny Bayron whose last name, Bayron, originally derives from the British Nobleman Lord Byron. This resulted in Carmen and my mother not being as readily accepted into the predominately Irish and Italian community of their Harlem neighborhood. Having white last names and appearances meant my uncles were able to assimilate into American society.

These factors also influenced their communities and the relationships they built. Carmen met her Puerto Rican husband while working at a scissor factory, since the factory was one of the places Puerto Rican community existed. My uncles however, married Irish and Italian women. When my uncle Benny married his wife Dolores it was one of the few times his race became an

issue. After getting eloped, Dolores arrived at my grandmother's apartment bloodied and beaten by her siblings and was disowned for marrying a Puerto Rican man.

Assimilation was a great and difficult subject for new Puerto Rican migrants. They would never be fully accepted as Americans despite their citizenship. Even some who could pass in society were still thought to be second class citizens. My mother was much younger than her siblings and dealt with the issue of assimilation differently than her siblings. When she was growing up her neighborhood became more diverse and she did not stick out as she might have 10 years before when my grandmother arrived to New York. She was raised with both Spanish and English and had different communities around her whether it be at home or school. She constantly navigated between two cultures. The community they were surrounded by was an important influence.

Female Headed-Households: Changing family structures and gender roles

As a way to navigate the difficulty of life in New York City, Puerto Rican women built communities and networks among themselves. Many knew someone who had already settled in the city and would be able to have some support through these connections. My grandmother was able to stay with hometown friends when she arrived in New York as one example of a social connection that was built. Women also cared for each other's children while they worked. "Deprived for the most part of the extended family on which working mothers had traditionally relied in the past, friend and acquaintances were sought to care for young ones in the family environment where culture and language were reinforced" (Muniz,46). This support system also was a substitute for familial ties that were left behind on the island. My grandmother had no family in New York City for a long time (only one of her sisters ever came to the mainland US)

and she built networks based on female friendship. It started with the women she stayed with when she arrived, but extended in Harlem as well. My mother's godmother, Luz Rodriguez, was her next door neighbor and became close friends with my grandmother and a second mother to my mother.

Networks were created through social connections that already existed, proximity to each other or new relationships established in the workplace. With the large Puerto Rican labor force, work became another avenue to connect to people of the same culture. Puerto Rican people could not depend on government or local resources for information since access was neither affordable nor available, or they were limited by language. Knowledge about contraceptives or other health resources continued to be learned through word-of-mouth, as it was on the island. Without reliable access to forms of contraceptive, sterilization continued to be the preferred method.

The labor of child-rearing and home stability was left to women, along with the responsibility to control their fertility. When my own aunt, Carmen, wanted to be sterilized in the 1960s at the age of thirty-three she was denied access in New York City. She was married and working, she already had four children with her husband, and did not want anymore children, "Her first two children were ten months apart, then her next child, her son, was 10 months older than me, she didn't expect to get pregnant a fourth time". Carmen was not able to control her fertility because of a lack of access or knowledge about contraceptives. She had her children in close succession and wanted to stop after the fourth child and sterilization was the most viable option to allow her to chose to not have anymore children. Her doctor in New York denied her at first because she was seen as too young and was asked, "What if you get divorced and your new husband wants more children?" so she flew to Puerto Rico to have the procedure done. When her youngest child, Lisa was two she traveled to Puerto Rico for two weeks, was sterilized with few

questions asked. The image below was captured during that trip. From all the complications she endured asking doctors for permission, she did not make this decision lightly but had the independence to exercise the right to control her body and fertility and prevent having a fifth child.



Figure 13: An image of my aunt, Carmen with her daughter Lisa

Carmen's independence to get this operation and to make that decision for herself and her family, was a feeling rising in women at the time. Women's independence was especially evident when they emerged as the breadwinners of their families. There was a rise in unemployment in New York City when factories were leaving the city for the suburbs. Many workers suffered but

Puerto Rican women were not as affected and remained more gainfully employed than their male counterparts. Many homes became female-headed-households as a result of the significant economic differences between the genders. Since women were often times more gainfully employed than men, they controlled the financial matters of the home. Other than being more likely to find work, some other reasons female headed households emerged was due to the rise of divorce and feeling independent enough to leave an unhappy marriage (Fitzpatrick, 98). The modern times emerging meant women wanted to control their money and their happiness.

A result of women becoming the breadwinners was a change in the gender dynamics of their households. This was radically different from traditional gender roles that existed in both Puerto Rico and the mainland. Men were expected to provide for their household and now that women were doing this, their manhood was considered endangered. In Latin America the term for the culture of male dominance is known as *machismo*. This is the strong and aggressive masculine pride expected of Puerto Rican males. The economic dominance emerging among women in this time period disrupted machismo culture. Along with the expected role of men, there also existed roles for women known as *marianismo*. Marianismo was developed through Catholic tradition in Latin America. Women were expected to remain in the home, run the household and solely act as wife and mother, only work for the satisfaction of the husband and child-rearing. This tradition also did not allow women to consider their own sexuality, it was seen as improper for women to discuss sex or their bodies. Limiting the ability to discuss their own bodies made it more difficult for women to attend to their desires or the need for medical attention and access.

The Feminization of Poverty

Similar to the way social scientists studied Puerto Rican families on the island, they also studied these families in the United States. They sought to find the root of poverty and some turned to blaming the poor instead of focusing on the societal factors that contributed to their circumstances. With the emergence of female-headed households, women were blamed for perpetuating poverty. Anthropologist Oscar Lewis developed a theory on the subculture of poverty also known as the “culture of poverty” as a way to explain how poverty continued to persist among Puerto Rican families. According to Lewis, poverty was caused by systemic forces but perpetuated by the subculture that impoverished people created themselves. He posited,

“The culture of poverty, however, is not only an adaptation to a set of objective conditions of the larger society. Once it comes into existence it tends to perpetuate itself from generation to generation because of its effects on the children. By the time slum children are age six or seven they have usually absorbed the basic values and attributes of their subculture and are not psychologically geared to take full advantage of changing conditions or increased opportunities which may occur in their lifetime” (Lewis, xlv).

Lewis first supported this theory through his ethnographic work with Mexican families in 1959, titled *Five Families: Mexican Case Studies in the Culture of Poverty*. He then continued to defend this theory using a Puerto Rican family when he published the book *La Vida; A Puerto Rican Family in the Culture of Poverty* in 1966.

At the center of *La Vida* was the Ríos family, which consisted of fifteen members over four generations living in impoverished areas in both Puerto Rico and New York City. Lewis and his team interviewed one hundred families for this study, yet the 669 pages of the book, only focused on one, providing a very limited depiction. The family is described with negative characteristics composed of absent fathers, bad mothers, early motherhood, violence, abuse and hyper sexuality. The book tells the story of 40-year-old matriarch Fernanda, her four 20-

something year old children and her six husbands, her current husband being 19-year old, Junior.

The book begins with her discussing their sex life and the visibility of it,

“And another thing. Junior and I like to neck all the time and that looks bad in front of the children. Well, I’ll just hang a curtain over the door and I won’t let the kids in. I’ll hang a curtain over the bedroom doorway too but it won’t do much good. The neighbors can hear the whole thing through the wall” (Lewis, 5)

Lewis’ work continues to focus on despair and taboo subjects like female sexuality and the sexual habits of the family meant to outrage and shock the American readers of the 1960s. In one story told by Fernanda’s daughter, Cruz. she tells her interviewer, “Ay, Rosa you just saved me! ... Listen, *chica*, right in front of Anita (her 3-year-old daughter) he (Emilio, her ex husband) grabbed me, ripped off my blouse, and at one stroke I landed on the bed” (Lewis, 535). The book continues by mentioning when the interviewer, Rosa, arrived the fly of his pants was still open. The situation upset and scared Anita and her other children when Emilio tried to force himself onto her. The purpose of the book is to describe these frightening moments between a woman and her children to shock the reader and further Lewis’s agenda to explain that because of the “culture of poverty”. Fernanda and her children “became the tale of a mostly female, disordered sexuality whose “pathological” results (free unions, unstable marriages, high rates of illegitimacy, and matrifocal households) were perpetuated culturally through deficient child rearing or bad mothering” (Cruz Malavé, 101). In Lewis’ study Puerto Rican women are analyzed and blamed for their misfortune. Mothers are seen as continuing to destroy the lives of future generations because of their sexual and reproductive behaviors, instead of the societal and economic causes that influence their lives.

