

CHICANA CRITICAL ISSUES

Edited by

Norma Alarcón
Rafaela Castro
Emma Pérez
Beatriz Pesquera
Adaljiiza Sosa Riddell
Patricia Zavella

Series in Chicana/Latina Studies

Third Woman Press
Berkeley

Copyright © 1993 by Third Woman Press
All rights reserved under International and Pan-American Copyright Conventions. Published by Third Woman Press. Manufactured in the United States of America.
Typeset by The Typesetting Shop, Inc., Oakland, Calif.
Printed and bound by McNaughton & Gunn, Saline, Mich.

No part of this book may be reproduced by any mechanical, photographic, or electronic process, or in the form of a photographic recording, nor may it be stored in a retrieval system, transmitted, or otherwise copied for public or private use, except for brief quotations in critical articles or reviews, without the prior written permission of the publisher. Address inquiries to: Third Woman Press, Ethnic Studies, Dwinelle Hall 3412, University of California, Berkeley, CA 94720.

Cover Art: *Puntos Cardenales*, by Juana Alicia.

"The Sardonic Powers of the Erotic in the Work of Ana Castillo" by Norma Alarcón. Copyright © 1989 by Norma Alarcón. Reprinted from *Breaking Boundaries: Latina Writing and Critical Readings*, published by The University of Massachusetts Press, by permission of the author.
"Presidarias y Pobladoras: The Journey North and Life in Frontier California" by Antonia I. Castañeda. Copyright © 1992 by Antonia I. Castañeda. Reprinted from *Renato Rosaldo Lecture Series: Latin American Studies*, University of Arizona, by permission of the author.
"Sexuality and Discourse: Notes From a Chicana Survivor" by Emma Pérez. Copyright © 1991 by Emma Pérez. Reprinted from *Chicana Lesbians: The Girls Our Mothers Warned Us About*, published by Third Woman Press, by permission of the author.
"Chicana Lesbians: Fear and Loathing in the Chicano Community" by Carla Trujillo. Copyright © 1991 by Carla Trujillo. Reprinted from *Chicana Lesbians: The Girls Our Mothers Warned Us About*, published by Third Woman Press, by permission of the author.
"The Politics of Race and Gender: Organizing Chicana Cannery Workers in Northern California" by Patricia Zavella. Copyright © 1988 by Patricia Zavella. Reprinted from *Women and the Politics of Empowerment*, published by Temple University Press, by permission of the author.

First printing 1993
93 94 95 96 97 10 9 8 7 6 5 4 3 2 1

Library of Congress Cataloging-in-Publication Data

Chicana critical issues / edited by Norma Alarcón. . . [et al].

P. cm. — (Series in Chicana/Latina studies)

Includes bibliographical references.

ISBN 0-943219-09-4 (pbk.) : \$14.95

1. American literature—Mexican American authors—History and criticism.
 2. American literature—Women authors—History and criticism.
 3. Mexican American women—Intellectual life.
 4. Mexican American women in literature.
 5. Mexican Americans in literature. I. Alarcón, Norma. II. Series.
- PS153.M4C45 1993 93-3097
PS153.M4C45 1993 93-3097
810.9'86872—dc20 CIP

This book would not have been possible without the financial support and assistance of the Chicana/Latina Research Project at the University of California, Davis, Mujeres Activas en Letras y Cambio Social (MALCS), and the Chicano Studies Department at the University of California, Berkeley.

Special thanks to former MALCS Editorial Board members:

Margarita Melville
Tey Diana Rebolledo
Christine Sierra
Deena Gonzalez

Also thanks to:

Francisca Gonzalez
Anita Rocha
Suzanne Jacques

the bicultural reality of the U.S. born offspring are discussed and negotiated.

As a result of the family treatment, couples often develop more flexible marital arrangements; they may begin to develop a couple relationship where issues of power, sexuality, and roles can be negotiated without conflict. They often develop extrafamilial friendships and relationships which replace the isolation previously experienced. Women who were previously prisoners in their own homes may return to school, seek work, or learn to drive. The goal here is to foster both economic and emotional interdependence in a context of *compañerismo*.

