

The University of San Francisco

USF Scholarship: a digital repository @ Gleeson Library | Geschke Center

Master's Projects and Capstones

Theses, Dissertations, Capstones and Projects

Spring 5-21-2022

Storytelling for Reproductive Justice: Finding Latinx Immigrant Voices in Intersectional Coalitions

Megan V. Wilensky
meganviv15@gmail.com

Follow this and additional works at: <https://repository.usfca.edu/capstone>

Recommended Citation

Wilensky, Megan V., "Storytelling for Reproductive Justice: Finding Latinx Immigrant Voices in Intersectional Coalitions" (2022). *Master's Projects and Capstones*. 1327.
<https://repository.usfca.edu/capstone/1327>

This Project/Capstone - Global access is brought to you for free and open access by the Theses, Dissertations, Capstones and Projects at USF Scholarship: a digital repository @ Gleeson Library | Geschke Center. It has been accepted for inclusion in Master's Projects and Capstones by an authorized administrator of USF Scholarship: a digital repository @ Gleeson Library | Geschke Center. For more information, please contact repository@usfca.edu.

STORYTELLING FOR REPRODUCTIVE JUSTICE:
FINDING LATINX IMMIGRANT VOICES IN INTERSECTIONAL COALITIONS

A Capstone Thesis Presented to the Faculty of the College of Arts & Sciences
University of San Francisco

In Partial Fulfillment of the Requirements of the Degree of
MASTER OF ARTS IN URBAN & PUBLIC AFFAIRS

by

Megan Vivianna Wilensky

May 2022

STORYTELLING FOR REPRODUCTIVE JUSTICE:
FINDING LATINX IMMIGRANT VOICES IN INTERSECTIONAL COALITIONS

A Capstone Thesis Presented to the Faculty of the College of Arts & Sciences
University of San Francisco

In Partial Fulfillment of the Requirements of the Degree of
MASTER OF ARTS IN URBAN & PUBLIC AFFAIRS

by

Megan Vivianna Wilensky

May 2022

Under the guidance and approval of the committee, and approval by all the members, this thesis has been accepted in partial fulfillment of the requirements for the degree.

Approved:

Sarah K. Burgess _____ Date: _____

Diana Negrín _____ Date: _____

Author Release/Non-Release Form

The University of San Francisco and the College of Arts and Sciences have permission to use my M.A. Capstone Paper project as an example of acceptable work. This permission includes the right to duplicate the manuscript and allows the project to be checked out from the College Library.

Print Name: Megan Wilensky

Signature: *Megan Wilensky*

Date: May 3, 2022

Table of Contents

Acknowledgements	
Abstract	
Introduction.....	1
Literature Review.....	14
<i>Reproductive Justice in the Contemporary United States</i>	15
<i>Health Disparities for Immigrants Created by Public Policies</i>	22
<i>Immigrant Organizing in the United States in the 21st Century</i>	27
<i>Organizing for Latinx Immigrants' Reproductive Justice</i>	38
Methods.....	39
History.....	43
Data Analysis.....	51
<i>The Power of Storytelling</i>	52
<i>The Limits of Storytelling</i>	64
Conclusions and Recommendations.....	81
<i>Recommendation #1</i>	82
<i>Recommendation #2</i>	85
Bibliography.....	89
Appendix A.....	103

Acknowledgements

I would like to express my deep appreciation to the nine interview participants who contributed to my research, making this Capstone possible.

Xóchitl Castañeda – Founding Director, Health Initiative of the Americas

Sylvia P. Castillo – Director of Government and Community Affairs, Essential Access Health

Marisol Franco – Co-Founder, California Latinas for Reproductive Justice
Director of Policy Programs, Women’s Foundation California

Emma Hernández – Communications Manager, We Testify

Laura Jiménez – Executive Director, California Latinas for Reproductive Justice

Crystal P. Lira – Bloodys

Ena Suseth Valladares – Director of Programs, California Latinas for Reproductive Justice

And two participants who wished to remain anonymous.