Several reviews comment on the gratuitous drama Lewis incorporates to titillate readers. Jack L. Roach described the work as, “...suffering and squalor and the spectacle of human being

reduced to an animal like existence...” (Roach, 108). They are not seen as human but exist as subjects manipulated by Lewis’ agenda. The public who read this could just blame the family’s circumstances on this subculture of poverty, especially the matriarch’s like Fernanda, in charge of it. This text was detrimental because it tried to act as an authority on the Puerto Rican experience.

At this time, the people of New York City are reading negative headlines about Puerto Rican migrants, then books like *La Vida* are released which also has an influence because of the authority Lewis holds as a highly-educated individual. The depiction of the Ríos family constructs the idea that Puerto Rican mothers were unable to control their sexuality or their children and lead entire communities towards poverty and instability.

Women’s reproduction and sexuality was seen as the cause of poverty. Instead of understanding poverty as a result of colonialism on the island, the exploitation of Puerto Rican workers given low wages, or what we know about access to contraceptives. Female sexuality was ultimately depicted at fault for the failings of society, and Puerto Rican female bodies became a site of battle in New York City (Silliman, 189). Women were gaining the independence to run their own households, but that also resulted in a difficult economic state. It was much more difficult to maintain a household with only a single income (Fitzpatrick, 99). It was not women’s bodies or habits that resulted in poverty, but the difficulty to maintain a matriarchal household with the many factors that did not allow economic success for Puerto Rican women. Women continued to fight for their families and the livelihood of their children despite these elements working against them.

The danger female headed households posed to white supremacist patriarchy was also seen as a drain on social services. They were seen as having large families who abused services

like welfare in order to support their families. Poor women of color, Puerto Rican women and African- American women, were instead characterized as “welfare queens” which is a trope given to someone who has misused and depleted services, like welfare. It was a derogatory name predominantly given to single-mothers of color, to blame mothers of color for the failings of society and poverty. Puerto Rican families had accounted for very little of the welfare benefits in the city of New York and their participation in the workforce saved the garment industry in New York by continuing production and the profit of their employers (Briggs, 164). Puerto Rican women worked long hours, in poor conditions, for low wages and tried their best to prosper in American society with and without the aid of social services that are meant to help all overcome poverty. In the book *Matters of Choice*, Sonia, twenty-two year old mother to a two year old and six months pregnant with her second child was insulted by perpetuated stereotypes about Puerto Ricans, “I’m no baby maker. People think all Puerto Ricans are on welfare. They think we have no pride, that we have babies to take welfare...” (Lopez, 70). Sonia shows how women’s bodies and reproduction were a site of conflict where their right to reproduce is seen as a problem for American society. Social services or reproduction is a private decision to be made by individuals and their families but instead Puerto Ricans had to deal with the outside scrutiny of what they did with their bodies or how they supported themselves.

The invasion of American society on the actions and choices made by Puerto Rican women and their families can be seen in newspaper headlines but also through entertainment. The sexual representation of Puerto Rican women can not only be found through limited pseudo scientific studies but through representation in film as shown in the film *West Side Story*.

West Side Story

The musical *West Side Story* first premiered on Broadway in 1957 and featured many of the struggles and stereotypes about the Puerto Rican community in New York City during the 1950s. The play, based on William Shakespeare's *Romeo and Juliet*, pitted a Puerto Rican gang, the Sharks, against the white American gang, the Jets, similar to the warring Capulets and Montagues. Instead of houses in opposition, the play depicted the race war emerging in city neighborhoods against the newly arrived Puerto Rican migrants. The film also depicted the issues new groups grapple with on the issue of assimilation and loyalty to their homeland.

The play was later turned into a film which premiered in 1961, perpetuating the very real tensions between different races in New York City. In the film, the Sharks, were dark skinned delinquents engaged in gang activity with thick accents. The actors playing the Puerto Rican roles were largely White-Americans, with dark makeup applied to make them look Latino. One exception was the role of Anita, which was played by Puerto Rican actress Rita Moreno²³, the only person of Puerto Rican descent in the film.

The female roles of Maria and Anita, depicted a limited range of representation of Puerto Rican women. Anita was sexualized, while her virginal foil appeared in Maria. Anita was played by Rita Moreno while, Maria was played by Natalie Wood, a White American actress. The two women represented the "virgin/whore" dichotomy which is a limited view of female sexuality where a woman is either a virgin or a whore (Silliman, 216). Maria was shown as "the virgin", a good girl whose image was in opposition to Anita, her older sexual counterpart. Maria is often seen wearing white with her Catholic cross prominently showing (Figure 14).

²³ Rita Moreno, EGOT recipient as she is one of the few actors to win an Emmy, Grammy, Oscar and a Tony award. She was also known then as the "Puerto Rican firecracker" (Briggs, 172)



Figure 14: Maria wearing a white dress and cross necklace

Maria is the naïve little sister, of the leader of the Sharks, Bernardo. She is the embodiment of marianismo and unable to make decisions without the approval of her brother. During the scene shown in the image, Maria wants her dress to have more skin exposed but Anita will not do it because it would anger Bernardo. Both women are controlled by Bernardo but Anita is able to assert her herself because of her role as Bernardo's lover.

Anita instead embodies the sexual exoticism used in depictions of women of color in opposition to the virginal common depiction of white American women. She is vivacious with a fiery attitude. Her sexuality is used to assert her dominance and power over me like her lover Bernardo. Fighting and aggression act as a fuel to her sexual desire which is shown in the film as the gangs prepare for their final turf battle. Instead of being concerned about the possible blood

shed she tells Maria “You saw how they dance? Ike they gotta get rid of something quick- that’s how they fight...Too much feeling. And they do get rid of it. Boy, after a fight that brother of yours is so healthy” Dancing and fighting are meant to show off sexual bravado in need of Anita’s sexuality to provide the release of sex (Cruz- Malavé, 106). This is the opposite of the concern shown by Maria about the upcoming fight. Maria wishes to avoid the battle and instead of speaking up for herself, she has to send Tony in since he would have more influence over the group of men. Anita does not need men to speak for her.



Figure 15: Anita leading an energetic musical number

The musical number depicted above the men and women are having a disagreement. In order to push her opinion, she is shown in a seductive manner. She juts out her chest and purses her lips, showing her sexual power over Bernardo. He may be the leader of a gang and feared by

many but Anita shows she has control over him, through her body and sexuality which he cannot resist.

Anita is not just sexual but her fiery personality shows her as also brave and defiant when she enters Jet territory. Despite being distraught about losing Bernardo, Anita goes to the Jets to try and help Maria reunite with Tony. Even Maria sees Anita as a stronger individual when she lets her do this. When she encounters the Jets and the room full of white males she narrowly escapes an attempted sexual assault by them and exits with anger. Even after this terrifying situation, she summons the strength to shoot her eyes at them and says “Bernardo was right...If one of you was bleeding in the street I’d walk by and spit on you” her angry eyes seem to curse the men and frighten them into silence.

Anita and Maria are shown as opposites, where women are either meek and naïve or sexual and aggressive. This is detrimental since this representation erases the complexity of female identity and sexuality. The virgin/whore dichotomy shown in the representations of women is not the only problem the film has with representation. It can also be seen in the styling of the actors.