This model of treatment aims to address the emotional, psychological, social, cultural, and gender issues of violent families. Its emphasis on the ethics of relations facilitates the discussion of moral, psychological and emotional abuse that other treatment approaches tend to ignore. A treatment program that helps families balance relationships without ascribing blame and which respects the cultural values of its members and the rights of women can have profound success with violent families who wish to keep the family together.

This paper has offered a model of treatment of violent Latino families. Its clinical usefulness has been demonstrated, (Flores-Ortiz et al. 1991). Furthermore, unlike other family therapy approaches, this model directly addresses gender, class, and cultural issues.

The problem of violence in Latino communities presents a challenge to all social scientists. We need to better understand and change the larger social context that fosters violence and the abuse of women. We need to strengthen our communities and foster health in our families. Latina scholars need to develop an integrated, culturally based theoretical model that explains and addresses the complexity of abuse in Latino families. We need to address the issues of gender, politics and family without polemics. Fundamentally, we need to look inside our own homes and struggle with our respective legacies of colonialism, race and gender oppression so that we, each in our own unique way, can begin to stop the cycle of violence in our Raza communities.

The Bioethics of Reproductive Technologies: Impacts and Implications for Latinas

Adalíza Sosa Riddell

Introduction

Reproductive control and reproductive technologies are two areas in women's health that have been the focus of political as well as medical and ethical debates. Many of the unresolved issues raised by these technologies have become increasingly subject to public scrutiny as demonstrators take to the streets and impede the operation of women's health clinics, and as the legal system attempts to codify the "grey area" of medical science. Challenges to women's rights to terminate unwanted pregnancies, issues of surrogate motherhood, and debates on individual property rights of frozen embryos, are examples of the array of ideas surfacing for public and legal scrutiny.

Women of color, specifically Chicanas/Latinas, have been largely excluded from these struggles over women's minds, hearts, and bodies. Newspaper and magazine articles note the visible absence of women of color in the struggles between the anti-abortionists, pro-life groups, and the pro-abortion, pro-choice groups. A recent conference on abortion in Sacramento, California, included a panel on "women of color," but this was evidently the first time such an event had featured voices of women of color (Sacramento Bee, September 15, 1990). While Chicanas/Latinas have had little voice in political battles over birth control and abortion, they are also largely excluded from legal and ethical discussions involving the latest reproductive technologies. Critical feminists have been discussing and writing about their concerns over reproductive technologies for at least a decade. "Critical feminists are exploring three major areas: a) the link between genetic

engineering and reproductive technologies; b) the different meaning of the new reproductive technologies for Third and First World women, within and between countries; and c) what the application of reproductive and genetic engineering will mean for women in the future, as well as women here and now" (Spallone and Steinberg 1987). Chicanas/Latinas have been the subjects but not the participants of those discussions. Furthermore, they have not been immune to the effects of reproductive technologies on their lives. We need to ask ourselves why this condition of silence and exclusion exists. Continued absence from these debates ensures that Chicanas/Latinas will, after all, continue to be absent from the decision-making.

This essay intends to open the debates on reproductive technologies to the concerns of Chicanas/Latinas, to inform Chicanas/Latinas as well as other women about the major issues involved, to encourage Chicana/Latina scholars to contribute to the debates on reproductive technologies through intensive research, and to encourage all Chicanas/Latinas to engage constructively in current debates over the development of new technologies. In this essay, the author does not advocate for or against the further development of reproductive technologies, nor for any specific form of regulation of those technologies. To paraphrase Genoveffa Correa in her piece entitled "Egg Snatchers" (Arditti, Klein, and Minden, 1984, 47-51), this is a scream of warning to Chicanas/Latinas, a warning to those who have not yet heard it and to those who have heard the warning but may not have enough information to make informed decisions, to become informed, indignant, and involved.

Defining Reproductive Technologies in a Sociocultural Context

How do we define reproductive technologies? One basic definition is that reproductive technologies are "all forms of biomedical interventions and help a woman may encounter when she considers having or not having a child" (Arditti, et al. 1984, 1). Reproductive technologies have several thrusts: control of fertility, control of infertility, and intervention with fetal development. The availability and impact of such interventions and assistance must, however, be considered within the cultural and societal context in

which Chicanas/Latinas operate, paying close attention to the details of their past experience with reproductive technologies.