I also give a huge thanks to my first reader, Sarah K. Burgess, and my second reader, Diana Negrín, for supporting me throughout my research.

Abstract

Research shows that Latinx immigrants continue to face reproductive injustice; they are at risk of having worse reproductive health outcomes compared to U.S.-born citizens and have lower rates of reproductive health insurance coverage. Mainstream movements for reproductive freedom historically cast these issues aside, yet women of color organize against them. To better understand organizers' work to combat Latinx immigrants' reproductive injustice, in this Capstone I ask: how do community organizers in California use immigrant rights and reproductive justice to challenge and/or disrupt mainstream movements for reproductive freedom? I argue that Latinx immigrant organizers use storytelling to challenge mainstream conversations about reproductive freedom. Stories raise awareness of immigrants' continued injustices, informing a new agenda inclusive of immigrant rights. While storytelling is an empowering tool for underserved communities to become politically involved, their impact is lessened as reproductive freedom coalition networks co-opt them. Using Erin M. Adam's lens of the paradoxes of intersectional coalition building, I show how the historical power dynamics of reproductive movements continue to affect which stories are brought to the forefront. Even though coalition members aim to use storytelling to bring communities at the margins to the center, the conditions in which stories are told dampen their impact. With Adam's lens, I apply Jodi Dean's work on the solidarity of strangers to show that even through the proliferation of stories, the conditions of racial and economic power imbalances within coalition networks repress marginalized stories. Should coalition members continue to utilize storytelling as a strategy to disrupt mainstream narratives and influence policy, it is important for coalitions to re-examine the power imbalances between member organizations to positively impact Latinx immigrants' reproductive justice.

Introduction

In the early 1970s, the Los Angeles County Medical Center coercively sterilized eleven women of Mexican-origin. The group of women organized and filed a lawsuit, *Madrigal v. Quilligan* in 1975, but lost the case on the grounds that the procedures ensued due to a “communication breakdown” with their doctors (Silliman et. al. 2004b, 233-4). Women who were coercively sterilized had minimal English proficiency yet were not given comprehensive information on the procedure or consent forms to sign in Spanish. They were also pressured into the procedures in stressful situations, like during labor, and were still lied to about the permanence of the operation (Library of Congress 2022). These women are only a handful of over 20,000 who were forcefully sterilized in California in the 20th century based on their race, ability, immigration status, or other markers deemed “undesirable” for society (Morris 2021). Forced sterilizations continued into the 2000s, many performed on Latina immigrant women. In 2020, a whistleblower exposed a U.S. Immigration and Customs Enforcement (ICE) detention center in Georgia for coercively sterilizing immigrant women. The primary gynecologist untruthfully told women they needed surgery to remove cysts or other masses on their reproductive organs, and sterilized them instead prior to their deportations. In some cases, the surgery would be explained without translators or not at all. In addition to not fully understanding the reasoning for these procedures, these women were also pressured into agreeing because of the circumstances of being detained and brought to the hospital in handcuffs (Dickerson et. al. 2020). Forty-five years later, these instances in Georgia reflect the experiences of the women in the *Madrigal v. Quilligan* case of being sterilized without informed consent (Manian 2020). They show that

immigrant women are still at risk of this abuse by doctors and others in control of their reproductive health.

Coerced sterilizations exemplify the continuation of the history of reproductive oppression of Latinx immigrants in the United States. Yet this history, spanning over 50 years, highlights only one of the forms of reproductive oppression Latinx immigrants have experienced. Forward Together define reproductive oppression as “the controlling and exploiting of women and girls through our bodies, sexuality and reproduction (both biological and social) by families, communities, institutions and society” (2005, 3). Reproductive oppression can be perpetuated by individuals, corporations, and the State against groups based on markers of difference (Ross & Solinger 2017c, 90-3). Latinx immigrants are just one group that experience reproductive oppression who are targeted because of their multiple identities based on race, ethnicity, citizenship status, and more.