Figure 16: Left-The Sharks in brown face, Bernardo (center) and for comparison, Bernardo, played by George Chakiris' natural image

The actors portraying Puerto Rican characters were all put in darkening face makeup as a way to make them appear Puerto Rican (Figure 16). When the makeup was to be applied to her, Moreno, contested the use of “brown face” used in the film and describes the conflict she had with the makeup crew,

“I remember saying to the makeup man one day — because it was like putting mud on my face, it was really dark and I’m a fairly fair Hispanic — and I said to the makeup man one day ‘My God! Why do we all have to be the same color? Puerto Ricans are French and Spanish...’ And it’s true, we are very many different colors, we’re Taino indian, we are Black some of us,” she [said](#). "And the makeup man actually said to me, 'What? Are you a racist?' I was so flabbergasted that I couldn't come back with an answer,"

She was insulted for her disagreement about the makeup, which was applied anyway, putting her in a precarious situation when she was powerless to control this little detail in a big Hollywood

production. Regardless of the reality of the diversity of Puerto Rican people, the actors were darkened to make them look different from the actors portraying the white American Jets.

Behind the scenes tensions arose, but also the film depicts the racial tension and violence that existed during the Great Migration between Puerto Ricans and White Americans. In the film the males are all a part of gangs and bullied by law enforcement, this dynamic shifts at the end of the film when the main officer, Police Sergeant Krupke, allies with the Jets and states he will turn a blind eye in order for the Jets to eliminate the Sharks. Brown males are criminalized and this depiction transfers to how law enforcement and Americans feel about Puerto Ricans. There existed a fear about the perceived infiltration of Puerto Ricans into their communities.

The Jets even sing about the difficulty they have had trying to get rid of them, “Yeah, but these PRs are different. They multiply. They keep comin'. Like cockroaches. Close the windows. Shut the doors. They're eatin' our food. They're breathin' all the air”. They are seen as a threat to American society and these lines are similar to the headlines about their supposed depletion of social services. The comment about their ability to multiply or reproduce is compared to cockroaches, who can overwhelm homes and are hard to expel from the home. This is how Jets believe the Sharks have taken over their white American spaces, “Their reproduction threatens to overwhelm all public and private space, all turf, even the very divide on which turf itself is based” (Cruz- Malavé, 105). Reproduction is a threat to American society which is worried about the formation of the Puerto Rican community and it becoming larger through procreation. The mainland United States is seen as turf that belongs to white Americans and they can not stop the dangers of Puerto Ricans overwhelming them and “taking” this turf from them. The comparison to cockroaches is driven further when the Jets sing *la cucharacha* (the cockroach) when Anita enters their space. It is no coincidence that the sexual Puerto Rican female character

is directly associated with the cockroach which are seen as the result of reproduction and female sexuality.

Puerto Rican people were seen as a threat because the womb was a site of contention but also their children were seen as a risk against the peace and prosperity of American society. The film dealt with the issue of assimilation amongst Puerto Ricans and also poses these tensions as a difference of opinion based on gender. In one of the songs, “America”, the women sing about what they love about the United States mainland and the great opportunities that make it superior to the island, while the men’s rebuttal describes the racism and hatred they have received since arriving and how they miss their home island.

ANITA: Lots of new housing with more space
BERNARDO: Lots of doors slamming in our face
ANITA: I'll get a terrace apartment
BERNARD: Better get rid of your accent
ANITA: Life can be bright in America
BOYS: If you can fight in America
GIRLS: Life is all right in America
BOYS: If you're all white in America

The song makes it seem as if you can not love both the island or the mainland, it must be either/or. The dreams and harsh realities in this song are both valid. The mainland meant prosperity but it also included facing adversity. As women became the head of their households and enjoyed breaking the traditions they grew up with on the island, they could still feel love and pride for where they came from. Puerto Ricans constantly worked to negotiate between wanting to a part of American society and culture, without the risk of losing their Puerto Rican roots and culture.

Puerto Rican migrants encountered incredible hardships when they arrived to the mainland. This included limited access to housing, education, health and employment. Mothers

were emerging as the head of their households and held the responsibility of raising their children in a society that did not want them. The struggles of the first generation of migrants to fight adversity allowed the second and third generations to build from the foundations of resilience. Next generations would continue to establish more of a place for Puerto Ricans and how to aggressively exercise and get the rights they deserved. The mothers of this generation will teach their children how to survive and with those skills they will gain a voice to engage in other forms of resistance. Their mothers and grandmothers showed their strength through negotiating a new home and fighting for their families to survive. The next generations will not only survive but learn to thrive.

I find it difficult to find a picture capturing my grandmother's smile and I am sure Americo did too. When I consider all that she has overcome, it is easy to understand why. She fought for her family to survive, not with her fists or weapons but overcoming the challenges she faced to build a life and home for her family. Through it all she was always incredibly smart, witty and hilarious.

Chapter 3: Puerto Rican Women Fight Back: Street Resistance and Regulations in NYC

“I remember well the 14-year old black girl admitted one night in labor. Terrified almost into muteness, she gave no replies, or half whispered staccato answers to the resident’s routine questions about date of late period, what time contractions started, etc. She whispered pleadingly to me “could my mother stay with me?” The resident had a quick reply “She got herself into this herself, she can get out of this herself.”

Her 10 hours in the delivery suite were of a piece with that opening line. She was told to shut up every time her laboring sounds reached the barely audible or when she didn’t instantly respond as commanded. She was yelled at, threatened with needles, possible infections, never ending labor...

And my despair rose tidal wave high—not only as abusive incidents mounted, but at both her and my impotence. My glaringly inadequate attempts to effectively intervene on her behalf revealed my role as powerless, and therefore complicit crime watcher...

It was some vague understanding that this issue of reproductive freedom was pivotal that led me to go to medical school in order to do obstetrics and gynecology. Also I was furious that women should have to rely on the sloppy, contemptuous, controlling male doctors I encountered in my work as a birth control and abortion counselor. “Get those skills into our hands” was my feeling²⁴

- Dr. Helen Rodriguez- Trías

Rodriguez- Trías was a Puerto Rican physician and this is an account of the abuses she witnessed during her time working at a municipal hospital in New York City in the early 1970s. It would not be the last time she witnessed women being mistreated by medical professionals and influenced her to become a leading advocate for women of color and their families. She stated that she wanted to ‘Get those skills into our hands’ to take the power back and if she wanted to see change she had to work in order to combat the overwhelming obstacles that stood in the way of women’s access to proper health care. She was also effective in bridging the worlds of the medical community and the Puerto Rican community since she was knowledgeable about both .

²⁴ Subject Files, Box 2, Folder 4, Helen Rodriguez- Trías papers, Centro de Estudios Puertorriqueños, Hunter College, CUNY



Figure 17: Helen Rodriguez- Trías, M.D.

Helen Rodriguez- Trías was born in New York City in 1929, but spent much of her childhood growing up in both Puerto Rico and the mainland United States. Growing up she saw the challenges her mother faced after she migrated to the city of New York. This included being unable to use her teaching license from Puerto Rico and having to take on boarders to live with them in order to support her family. After high school, Dr. Rodriguez- Trías returned to Puerto Rico to study medicine at the University of Puerto Rico-San Juan graduating in 1960. During her time in medical school she realized how women were neglected in medicine. After completing her residency in Puerto Rico she returned to New York City and became the head of pediatrics at Lincoln Hospital in 1970²⁵. The abuse she witnessed, and the way gynecologists and obstetricians treated all women, bothered her a great deal²⁶.

²⁵ Interview, Box 1, Folder 3, Helen Rodriguez- Trías papers, Centro de Estudios Puertorriqueños, Hunter College, CUNY

²⁶ Interview in American Journal of Public Health, Box 1, Folder 3, Helen Rodriguez- Trías papers, Centro de Estudios Puertorriqueños, Hunter College, CUNY

She continued to speak out about what she saw and transformed her experiences into action. This included developing regulations against sterilization abuse with the Committee to End Sterilization Abuse (CESA), as a founding member of the Committee for Abortion Rights and Against Sterilization Abuse (CARASA), and later she became the first Latina President of the American Public Health Association. She was also a recipient of the Presidential Citizens Medal by President Bill Clinton before her death in 2001.