For Chicanas/Latinas, the development and potential widespread utilization of reproductive technologies simply augment and intensify the dilemmas of an already extremely complex scenario. What may be deemed reproductive "freedom" (the freedom to avoid or terminate a pregnancy) for most women may become societally or governmentally controlled fertility for women of color, practices which, taken to their extreme, can result in genocide. Poverty and the economic realities of single female-headed households, limited access to health care services, and the serious health risks resulting from their occupational stratification render freedom of reproductive choice for Chicanas/Latinas a mockery. Their rights as women often come into conflict with both dominant and internal cultural values that are patriarchally imposed in either case. For Chicanas/Latinas, reproductive technologies have historically equalled reproductive control of their fertility and infertility within a dual patriarchal system, rarely increasing their reproductive choices.

Chicanas/Latinas are caught in a double bind because of the patriarchal structures they face within their families and within the larger society. The one mirrors and manipulates the other. Patriarchal structures within the cultures of Chicanos and Latinos benefit the larger society, and patriarchy within the larger society benefits Chicano/Latino males. Chicanas/Latinas may not want to deny their culture and yet they are often constrained by it. There is no dear cut evidence that Chicanas/Latinas oppose abortion, yet they are often controlled by the stereotype of the "sainted mother." They have their own internal struggles over the role motherhood plays in their lives, yet very few Chicanas/Latinas readily forego motherhood. Mexicanas, Chicanas, and Latinas may want to view their children as their greatest treasure but socio-economic conditions contribute to inter-family stresses. While fertility is extremely important to Chicana/Latina identity (Vélez-Bañez 1980), the desire to improve the quality of their own lives is equally important.

The unfortunate reality about the role of fertility in Chicana/Latina identity, however, is that any statement on its importance may be based solely on assumptions and speculation. These assumptions and speculations about the centrality of "motherhood"

to Chicanas/Latinas result from various ideas. One idea is that the focus on motherhood is derived from strong religious and/or cultural beliefs. An opposing concept is the theoretical analysis that the Chicana/Latina's role as the producer of laborers within the family unit serves the capitalist economy. Still other concepts include the model of the family unit as necessary for economic survival, or simply the idea that Chicanas/Latinas believe fervently in their motherhood role.

Historically, the Chicana/Latina's experience with reproductive technologies has been that of having their fertility controlled. If they are also denied access to those reproductive technologies which are used to solve infertility problems, then their infertility as well as their fertility is beyond their control. The ability of Chicanas/Latinas to reproduce has been both highly valued and utilized as an instrument of control. These negative encounters with reproductive technologies are reasons why new reproductive technologies that enhance fertility are even more problematic for Chicanas/Latinas than for women in general, and more painful to address, contemplate or assess.

The Impact of Older Reproductive Technologies on Chicanas/Latinas

On a global scale Chicanas/Latinas' past experiences with reproductive technologies have not been pleasant ones. The use of third world countries of Latin America as places for experimentation and testing of new products for the distribution of chemicals limited or prohibited in the United States has become a common technique used by pharmaceutical companies and the practice is condoned by both the United States and Latin American governments. The most well known example of this practice is the testing of the first birth control pills in Puerto Rico. Sterilization abuse and reproductive maladies have been documented in Puerto Rico and among Puerto Rican women in the mainland United States (Clarke 1984 192). More recent examples of these types of abuses include the maquila (assembling) industries, built under the auspices of the Border Industrialization Program, located near the United States-Mexican border. Several authors have documented the situations in those industries where the majority of workers

are women who are continually exposed to dangerous chemicals (Iglesias 1986; Fernandez Kelly 1983).

The most blatant and commonly known example of control of Latina's reproduction is the use of sterilization as a means of birth control. Sterilization can be subtle or blatant, done with or without consent. Blatant sterilization involves the surgical removal of ovaries (oophorectomy), tubal ligation, hysterectomy, or some other form of permanent interference with the female reproductive system. It usually must be consented to either by the person involved or by a legal guardian. Subtle sterilization refers to means of preventing conception over which the woman has little or no control or of which she has no knowledge. Both types of sterilization can occur with informed consent, uninformed consent, or non-consent.