These forms of oppression and discrimination lead to disparities in Latinx immigrants’ reproductive health. Latina immigrants are more at risk of having worse reproductive health outcomes¹ compared to U.S.-born citizens.² Unintended pregnancy is one example of a reproductive health outcome because it heightens the overall health risk of both the pregnant individual and the baby (Centers for Disease Control and Prevention 2021). As of 2017, immigrant women have higher chances of unintended pregnancies (National Women’s Law Center 2017, 2). Of these unintended pregnancies, Latina immigrants also have higher rates of teenage pregnancy compared to other ethnic and racial groups (Silliman 2004b, 224).

¹ “Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes” (World Health Organization 2020).

² I will use the term “U.S.-born citizen” to refer to those who were born in the United States and therefore are naturalized in the United States. Typically, I will use this term to refer to those whose parents are also U.S.-born citizens.

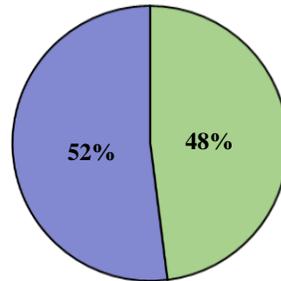
Unintended pregnancies are connected to other societal issues that immigrants face, such as lower educational attainment, incarceration, and poverty. Compared to U.S.-born people, immigrants also have higher rates of sexually transmitted diseases, obesity, and diabetes, greatly impacting their paths to optimal reproductive health (Silliman 2004b, 223-4). Latinas tend to be more exposed to conditions that worsen reproductive health outcomes, including cancer. They are over-represented in industries including clerical, service, operatives, and agriculture that expose them to harms like radiation, cleaning chemicals, pesticides, and herbicides tied to higher rates of mortality from cervical cancer (Silliman et. al. 2004b, 224). All the environmental and societal factors leading to these statistics make it even more crucial to address reproductive health inequities in the United States for the Latina immigrant population.

One large issue that contributes to health inequities for Latinx immigrants, is low rates of health insurance coverage inclusive of comprehensive reproductive health care coverage. In the United States, immigrant women are less likely to be covered by health insurance than U.S.-born women (Hasstedt 2018). In 2016, 34% of immigrant women without citizenship status did not have health insurance. This is a large difference compared to the 9% U.S.-born women who were uninsured (Hasstedt 2018). Even in California, a so-called “reproductive freedom” state,³ disparities between U.S.-born and immigrant’s health insurance coverage continue to exist. Compared to the percentage of the population immigrants make up in California, they are overwhelmingly overrepresented in the uninsured population. Of the 8% of people without health insurance in the State, 48% are immigrants (Cha 2021, 1; See Figure 1).

³ In 2019, Governor Gavin Newsom signed the California Proclamation on Reproductive Freedom to acknowledge the State’s commitment to protecting women’s reproductive right to make decisions about their own bodies (Executive Department State of California 2019). Reproductive freedom falls within the reproductive rights movement, focusing on removing political interference from individuals’ decisions regarding themselves or their family (Forward Together 2005, 2; American Civil Liberties Union 2022).

Figure 1. Uninsured Population in California

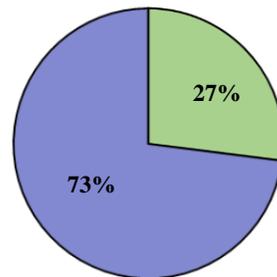
■ Immigrants ■ Non-Immigrants



Even though immigrants are almost half of the uninsured population, they only make up 27% of the population in California (Cha 2021; Johnson et. al. 2021, 1; See Figure 2).