Figure 18: Dr. Helen Rodriguez- Trías speaking at an abortion rights rally, 1970s

Dr. Rodriguez- Trías is just one example of how young women growing up watching their mothers struggle to survive and protect their families in the United States revolutionized women of color to fight for change. She says it best when she states she was inspired by, "The experiences of my own mother, my aunts and sisters, who faced so many restraints in their struggle to flower and reach their own potential," (Newsweek Magazine) Mothers fought for their children and from those struggles, their daughters and the younger generations of women

gained a voice in the 1970s to fight collectively in New York City against sterilization abuse, neglect in health care, and against machismo in their community.

Abortion and “Butcher Shops”

Abortion was legalized in the state of New York in 1970 and federally legalized in 1973 with the Roe v. Wade decision. Legalization of abortion was important not only to gain the right to choose, but to alleviate the many fatalities and dangers from illegal and unsafe abortions. In the early 1960s, abortion accounted for one out of four childbirth related deaths for white women and one in two for nonwhite and Puerto Rican women²⁷. While legalizing abortion was a monumental achievement and paved the way for increased access to care for many women, abortion continued to be high risk for low-income women of color. One example is my mother who received a legal abortion when she was 18 in 1976 during her first year of college. This is what she had to say about the experience:

A: It was just money in their pockets. The abortion clinics were like...it was like a factory. You'd walk in, there would be 20 or 30 girls sitting there, half of them crying, half of them just reading a book, hookers, all kinds of girls. Then you'd go in another room there were six beds, they would put a hospital gown on you, the son of a bitches wouldn't even muffle the sound, it was like a vacuum cleaner and they'd tell you you're not gonna feel anything, yea right!

Stick that Kirby (brand of vacuum) up your vagina! That's what it was like!

I cried, we [her and her boyfriend] cried. It was horrible. I was raised Catholic you weren't suppose to do that

B: Did you tell grandma?

A: Yes, after the fact because I got home so sick. She was...Grandma was modern. She sat us down and said, 'though I don't like it, I'm glad my daughter had a choice'

There was no follow-up or discussion with the clinic about the physical and

emotional toll it would take on her. She was the fortunate ones who would survive an

²⁷ Susan A. Cohen, “Abortion and Women of Color: The Bigger Picture” *Guttmacher Policy Review*. Volume 11, Issue 3, August 6 2008.

abortion, despite it being legalized and supposedly safe. Another woman, Carmen Rodriguez went into Lincoln Hospital in July of 1970, she was fourteen weeks pregnant and asked for a legal abortion (Nelson,113). She had a history of heart disease and was administered a saline abortion. The reaction to the saline in her blood caused a build up of fluid in her lungs and she soon went into a coma and died a week later. The cause of her death was neglect, since it was known that saline abortions were especially difficult on the heart and yet her medical history was not considered before the procedure. There was incredible risk of death and complications for Puerto Rican women who still found unsafe conditions, though the law had been changed. When seeking an abortion one woman felt safer keeping her baby than receiving hospital care, “In a certain sense, she went home relieved because, being a Puerto Rican woman, she knew that for her entering an abortion clinic in a New York City hospital was either risking her life or the possibilities of never being pregnant again” (Enck-Wanzer, 179). Legalization did not guarantee safety. Puerto Rican women were treated poorly by medical professionals and there was a blatant disregard for their care based on their race, gender, and economic status.

In working class communities of color public hospitals became referred to as “butcher shops” due to the lack of resources and comprehensive care they provided. Lincoln Hospital, was one hospital known as a “butcher shop. Lincoln was the sole provider of medical services in the South Bronx which was a predominantly African-American and Puerto Rican neighborhood, the neglected facility represented the little care the City had for the community. In the 1950s Lincoln was declared condemned and seen as hazardous but was never closed and continued to operate. Children admitted to the hospital would get lead poisoning and people remembered seeing rats running through the

emergency room. "I mean, there was a joke in the neighborhood that if you got stabbed on this side of the street, crawl over to the other side so the ambulance wouldn't take you to Lincoln." said former CBS reporter Pablo Guzman (WNYC radio). When considering how women and the poor were treated by medical professionals in these hospitals, it was obvious why they received this nickname. In the 1970s the community fought back against these conditions

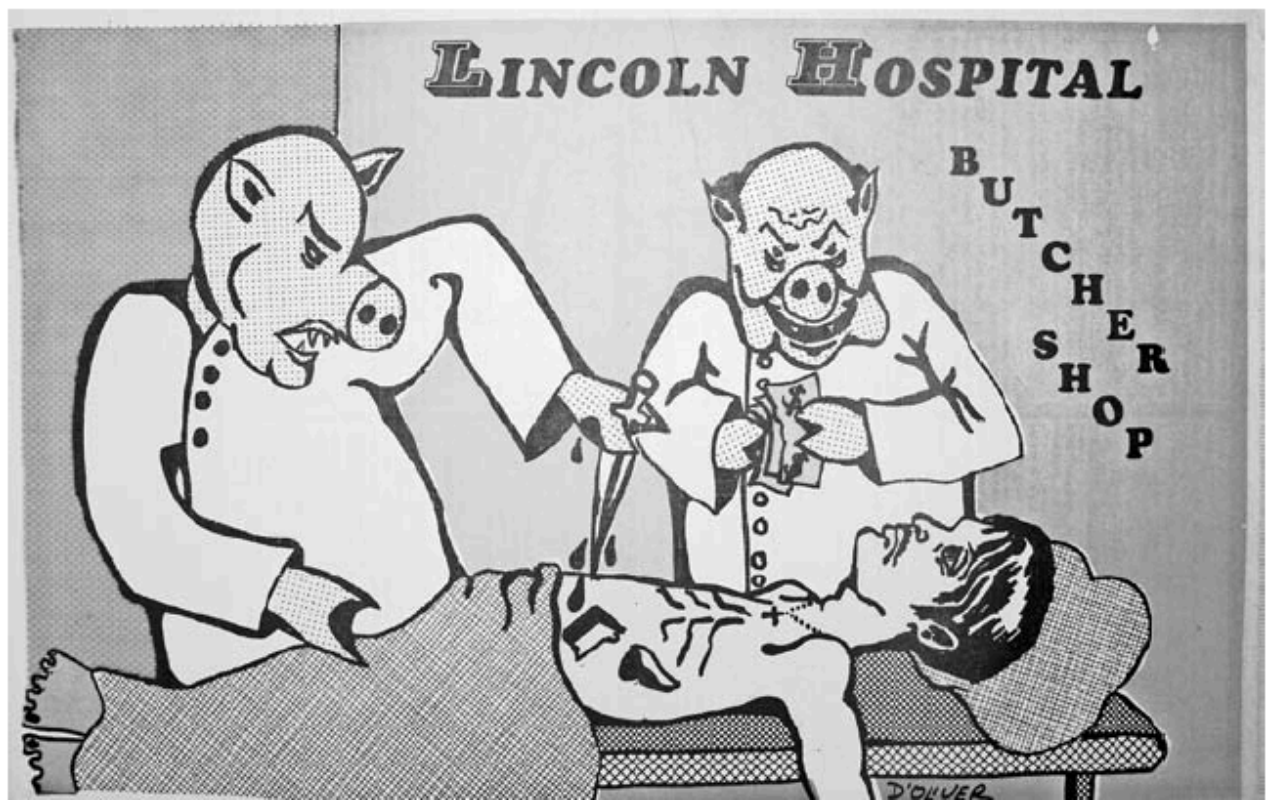


Figure 19: Image produced by the Young Lords about Lincoln Hospital (Palante, July, 1970, volume 2, number 7)

The image above (Figure 19), produced by the Young Lords Party shows how the community viewed hospitals like Lincoln. Doctors are shown here as pigs to demonstrate role

reversal where the pig does the butchering instead of being butchered. The operating room shown in the image is just a table and the pig on the left is using a dagger to mutilate the patient. The patient's arm is slung over with little care for his wellbeing. The pig on the right is shown as greedy since it is collecting money for these terrible services. Both pigs' faces appear as menacing and frightening to the viewer. Anyone seeing this could tell instantly that Lincoln Hospital must be a dangerous place and not where you can receive safe medical care. Municipal public hospitals were perceived as institutions who only cared about taking money and not for the patients who they neglect or over-operate on. Fighting against the abuses by Lincoln Hospital would be one of the many tasks taken on by The Young Lords Party.