Sterilization as a means of population control among people of color throughout the world has been well-documented (Clarke 1984). Clarke links modern efforts at worldwide population control with concepts of genetic control, i.e. genetic engineering, and with the basic ideas of the eugenics movement. The eugenics movement exhibited both a positive and negative dimension. "Positive eugenics encouraged increased breeding among the 'fit,' while negative eugenics discouraged breeding among the 'defective'" (Corea 1985, 20). This attitude that the reproductive capacity of human populations can and must be selectively controlled has become widely accepted. Population control through sterilization, which is one concept underlying the eugenics movement, has now become an integral part of the value systems of a number of geneticists, biologists, medical practitioners, and public policy makers (Corea 1985, 12-30).

In the early 1970's several examples of population control through sterilization ignited reproductive rights and civil rights activists to seek greater protection for women. These situations included the case of *Madrigal vs. Quilligan* (Velez-Ibanez 1980), a case which involved the unconsenting sterilization of Mexican women at the University of Southern California medical center, the sterilization of two young Black women in Alabama, and the patterned sterilization of Native American women by the United States Indian Health Service (Clarke 1984). Although the laws regarding surgical sterilization immediately following childbirth or abortion had changed prior to *Madrigal vs. Quilligan*, those changes did not

provide much protection for Chicanas/Latinas. The current one-month waiting period between consenting to a tubal ligation and the actual procedure effective in the U.S. is, however, at best a compromise, because it does not address the major issues.

The discussion of sterilization abuse has often shown a dichotomy between middle-class white women and working-class women of color, specifically Chicanas/Latinas. Let us consider, for example, the ideology of an appropriate family size. It is this ideology which underlies the so-called 'One hundred and twenty rule,' an "unofficial rule of thumb of the American College of Obstetricians and Gynecologists until about 1970, under which a woman's age multiplied by the number of children she already had must equal one hundred and twenty (120) or more in order for her to obtain sterilization for contraception" (Clarke 1984). Although seemingly designed to protect women from seeking sterilization while she was very young or had no children, this rule also protected physicians who 'encouraged' or induced women with four or more children and over thirty years of age to be sterilized. Chicanas/Latinas were overrepresented in this category. Conversely, these same physicians would not be as likely to allow a thirty year old woman with only one child, most likely to be a white female according to fertility statistics, to undergo such a procedure. Can we assume that although the 'one hundred and twenty rule' is no longer official policy it is no longer included in the values of many physicians?

Blatant sterilization is currently well regulated. Subtle sterilization, however, continues to be an issue for feminist groups concerned with reproductive rights, especially as it is applied to women of color. Subtle sterilization can take many different forms which are selectively applied to women of color. Clarke's list of forms of sterilization includes experiences all very familiar to Chicanas/Latinas either as "ideas" which have been put forth to them by their doctors, or situations with which they live on a daily basis, as follows: 1) lack of knowledge or access to abortion as an alternative to sterilization; 2) unnecessary hysterectomy; 3) economic constraints upon reproductive choice; 4) lack of knowledge of the permanence of sterilization; 5) surgical sterilization performed at the time of childbirth or abortion; 6) iatrogenic (medically-caused) sterility or infertility; 7) ideologies of 'appropriate' family size and structure; 8) lack of counseling to prevent regret of

sterilization; 9) lack of knowledge or access to other means of contraception as alternative to sterilization (Clarke 1984).

An additional, and less recognized, form of subtle sterilization is unprotected exposure to teratogenic chemicals (chemicals known to cause malformation in a fetus) in the work place or in the home. This is a situation which affects everyone, but is most blatant in its effects on Chicanas/Latinas in the work place because of their overrepresentation in the three labor market categories which carry high risks of exposure: clerical (radiation exposure), service (chemicals for cleaning), and operatives and laborers (exposure to pesticides, herbicides, and chemicals used in the manufacturing processes). Concerns over the situation of farm workers unprotected exposure to chemicals are in this additional category. These known and suspected teratogenic chemicals contribute to infertility, still births, birth defects, and cancers such as those seen in McFarland, California and other Central Valley locations.

Finally, we add another word of caution here, and that is with respect to reproductive technology research on human beings. While human sperm for such research is easily obtainable, such is not the case for ova, or eggs. Until the early 1970s eggs ready for fertilization and/or research had to be obtained from ovaries surgically removed from the female. These ovaries often were "given" to researchers by hospitals. Since protection from sterilization procedures during other surgical or medical procedures did not come until the late 1970s, one may ask if non-essential surgeries were not a convenient way for researchers to obtain ovaries for research. And who's eggs were being utilized in all of this early research anyway? Evidence shows that oophorectomies (surgical removal of the ovaries) have been on the increase since the 1950s and perhaps before. Many physicians advocate hysterectomies and oophorectomies prior to menopause as a means of preventing cancers in otherwise healthy women. These surgically removed ovaries are those which were then available for use in early reproductive research (Arditti, Klein, and Minden, 1984, 47-51). Since the early 1970s, reproductive technology research has increased significantly because of the perfection of two techniques: superovulation (increasing the amount of ova production through the use of hormone therapy) and non-surgical recovery (flushing) of the eggs. More reproductive research than ever before can be con-

ducted and with higher pregnancy and birth rates through in vitro fertilization, IVF (Corea 1985). More importantly, much of this research has been done through private or corporate funding by private individuals or in conjunction with university researchers in research programs sponsored by the corporations or individuals who will own the intellectual property or patentable products resulting from the research.

In view of past reproductive technological abuses, the current issues assume critical proportions. The lack of control Chicanas/Latinas may experience over their reproductive lives must be linked to their material conditions. These material conditions include a socioeconomic status which places them in a high-risk category for continued reproductive victimization, increased health risks due to their occupational segregation, and exclusion from access to information, services, and decision-making in the area of reproductive technology policy making.

A brief summary of Chicanas/Latinas' employment and economic status in the United States underscores their high-risk status. In the area of employment and unemployment, Chicanas/Latinas exhibit several characteristics: occupational segregation, high unemployment, and low wages. Chicanas/Latinas are concentrated in the three job categories with lowest pay and lowest job security—the clerical category with 42.1 percent for Mexican women and 44.7 percent for all Hispanics, the service category with 24.6 percent for Mexican and 20.7 percent for all Hispanics, and the operative category with 15.8 percent for Mexican and 13.9 percent for all Hispanics (Rix 1988). Chicanas/Latinas have an unemployment rate usually equivalent to that of Chicanos/Latinos, slightly lower than for African Americans and consistently higher than for whites, males or females. In 1975, Black men and women both had unemployment rates of 14.8 percent, while Hispanic women had a rate of 13.5 percent compared to 11.4 percent for Hispanic males. Ten years later in 1985 the rates were: Black women, 14.9 percent, Black men, 15.3 percent, Hispanic women 11.0 percent, and Hispanic men 10.2 percent (Rix 1988). Finally, Chicanas/Latinas have the lowest ratio of earnings: Chicanas/Latinas earn on average 55.8 percent of white men's wages in comparison with the percentages earned by white women, 68.2 percent, Black men, 72 percent, Black women, and men of Hispanic origin, 68.0 percent (Rix 1988).

The other important aspect of Chicana/Latina life that exacerbates their risk of reproductive victimization is the impact of poverty, a cumulative effect of employment segregation, unemployment, low wages, and the prevalence of single parenting, among other factors. Single female headed households in the Chicano/Latino population are more prevalent than among the white population and is a steadily increasing phenomenon. From 1975 to 1983, the number of single female-headed households among Chicanos/Latinos increased from 18.7 percent of total Chicano/Latino households to 23 percent. By 1988, 23.4 percent of Hispanic households were headed by females with no male present, compared to a rate of 13 percent for Anglo (white) households (Rix 1988). In 1978, 53 percent of female-headed households among Chicanos/Latinos lived below the poverty line. By 1984, some sources argued that 71.0 percent of female-headed households among Chicanos/Latinos lived below the poverty line. March 1988 figures cite 51.8 percent of all Latino female-headed households living below the poverty level, with figures ranging from 47.1 percent to 65.3 percent for the different Latino sub-groups (Duany and Pittman 1990). Chicanas/Latinas, more so than any other group, either live in poverty or on the edge of it. Nationwide, the percentage of Chicano/Latino children living in poverty have either increased or remained at a very high rate, depending on the statistics utilized. The Children's Defense Fund publication on Latino youth indicates continuing high rates of 35.2 percent (Duany and Pittman 1990).