The Young Lords Party

B: Do you remember the Young Lords Party?

A: Yes, the Young Lords were very prominent, they became real popular in East Harlem. In 1970 Sister Carol asked three of them to speak in her class, one of them was Felipe Luciano, I have him as a Facebook friend

B: What did they speak about?

A: How Puerto Ricans had to become more assertive for our rights, our education. We started going to protests in El Barrio

B: How old were you?

A: I was 12, marching with Sister Carol, she would take us on trips. I learned about my people at that time, that's when I learned to embrace my culture

My mother grew up in East Harlem and remembered the impact of the Young Lords and how it made her feel proud to be Puerto Rican.

The Young Lords Party was a Puerto Rican nationalist group with goals of neighborhood empowerment (mostly in the East Harlem/Spanish Barrio, South Bronx and Lower East Side) and Puerto Rican self-determination. They were first started in 1968 in Chicago by Jose "Cha Cha" Jimenez who became radicalized in prison after becoming friends with Black Panther, Fred Hampton. In New York City the group's earliest iteration was started by college students who

returned home to the city and wanted to fight against the poverty they witnessed and grew up experiencing. After learning about the Chicago Young Lords they started the Young Lords Party in the summer of 1969. In New York alone, the group reached 1000 members who were not only Puerto Rican but around 30% were African- American and non-Puerto Rican Latinos. Their reach also went beyond New York and into neighboring areas of Newark, New Jersey, Bridgeport, Connecticut and Philadelphia, Pennsylvania (Fernandez, 258).

The Young Lord's Party members were children of the mothers who worked in factories and fought for their children to grow up with opportunities they did not have. They continued this example and became active in changing the conditions they were living in and acting as a voice for change to help future generations in their community live better lives. This included protesting against poor health conditions but also hunger, sanitation and any other area they felt demonstrated negligence by the City of New York.

They saw the death of Carmen Rodriguez and the workings of Lincoln Hospital as an attempt at genocide, to kill off the working- class minority community. A few days after Carmen's death, the group took over the hospital to protest against the mistreatment that had been taking place. The takeover of Lincoln Hospital was a twelve-hour stand-off and the group was welcomed by hospital doctors and staff who knew this intervention was needed. The group also promised not to intervene in the care of patients. They then barricaded themselves in the administrative offices of the hospital and demanded: Humane treatment from doctors, food for patients during long emergency room waits, no cutbacks for workers and a new hospital to be built. Riot police and a representative of the Mayor's office was sent in to negotiate and keep the peace, which luckily did not result in violence. Since their demands were seen as justifiable, and they did not cause anyone harm, they ended the takeover at 5pm that evening. Disguised in lab

coats they left the hospital unnoticed by police (Enck, Wanzer. 194). The city and its residents began to take notice of this group and their demands. The Young Lords gained community support and continued to protest and develop programs to help their people.

One of their first acts was a free breakfast program in a church they took over. The group was not welcomed to use the space, but they saw that providing children breakfast was a necessary action. This is other actions were seen as steps towards making a healthier and safer neighborhood for children to grow up in. They could see how their parents did not have the resources to alleviate many issues outside of their control and the Young Lords offered that necessary support. They renamed the church, the People's Church, and for 11 days installed not only the breakfast program but health, day care services and free clothing programs. At the end of the 11-day occupation members and supporters were arrested but that would not deter them. Their next initiative was the 'Garbage Offensive'²⁸ to fight for improved sanitation services in East Harlem. In poorer neighborhoods, trash pickups were irregular and there were few trash receptacles available. The Young Lords went through the neighborhood with brooms over three consecutive Sundays and deposited the trash in large trash bags to test the sanitation system. They found that trash was not picked up regularly and, if it was picked up, it would be strewn all over the streets. They wanted the city to provide these basic municipal services. They collected trash once more, but this time they piled up the trash at the busy intersection of Third Ave and 110th Street (Figure 20). The pile reached almost four feet high and demonstrated that the group was a force to be reckoned with and would not stop.

²⁸ Derived from the Tet Offensive of Vietnam since this was around the time of the Vietnam War and the group, like many at the time, protested against the war.



Figure 20: Garbage Offensive protest (Palante)

Their group grew in number and they developed campaigns based on different issues including community health and education. In the community health division, their focus became lead poisoning which was increasingly affecting the community's children. This was another example of neglect since landlords in tenement apartments throughout the city had refused to upgrade their buildings, leading to children being exposed to or consuming lead paint. The city was ignoring the increasing fatalities of children, so they began the 'Lead Offensive'. The Young Lords at first tried to partner with Metropolitan Hospital in East Harlem to test kits they would then take door-to-door. The hospital at first refused so they staged a sit-in at the office of Dr. David Harris, the deputy commissioner of the Department of Health. After the sit-in the city agreed to the testing kits. The Young Lords found 30% of the children tested were positive for lead poisoning. Since the Department of Health had no way to justify these results, it led to tougher repercussions placed on landlords. They also led a TB Offensive, to target the issue of

tuberculosis still being found in their communities despite it being relatively eradicated in the United States.

They created a ten-point health program that outlined all the changes they found necessary to provide reliable and safe health care to the people in their communities. They also opened community run clinics to service the community and provide knowledge about health issues, including on various birth control options (Sillman, 223-224).

HEALTH REVOLUTIONARY UNITY MOVEMENT

10 POINT HEALTH PROGRAM

1. WE WANT COMMUNITY-WORKER CONTROL OF ALL HEALTH SERVICES IN OUR OPPRESSED COMMUNITIES.
2. WE WANT THE RIGHT TO FORM ORGANIZATIONS OF PATIENTS AND WORKERS TO FIGHT FOR IMPROVED WORKING CONDITIONS, BETTER PATIENT CARE, AND TO MAKE HEALTH POLICIES.
3. WE WANT ALL NEW HOSPITALS CURRENTLY UNDER CONSTRUCTION TO BE BUILT IMMEDIATELY TO SERVE THE NEEDS OF OUR OPPRESSED COMMUNITIES.
4. WE WANT FULL EMPLOYMENT AND UPGRADING FOR OUR PEOPLE IN ALL HEALTH FACILITIES, AND OPEN ADMISSIONS TO ALL HEALTH SCIENCE SCHOOLS.
5. WE WANT FREE HEALTH CARE FOR ALL PEOPLE.
6. WE WANT COMMUNITY-RUN HEALTH CLINICS ON EVERY BLOCK TO DEAL WITH MINOR HEALTH PROBLEMS.
7. WE WANT DOOR-TO-DOOR PREVENTIVE CARE TO DEAL WITH SANITATION CONTROL, NUTRITION, DRUG ADDICTION, CHILD DAY CARE, AND SENIOR CITIZEN SERVICES.
8. WE WANT EDUCATIONAL PROGRAMS THAT EXPOSE THE LEADING HEALTH PROBLEMS, SUCH AS UNEMPLOYMENT, POOR HOUSING, RACISM, MALNUTRITION, POLICE BRUTALITY AND ALL OTHER FORMS OF EXPLOITATION.
9. WE WANT COMMUNITY, STUDENTS, UNIONS, AND WORKERS' ORGANIZATIONS TO ACTIVELY SUPPORT AND FIGHT FOR THIS PROGRAMS IN THE INTERESTS OF OUR PEOPLE.
10. THE ROLE OF THE HEALTH REVOLUTIONARY UNITY MOVEMENT IS TO EDUCATE AND UNITE ALL OUR PEOPLE AND TO EXPOSE THE CORRUPT HEALTH SYSTEM THAT KEEPS OUR PEOPLE WEAK AND UNABLE TO FIGHT FOR SELF-DETERMINATION AND COMPLETE LIBERATION.