This statistical profile of Chicanas/Latinas and their households, coupled with their high-risk status for developing health problems, renders them vulnerable to a high degree of reproductive victimization. As members of the total Hispanic population, they have less health-care coverage than all other ethnic/racial groups in the United States. "Poverty, the absence of medical insurance, and the scarcity of Hispanics in health professions effectively bar many of them from good medical care" (Health/Medicine 1991). Moreover, researchers find that Hispanics' health appears to worsen as they adopt cultural patterns common to the United States, including smoking, drinking and eating patterns (Health/Medicine 1991). As acculturation occurs, it seems that poverty, segregation, and familial stress increase as health and educational status deteriorate.

Abortion is without question the focal point of reproductive issues in the 1990s. Chicanas/Latinas have been painfully confronted with this issue. Given the current threat to a woman's right to publicly financed abortions, the health implications of an end to legal abortions for Chicanas/Latinas, as well as all women with limited means, would be devastating. As one team of researchers has noted:

In the early 1970's, when legal abortion was available only on a limited regional basis, over 40 percent of the women obtaining abortions had to travel outside their home state to do so. The 1973 U.S. Supreme Court decision had a disproportionate impact on abortion rates of Black women, particularly teenagers, since improved geographic access to legal abortions, . . . allowed them to terminate unwanted pregnancies they would have either aborted through illegal channels or continued to term (Ezzard, Caves, et al, 1982).

A later study of the impact of a ban on legal abortions on adolescent childbearing in New York suggested that banning abortion would adversely impact childbearing of both Black and white teenagers, that is, it would increase the number of unwanted pregnancies resulting in significantly higher social welfare costs (Joyce and Mocan 1990).

Although a comparable abortion study of Chicanas/Latinas since *Roe vs. Wade* is not available, one can infer from studies on low income women in general. For many women of color the significance of *Roe vs. Wade* was that it allowed states to provide abortion as a reproductive choice for women regardless of economic status. This provided minority women with the critical opportunity to substitute high-risk, illegal procedures and unwanted pregnancies for safe, medically supervised abortions, thereby reducing their risk of unnecessary deaths and future health complications. Although in absolute numbers, more white females have abortions, the abortion ratio within the respective population cohorts for Black females and for Chicana/Latina women is considerably higher. Recent figures from the Center for Disease Control indicate that the ratio of Chicanas/Latinas receiving abortions is 13 percent within the national cohort, while they comprise only 8 percent of the total United States population. Thus, Chicanas/Latinas are over represented among women receiving abortions. Further, they are most highly represented in the age group fifteen

years of age or younger (McKay 1990). Safe, affordable, legal abortion may thus be a critical reproductive health issue for these young women.

Implications of New Reproductive Technologies

Reproductive technologies have come a very long way since the early 1960s and have taken many different directions. Embryology, fetal research, prenatal diagnosis and other similar biomedical techniques underscore the need for a more complex and complete understanding of reproductive technology. At this point, it is useful to introduce a more complete definition of reproductive technologies, one which incorporates these complexities. Reproductive technologies of the 1990s are "visible manifestations of developments in bio-technology" (Hanmer, 1987, 697). This definition subsumes reproductive technologies under genetic or reproductive engineering defined as:

. . . anything to do with the manipulation of the gametes or the fetus, for whatever purpose, from conception other than by sexual union of two persons to treatment of disease in utero, to the ultimate manufacture of a human being to exact specifications. Thus the earliest procedure is artificial insemination. . . . next artificial fertilization or in vitro fertilization. . . . next artificial implantation into a uterus. . . . in the future ectogenesis or total extracorporeal gestation of a fetus to term. . . . and finally, what is popularly meant by genetic engineering, the production—or better, the biological manufacture—of a human being to desired specifications (Hanmer 1987, 698).

At present current technology enables us to perform three of the procedures mentioned above: donor and/or spousal artificial insemination, in vitro fertilization, and artificial implantation. Each of these procedures includes several variations, presents additional dangers, and causes greater dilemmas. Spousal artificial insemination possesses procedural complications which include danger of infection to the woman, psychological complications, and some pain. Donor insemination raises additional concerns related to the outcome of pregnancy including congenital malformations, genetic disease, the risk of intermarriage among genetically related individuals, genetic manipulation, and legal complications. The

latest specter raised in artificial insemination is the potential transmission of Acquired Immune Deficiency Syndrome, (AIDS). Frozen embryos and their necessary implantation have already raised difficult issues such as whether they are private property, potential human beings, fetuses, gametes, or actual human beings. Other important concerns include the determination of who has legal and financial responsibility in case of defective fetuses, custodial battles, and possible unforeseen conflicts. Complex and painful ethical questions are raised by these latest technologies.