PROGRAMA DE SALUD DE 10 PUNTOS

1. QUEREMOS EL CONTROL DE TODOS LOS SERVICIOS DE SALUD EN NUESTRAS COMUNIDADES OPRIMIDAS EN MANOS DE JUNTAS DE TRABAJADORES Y LA COMUNIDAD.
2. QUEREMOS EL DERECHO DE FORMAR ORGANIZACIONES DE PACIENTES Y TRABAJADORES PARA LUCHAR POR MEJORES CONDICIONES DE TRABAJO, MEJOR ATENCION MEDICA, Y PARA DECIDIR NUESTRAS PROPIAS POLITICAS DE SALUD.
3. QUEREMOS QUE TODOS LOS HOSPITALES NUEVOS Y EN CONSTRUCCION SEAN EDIFICADOS INMEDIATAMENTE PARA SERVIR LAS NECESIDADES DE NUESTRAS COMUNIDADES OPRIMIDAS.
4. QUEREMOS EMPLEO TOTAL Y POSIBILIDADES DE ADELANTO PARA NUESTRA GENTE EN TODOS LOS SERVICIOS DE SALUD Y ADMISION ABIERTA PARA TODAS LAS ESCUELAS DE SALUD.
5. QUEREMOS ATENCION MEDICA GRATUITA PARA TODA GENTE.
6. QUEREMOS CLINICAS DE SALUD DIRIGIDAS POR LA COMUNIDAD PARA TRATAR LOS PROBLEMAS MENORES DE SALUD.
7. QUEREMOS ATENCION MEDICA PREVENTIVA A DOMICILIO PARA TRATAR CON EL CONTROL DE SANIDAD, NUTRICION, ADICCION A LAS DROGAS, Y QUEREMOS CENTROS DE CUIDADO PARA LOS NIÑOS Y SERVICIOS PARA LOS ANCIANOS.
8. QUEREMOS PROGRAMAS DE EDUCACION QUE EXPONGAN LOS PROBLEMAS DE SALUD MAS IMPORTANTES TALES COMO DESEMPLEO, LA VIVIENDA DE MALA CALIDAD, EL RACISMO, LA DISNUTRICION, LA BRUTALIDAD POLICIA Y CUALQUIER OTRA FORMA DE EXPLOTACION.
9. QUEREMOS QUE LA COMUNIDAD, LOS ESTUDIANTES, LAS ORGANIZACIONES Y UNIONES DE TRABAJADORES, NOS APOYEN ACTIVAMENTE Y LUCHEN POR ESTE PROGRAMA DE INTERES AL PUEBLO.
10. EL OBJETIVO DE H.R.U.M. ES UNIR Y EDUCAR A NUESTRA GENTE. QUEREMOS DESENMASCARAR LA CORRUPCION DE UN SISTEMA DE SALUD QUE MANTIENE A NUESTRA GENTE ENFERMA Y SIN CAPACIDAD DE LUCHAR POR NUESTRA AUTODETERMINACION Y LIBERACION COMPLETA.

Figure 21: Young Lords Party 10-point Health Program (Palante)

YPL Women

"When you look to any group to find out who's the most oppressed, it's always gonna be the women. . . Just look at a woman, and you'll find the story of real oppression in this society.

In our case, our oppression is threefold. It's first the oppression under capitalism that affects all people of the Third World. Secondly, there's the oppression under capitalism that affects women in terms of jobs and things like that; and thirdly, there's the oppression that we receive from our own men."

Denise Oliver, Young Lords Central Committee, 1970



IRIS, DENISE, LULU, NYDIA, MAY, 1970

Figure 22: Female leaders of the Young Lords Party including L-R: Iris Morales, Denise Oliver, and others (Palante)

The Young Lords Party is distinct because it was one of the few grassroots activist organizations at the time with women leaders. When my mother marched with them she saw them as, "Young women, teens, girls 17, 19, girls in college who were becoming aware of their rights". Becoming leaders was not an easy task. They actively fought against machismo in the

Latino community and what they experienced in their homes. Women were not expected to be interested in politics and in an article with the Spanish-language newspaper *El Diario de la Prensa*, Young Lord member Connie Cruz recalled, “My brother-in-law at that time said this is for men, not for women,” she said. “That stirred something in me.” When he asked what she would do with her 5-year-old daughter she insisted on taking her along, the Young Lords were not only young women themselves, but demonstrated the passion for activism to younger generations. They were examples of the ways women could take the reins in providing the changes they believe need to be made.

Despite making up 40% of the Young Lords membership, women began to notice they did not hold any leadership positions. They were very active in the group and understood the need to establish themselves as leaders. This was especially evident when the 13-point platform for the group advocated for “revolutionary machismo” which to the female members was counterintuitive to the mission and work of the group. They likened this form of revolution to saying “revolutionary racism” which does not and could never exist. They knew machismo and equality of the sexes could not co-exist. In the quote by Denise Oliver that begins this section, it was important to fight against an oppressive society but also the oppression from men in their own community and homes.

The inspiration for taking political collective action came from seeing the treatment of women in their culture and gender roles that existed which were restrictive to women. Not only in their group but the machismo they saw in their homes and families. They saw the limitations on the lives of Puerto Rican women whose worth was linked to their bodies or skills in the home. To focus collectively on women’s issues they created a woman’s caucus as a separate entity to discuss their demands towards equality of the sexes. These demands included:

- Women's history included in the political education curriculum
- Women writers of the Party's newspaper *Palante* and half of the content was focused on women's issues
- The statement "Machismo must be revolutionary" was removed from the Young Lords Party's original 13- point program and platform
- Childcare developed for mothers who wanted to participate in movement work
- Increased leadership and representation in core committees of the Party (Morales)

They placed women in leadership positions but also wanted to make sure that the men in the group had the education to understand their demands and the equality they will expect moving forward. Men were told they must attend classes on sexism which was difficult as one male stated, "They were faced with reconciling their political principles with their treatment of women". Men were tasked with confronting the machismo mentality that was ingrained in them and how that conflicted with their desire to be revolutionaries. Felipe Luciano was also demoted from his position as chairman because of "male chauvinism, unclear politics, political individualism and lack of development (NY Times article Citation). This was a peaceful transition since it became clear any form of machismo and neglect for female members was detrimental to the group. The women's union that was created also wrote their own publication Position Paper on Women in a publications called, *La Luchadora*, which discussed the ways machismo was a part of their every day culture but was counter-intuitive to their groups goals. It addressed the right to abortion and an end to sterilization abuse. Finally, the group replaced the "Machismo must be revolutionary, not oppressive," line with "Our men must support their women in their fight for economic and social equality, and must recognize that our women are equals in every way within the revolutionary ranks" (NY Times). The group understood that to overcome the powerful oppressive forces that control their city, they had to start within their own group. Only through demonstrating equality in their group could they hope to instill that in their community.

Conflict with Mainstream Feminism

The women in the Young Lords fought against the men in their group, against their own families, culture and their city but they were not the only group that noticed how the law neglected working class communities of color. Several groups were also created to fight for reproductive justice for underrepresented groups. They understood that poor and minority women had to face more social and economic obstacles in order to control their reproduction and raise any children that they had²⁹. After abortion was legalized, not only were women of color still given poor medical treatment but anti-abortion advocates worked tirelessly to overturn legalization. The first form of these efforts was through the passing of the Hyde Amendment in 1976 which did not allow federal funds to be used for abortion. This was especially hurtful to low-income women whose medical coverage sometimes came from federal aid programs such as Medicare: “Abortion rights feminists had neglected to put economics at the center of their politics of “choice”, which left poor women vulnerable to conservative attacks on reproductive freedom” (Nelson, 135). It became evident that there was a separation between feminists based on race and economic status. Abortion rights feminists were seen as mainstream feminists because their fight was given greater acknowledgement in politics and the media. Feminism became associated with middle and upper class white women. This left poor women and women of color feminists with an even greater challenge from anti-abortion advocates, but also within the feminist movement.