Older technologies such as birth control, sterilization, prenatal screening, and abortion raised moral issues and questions of access, legal rights, and control. New technologies such as in vitro fertilization, surrogate motherhood, artificial insemination, frozen embryos and uterine implantation, surgery in utero, and increased viability of premature fetuses raise new moral, ethical, psychological, legal and practical questions. Surrogate motherhood, achieved predominantly through artificial insemination or embryo transfer, has created a stir, culminating in the case of *Johnson vs Calbert*. This situation was highly publicized because it involved many controversial issues, racial differences, class differences, and a single parent on welfare, among other complex legal issues. Surrogate motherhood involving spousal artificial insemination of a woman other than the spousal mate is quickly becoming outdated as techniques for dealing with infertility (such as IVF) become simpler, cheaper, and safer.

A more complex, and interesting scenario has arisen with Arlette Schweitzer, the South Dakota grandmother who is pregnant with her daughter's twins. This was achieved through IVF, without any of the legal tangles surrounding the 1987 situation when Mary Beth Whitehead was the biological and surrogate mother. The concern here for Chicanas/Latinas is that they are vulnerable to the economic need to 'rent' their uterus just as, for centuries, poor and working class women have 'rented' their vaginas. Finally, we are barely beginning to understand the long-term social, legal and medical effects on the children born from these technologies.

Most importantly, as a society and particularly as women, we have not resolved many of these earlier issues and are not much further along in resolving the new ones. What is quite clear in all of these debates is that the issue of control of women is foremost.

Feminists have come to focus on this concern and view the ideological, legal, and practical struggle as one where men continue to maintain control over women's ability to procreate (Luker 1984; Arditti et al. 1984). "Each time a new technological development is hailed, the same question arises: is this liberation or oppression in a new guise?" (Arditti et al. 1984, 2).

Institutional racism/ethnocentrism and high poverty rates, coupled with the fact that Chicanas/Latinas have the highest fertility rates among all female groups, make Chicanas/Latinas particularly vulnerable to the negative aspects of new reproductive technologies. Reproductive technologies have traditionally been used to control the fertility of Chicanas/Latinas rather than to overcome infertility, and they will continue to be so used for several reasons. First, as Hanmer has explained, the latest reproductive technologies are being ideologically constructed as extensions of a patriarchal vision which is completely heterosexist—perfect children for perfect couples (Hanmer 1987). Secondly, reproductive technologies are commercialized and thus expensive—reproduction for profit—and thus beyond the means of most Latino/Latina families. Thirdly, as several feminist scholars have noted, some of the most noted researchers in reproductive technologies clearly espouse some of the concepts of the eugenics movement more respectable in the early part of this century. Finally, contemporary reproductive technologies negate or ignore cultural values and practices in reproduction itself. Thus Chicanas/Latinas, to date, have not generally benefitted from the development of reproductive technologies.

These latest developments in reproductive technologies threaten Chicanas/Latinas not because of some surrealistic, futuristic specter of the control of women described by feminist novelists such as Margaret Atwood, but because of the very real experiences which they have already had. Experiences with genocide, genocidal undercurrents, and teratogenesis lead us to conclude that Chicanas/Latinas will be easy targets for increasing patriarchal control over their bodies, even to the extent that they will be forced to sell their ovaries, their uteruses, in addition to their bodies to sustain themselves and their families (Spallone and Steinberg 1987). For Chicanas/Latinas, the critical questions are based on the constraints of class, race, and gender. How can Chicanas/Latinas control their fertility when they have little power in the medical, research,

or policy making arenas? How can Chicanas/Latinas mobilize against the white minority worldwide which seeks to control people of color? How can Chicanas/Latinas address their infertility when the forms of intervention must be purchased at a cost usually out of their reach? How can Chicanas/Latinas begin to address these issues vital to their future? Where can they turn to inform, educate, and empower themselves?