When Dr. Rodriguez- Trías attended a conference in Boston in 1974, she received push-back from white women when discussing regulations against sterilization abuse, ‘I began to

²⁹ Subject Files, Box 5, Folder 7, Helen Rodriguez- Trías papers, Centro de Estudios Puertorriqueños, Hunter College, CUNY

understand that we were coming to different conclusions because we were living different realities'.³⁰ Mainstream feminists who were at the forefront of the fight for reproductive justice neglected the needs of women of color since they could not see past their own experiences. Reproductive freedom is meant to enable all women with the ability to exercise their right to chose, whether that was choosing to have an abortion or be sterilized. Reproductive freedom was necessary for the health and prosperity of all but ensuring that freedom and who was able to access it, often left women of color and poor women ignored.

This divide came to light during the fight against sterilization abuse which remained a concern of women of color but not to mainstream feminists. In the 1970s in New York City Puerto Rican women were sterilized at seven times the rate of white women (Nelson, 126). The Committee to End Sterilization Abuse (CESA) was created to combat the high rate of sterilization and the abuse of the practice. CESA was formed in 1974 by 10 women in New York City. These women included Dr. Helen Rodriguez- Trías, Rosa Garcia, Maritza Arrastia, Anna Maria Garcia, Nancy Stearns, and Karen Stamm. Rosa, Maritza and Ana were all a part of the Puerto Rican Socialist Party. Stearns was a lawyer who fought against abortion statues in NYC and Stamm was a prominent feminist who fought for reproductive justice. Other members included black activists and Puerto Rican Nationalists who saw sterilization abuse as a global issue for all women of color. This became especially clear after the case of the Relf sisters in 1973 (Nelson, 165). Minne Lee, age 12 and Mary Alice, age 14, visited a local family planning clinic in Montgomery, Alabama for what they believed to be routine shots. Their parents were extremely poor and illiterate and, believing they would only be receiving shots, unknowingly

³⁰ Joyce Wilcox, "The Face of Women's Health: Helen Rodriguez- Trias," *American Journal of Public Health* Vol. 92 (2002): 568.

signed consent forms for sterilization. The case that ensued brought to light the many cases of poor women of color being involuntarily sterilized.

One of the most effective tactics used by CESA were nine regulations they wrote to prevent sterilization abuse in New York City municipal hospitals³¹. Members were recruited by the Health and Hospitals Corporation in 1974 to serve on an advisory committee on Sterilization Guidelines which would then be adopted by the hospitals. The regulations were applied to all public and private hospitals in New York City (Public Law #37) in 1977. These regulations stated³²:

- Women should not be forced to make this choice [to be sterilized] because of their economic or social conditions
- Instated age limit of at least 21 years of age
- Protection for handicapped individuals
- Free consent will not be given if patients are approached under pain or duress
- Consent forms must be provided which contain full descriptions of the procedure, possible risks and consequences and in the patient's preferred language
- A required 30-day waiting period unless emergency or hardship
- Required counseling session performed by trained medical staff in order to provide an oral explanation of the procedure in the language of the patient,
- Hysterectomies are an extreme form of sterilization and should not be performed for this purpose

Some of the largest organizations for reproductive health services, Planned Parenthood, National Organization of Women (NOW) and National Abortion Rights Action League (NARAL) all opposed these regulations. They saw the rights and regulations needed to combat sterilization abuse, in opposition to the right for safe and accessible abortion. These organizations believed that regulations, like waiting periods, prevented women from receiving a full range of reproductive options and from exercising choice, they also opposed state

³¹ Congressional Testimony on proposed rules governing federal financial participation in sterilization, 17 January, 1978, Box 3, Folder 7, Helen Rodriguez- Trías Papers, 1978-1993, Center for Puerto Rican Studies at Hunter College.

involvement in reproductive decisions and “any restrictions on contraceptive devices would unduly hinder women’s reproductive autonomy” (Nelson, 143). Though the regulations were valuable changes necessary to end sterilization abuse; many of these same regulations are manipulated by anti-abortion groups in order to prevent women who seek an abortion. While the fears and hesitations of these groups are understandable, they ignore the many women who suffer because of sterilization abuse. The enemy to reproductive freedom and abortion rights was not CESA or these regulations, but the anti-abortion and Right to Life advocates.

This is a further example of how mainstream feminists had tunnel vision towards their goals at the detriment of women of color. Women were being abused by their doctors and unnecessarily operated on. The regulations may have seemed limiting but in the case of Doña Hilda a grandmother in Bushwick interviewed by Iris Lopez, these regulations would have prevented health issues from her hysterectomy (Lopez,49). Hilda had a fibroid tumor and her doctor scared her into having a hysterectomy at the age of 34 to avoid possibly getting cancer. Later, when she went to another doctor with complications from the hysterectomy, that doctor reprimanded her since the fibroid tumor could have been removed. She had grown distrustful of doctors and after finding a cyst in her breast she sought a second opinion. The first doctor suggested a mastectomy, another serious procedure, but the second doctor tested the cyst and found it to be benign. Doña Hilda was luckily able to avoid removing her breast and found a healthier, less drastic solution. Situations like Doña Hilda’s leave the patient feeling scared and disempowered and regulations work to alleviate those feelings by making hospitals safer for women of color.

The regulations were necessary and showed the importance of the work done by CESA. The group then expanded to encompass more issues and work towards reproductive freedom.

This group was the Committee for Abortion Rights and Against Sterilization Abuse (CARASA) formed in 1977. This was a larger group with many members from CESA but also representatives from NARAL, NOW-NY (who did support the regulations), the Socialist Workers Party (SWP), the National Women's Political Caucus, Feminist Health works, and activists who fought in the Civil Rights Movement and activists against the Vietnam War. They fought to represent the concerns of low-income, working class, women of color. They expanded and created eight demands to define reproductive freedom that do not just include sterilization and abortion:

1. Legal, safe, accessible abortion for all women regardless of age, race, class or economic status
2. Freedom from sterilization abuse
3. Sexuality and lesbian rights
4. Access to safe, effective, low-cost contraceptives and comprehensive, quality sex education
5. Childcare and medical care
6. Safe jobs at livable wages and affordable housing
7. Reproductive technologies
8. Freedom from stereotyped gender roles

Covering all aspects of reproductive freedom led to divisions among the group on what issues should be privileged over others. With the growing Right to Life movement against abortion, many group members believed abortion should be the main issue but other members believed they should stay focused on the needs of low-income women of color (which included working further on sterilization, providing safe accessible child care, employment and housing) since these women remained targets. It was difficult to find a central focus and group identity with so many issues to fight for. Despite difficulties the, "Work of CARASA highlighted the intersection of sexual freedom, expression to economic rights and reproduction" (Silliman,177) They showed that all these issues were important and what women were dealing in their homes, with their

families and in their households. They dealt with poverty, access to proper health care, how to raise their children, and questions about their sexuality paving a way for the feminist movement to encompass all women, and all issues.

The work of the Young Lords, CESA and CARASA are an example of how women in New York City fought for their own community when others ignored them. They are examples of how to fight for and successfully gain equality. Much of the Young Lords work was inspired by powerful Puerto Rican women before them. This included Puerto Rican female revolutionaries and historical figures such as, Lolita Lebrón (prominent Nationalist and one of the people who attacked the House of Representatives in 1954), Blanca Canales (leader of 1950s Nationalist rebellion), Carmen Hilda Valentín Pérez (member of FALN- Fuerzas Armadas de Liberación Nacional- who was arrested for seditious conspiracy behind the bombings or attempted bombings in Chicago, originally sentenced to 90 years but pardoned by President Clinton in 1999), Antonia Martinez (19 year old killed during a demonstration in Puerto Rico, her last words were said to be, “Viva Puerto Rico Libre”) and Lola Rodríguez de Tió (poet/political activist who wrote the original lyrics to “La Borinqueña”). Not only was their fight ignited by the generations before them and their mothers, but from the passion and will of Puerto Rican women in the past. There was power in understanding this history and knowing that Puerto Rican women had the courage to fight for their people. This same strength inspired young women in the 1970s to protest and develop regulations and demands for reproductive justice.

Conclusion

My grandmother passed at the age of 92 years old on July 30th 2011. Since her passing my mother and I have continued to reminisce about how much she has meant to us and the valuable stories she had shared with us during her lifetime. From these many stories I was able to situate my own family within the history of reproductive justice struggles Puerto Rican women have experienced over nearly a century ago.

In the 1930s women were used to test the earliest forms of birth control, revealing the ways the patriarchy and colonial scientific powers controlled the lives of Puerto Rican women. My grandmother grew up during this time when women sought forms of contraceptives that could help them care for their children without fear of pregnancy and allowed them to work outside of the home. Women continued to fight for their children and against the power demonstrated by the government and the men in their lives. Some of those problems led women, like my grandmother, to migrate to the mainland United States with their children. They would encounter racism from American society but also were able to exhibit independence over their finances, their homes and their children's lives. My grandmother had more choices, than she had growing up, but it was still difficult being alone in this new city. Her perseverance and strength are just one example of a Puerto Rican mother who fought for the future of her children and migrated to offer them a better life. Through this example the next generation of children, like my mother, would learn to fight for their rights through activism and grassroots organization. My mother was able to be a part of this history of second wave feminism and see young Puerto Rican women fight for reproductive freedom and empower their community. Their fight included fighting against the government and the law, but also against white feminism to get their

demands heard. Puerto Rican women and youth took the power shown by their mothers and worked to get better opportunities for themselves and the generations that followed.

My grandmother's strength produced generations of strong women and I am happy to share a glimpse of that life. While my grandmother and my mother did not grow up understanding reproductive rights as we know them today, they always knew how important it was for women to have a choice to make decisions over their own bodies. When being interviewed my mother stated several times, "It was different back then, now you have more choices". This helped me understand further how there have been great advancements in women's health and greater freedoms we enjoy today.

Though things have changed greatly since the 1930s many fights still remain the same. Survival for Puerto Rican women has become even more difficult on the island. Hurricane Maria devastated the island of Puerto Rico in September 2017 and almost a year later is still recovering. This natural disaster put a spotlight on the relationship between the United States and Puerto Rico, and the lack of response from the United States government. Many on the island still remain without electricity and there have been various inconsistencies on data regarding the number of deaths that have resulted from the hurricane. The earliest figure was 64 fatalities, but most recently the number of deaths has been estimated at 2,975 people and it continues to rise³³. This discrepancy is due to the deaths resulting after the hurricane had passed, but related to the damage it inflicted. This includes the lack of electricity but also the lack of access to adequate health care, lack of safe and clean water sources and disease. These effects have taken a great toll

³³ Redlener, Irwin, "The Puerto Rico death toll will only get higher" *Washington Post*, September 2, 2018, https://www.washingtonpost.com/opinions/the-puerto-rico-death-toll-will-only-get-higher/2018/09/02/7b5d2eec-ad51-11e8-a8d7-0f63ab8b1370_story.html?utm_term=.da3138075713

on Puerto Rico's citizens because of the insufficient response from the United States. The island has not received the proper support and assistance that its people so desperately need. This was not the first time Puerto Rico has been neglected by the United States after a disaster, as it is similar to how the mainland responded to the San Fermín Earthquake in 1918. A century has passed and the colonial power of the United States continues to fail Puerto Rico.

At fault for the poor response to the disaster in Puerto Rico is the current Trump administration which gained the presidency through racist and misogynistic rhetoric. It has always demonstrated that it is not a friend to women nor people of color. His cabinet members, comprised of mostly white men, include many politicians like Mike Pence who constantly threaten to defund health centers like Planned Parenthood, which is the leading women's health care provider in the United States. There has been an attempt to instate a Title X gag rule that would restrict the information and support doctors may provide to their patients, including resources on abortion. One of the earliest acts of his presidency was a proposed anti-Muslim immigration ban that discriminated against the entry of citizens from the Muslim-majority countries Iraq, Iran, Libya, Somalia, Sudan and Yemen. He has called for aggressive deportation policies that has terrorized immigrant communities. Most recently there has been outrage for the mistreatment of families and migrants at the U.S.-Mexico border. People are being held in inhumane conditions. Children are being held without their parents and transported around the country without their parent's knowledge and there is no system in place to reunite these families. These are just examples from the first year of his term and continue to rise.

The United States is not only experiencing turmoil because of the current administration but also the lack of care given to women's health. The U.S. has the worst rate of maternal death among developed countries. Pregnancy related deaths have more than doubled over the past 25

years, and women of color are the most effected³⁴. Women of color continue to fight to receive proper care as health access still remains an issue in communities of color.

Not all is lost and there remains strength in communities all over the country combating the current grim state of our nation. Some of the advocacy work that I am a part of is as a member of the San Diego chapter of the California Latinas for Reproductive Justice and I have learned about the latest advocacy efforts to improve the state of reproductive care in our region.

Their mission statement reads:

California Latinas for Reproductive Justice(CLRJ) is a statewide organization committed to honoring the experiences of Latinas/xs to uphold our dignity, our bodies, sexuality, and families. We build Latinas'/xs' power and cultivate leadership through community education, policy advocacy, and community-informed research to achieve reproductive justice.

My work with the group most recently brought me to the Capital to represent the needs of San Diego Latinas where we advocated for several bills to support Latinx people and families in the state of California. Bills sponsored and/or supported by this organization include³⁵:

- AB 2601: This bill will extend the California Healthy Youth Act (AB329) which brought comprehensive sex education to public schools and would extend to include charter schools as well
- AB 2289: This bill establishes a state-wide family and sick leave policy for young parents in grades 6-12 to opt into in order to support their academic success and be able to bond with and care for their children.
- SB 320: This bill would ensure that all students at public universities have access to medication abortion at student health centers on campus.
- SB 982: This bill will endeavor to end childhood deep poverty in the CalWORKs program by setting a floor for grants at 50% of the federal poverty line.
- SB 1190: Also known as the forced sterilization compensation act, was created to compensate survivors of eugenic sterilization in California.

³⁴ Martin, Nina, “U.S. has the worst rates of maternal deaths in the developed world”, *NPR*, May 12, 2017, <https://www.npr.org/2017/05/12/528098789/u-s-has-the-worst-rate-of-maternal-deaths-in-the-developed-world>

³⁵ California Latinas for Reproductive Justice(CLRJ), californialatinas.org

There are many advocates all across the country who are fighting to protect and push forward reproductive rights, civil rights, human rights and against white patriarchal power that is being fueled today. This is just a piece of what community advocates are fighting for in the state of California but similar battles exist to secure our rights.

From my research and praxis I can clearly see the freedoms I currently have that my grandmother and my mother were not able to experience. When I was growing up I remember people would insult Puerto Ricans for flying their flag and say they were obnoxious for the excitement they showed during the Puerto Rican Day Parade, which takes place in June every year in New York City. I now realize how that demonstration of pride is a result of overcoming the racism and discrimination Puerto Ricans encountered when they arrived to New York City. The flag itself was also made illegal by the United States government to suppress independence. That gives the flag and that pride whole new meaning. The flag to me now is a symbol of resiliency and to show the masses that Puerto Rican people exist and will take up space to demonstrate our pride and all we have overcome.

Appendix



Figure 23: My grandparents, Ovideo Martinez & Natalia Latoni



Figure 24: My mother's high school yearbook picture



Figure 25: My mother and her siblings (Benjamin (top left), Manolin (top right), Carmen (center left), My grandmother (center right) and my mother (front, center)



Figure 26: Me and my mother

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