This is an area of policy, research and activism to which the Chicano/Latino community must pay close attention. As Chicana feminists, whether we are activists, academics, or workers, we cannot consider ourselves unaffected by the new reproductive technologies simply because most of us do not benefit from them. Quite the contrary. Because of the potential for greater abuse of Chicanas/Latinas, more careful consideration must be given to this area of knowledge. As feminists we must develop a paradigm for understanding reproductive technologies which includes the impact of such research on women of color. As Chicanas/Latinas we must place the issues relating to the impact of reproductive technologies on Chicanas/Latinas among our uppermost concerns and on the first levels of our public policy concerns.

Selected

Bibliography

psychologist, specializing in the treatment of family violence, physical child abuse and incest recovery. Her current research focuses on Latina/Chicana health status, in particular high risk sexual and behavioral practices which increase the likelihood of HIV infection. She is an international consultant in the areas of alcoholism, drug abuse, HIV infection prevention and in the treatment of violence.

Erlinda Gonzales-Berry is Professor of Chicano Culture and Literature in the Department of Spanish and Portuguese at the University of New Mexico. Her publications include numerous articles on Chicano literature, two edited books, *Pasó por aquí: Critical Essays on the New Mexican Literary Tradition, 1542-1988*, and *Las Mujeres Hablan* (with Diana Rebolledo and Teresa Márquez), and a novel, *Palatias de guayaba*.

Juana Alicia is a Chicana artist living in San Francisco. She is a muralist, illustrator, painter, and lithographer. She states that her "work reflects her historical and cultural matrix and consciously addresses the inherent conflicts in being a minority woman within this society." Her work has appeared in the book *The Sexuality of Latinas* also published by Third Woman Press.

Enma Pérez is Assistant Professor of History at the University of Texas at El Paso, where she teaches Chicano history. Her publications include "A la Mujer: A Critique of the Partido Liberal Mexicano's Gender Ideology" in *Between Borders*, excerpts from her novel "Gulf Dreams" in *Chicana Lesbians: The Girls Our Mothers Warned Us About*. "She has served others in more intimate ways: The Domestic Service Reform in Yucatan," in *Aztlán*, forthcoming.

Beatriz M. Pesquera is Associate Professor and Chair of Chicano Studies at the University of California, Davis. She is the co-editor of *Building With Our Own Hands* and author of numerous essays on Chicanas.

Elba Sánchez is a Chicana who was born in México and grew up in San Francisco. She is a teacher and coordinator for the Spanish for Spanish Speakers Program at the University of California,

Santa Cruz. She is founding co-editor of *Revisia Mujeres*, a bilingual journal for Chicanas and Latinas, published at the University of California, Santa Cruz.

Denise M. Segura is Assistant Professor of Sociology at the University of California, Santa Barbara. She has published numerous articles on Chicanas and Mexican immigrant women in the labor force, Chicana feminism, and Chicana political consciousness. Currently she is working on a book-length manuscript on Chicana feminism, co-authored with Beatriz M. Pesquera of the University of California, Davis.

Adaljiza Sosa Riddell has taught in the Chicano Studies Program at the University of California, Davis for the past twenty-one years, eleven of them as director of the Program. She describes herself as a Chicana feminist and contributed to the establishment of the Chicana/Latina academic support organization, *Mujeres Activas en Letras y Cambio Social (MALCS)*. She is currently Coordinator for the Chicana/Latina Research Project, an organized research program focusing on Chicana/Latina scholars and issues.

Carla Trujillo received a Ph.D in educational psychology from the University of Wisconsin, Madison. Her dissertation concerned professor-student interaction in the classroom. Her current research concerns the psychology of Chicanas. She is an administrator at the University of California, Berkeley. In addition to her administrative responsibilities, she teaches a course on women of color through the Ethnic Studies department at UC Berkeley, and another through the Women's Studies department at San Francisco State University. She has co-authored a chapter in a book on adolescents and her articles have appeared in the *American Education Research Journal* and the *International Journal of Sports Psychology*. She edited *Chicana Lesbians: The Girls Our Mothers Warned Us About*, which won the 1992 Lambda Literary Award for Best Lesbian Anthology.

Patricia Zavella is Associate Professor in the Community Studies Board at the University of California, Santa Cruz. She is the author of *Women's Work and Chicano Families: Cannery Workers of the Santa*