Figure 2. Population in California

■ Immigrants ■ Non-Immigrants



These statistics display the higher likelihood of immigrants to be uninsured compared to non-immigrants. Among the immigrant population, those who are undocumented find it more difficult to obtain health insurance coverage. Undocumented immigrants face barriers like not being able to receive certain subsidies to purchase Covered California plans and being less likely to have employer-sponsored insurance (Cha & McConville 2021, 8). To address this disparity, it seems that the State is slowly making progress to ensure health insurance policies reach immigrants, especially where the Federal government is lacking. In 2020, undocumented

immigrants⁴ under the age of 26 were added to Medi-Cal coverage.⁵ Medi-Cal will also be expanded to include low-income people over 50, no matter their legal status, in May 2022 (Cha & McConville 2021; Karlamangla 2022). More recently, Governor Gavin Newsom proposed expanding Medi-Cal to undocumented immigrants of all ages (Karlamangla 2022). If this proposal is passed, it will be a step in the right direction to increase insurance coverage for immigrants, including undocumented immigrants.

Whether or not they have health insurance though, immigrants' access and use of health services are still low. Only half of immigrant women compared to $\frac{2}{3}$ of U.S.-born women received contraceptive care in 2017 (National Women's Law Center 2017, 2). Limited access to cervical screenings and other preventative care options lead to worse health outcomes, including higher rates of cervical cancer and cervical cancer deaths (Silliman 2004b, 223-4; National Women's Law Center 2017, 2). Even as California attempts to increase coverage options for immigrants, access to insurance coverage inclusive of reproductive health services remains a problem. For undocumented immigrants eligible for reproductive health services under Medi-Cal, it is still limited, as received services must fall under emergency services including prenatal care, labor, and delivery (Cha & McConville 2021, 8). Health insurance impacts the level of access immigrants have to reproductive health services. However, there are many other barriers when it comes to the delivery of optimal health services for immigrants.

Discrimination in the health care industry is one additional barrier for Latinx immigrants, even with health insurance coverage. In cases when they can access health care, many Latinx

⁴ I will use "unauthorized" and "undocumented" immigrant interchangeably to refer to immigrants who are not U.S. citizens and do not have a green-card or any other legal document authorizing their permanent residency in the United States.

⁵ Medi-Cal is a Medicaid healthcare program in California that helps low-income people pay for medical services (Department of Healthcare Services 2021).

immigrants are not satisfied with their care and “few feel that their health care providers genuinely care about their wellbeing” (Silliman et. al. 2004b, 224). Immigrants perceive discrimination in their health care experiences more than non-immigrants. Further, undocumented Latino immigrants experience negative interactions with health care providers more often than documented and non-immigrants (Armenta & Sarabia 2020, 2). According to a study, simply being labeled as either a documented or undocumented immigrant seems to change the ways they are viewed by health care providers and influence their treatment and care. Knowing this, fear of health institutions based on histories of reproductive violence and anti-immigrant sentiments dissuades people from getting the care they need (Deeb-Sossa et. al. 2013). Even when seeking care from a healthcare provider, it is more difficult for immigrants to prevent and treat health concerns, especially with the cultural and linguistic barriers found in the health care system that tends to lack cultural awareness (Silliman et. al. 2004b, 223-4). Studies show that immigrants face unique barriers to accessing and learning about reproductive health services available to them that contribute to their worse reproductive health (Deeb-Sossa et. al. 2013). These problems with health insurance coverage and service delivery for Latinx immigrants create a need for mobilization.

Organizing efforts led by women of color arise out of a need to address disparities in reproductive health, especially since organizing for reproductive rights⁶ tended to exclude them in the past. Still, immigrant women of color are some of those most at risk of losing the reproductive rights gained over the last few decades. While reproductive rights movements

⁶ The reproductive rights framework concerns rights related to reproduction, reproductive freedom, and reproductive health (Forward Together 2005, 3). Reproductive rights advocates focus on the “right to choose”, or women’s individual legal rights to make decisions about their own body (2).

helped to achieve *Roe v. Wade* (1973)⁷ and Title X,⁸ these cases are constantly threatened and do not fully solve Latinx immigrant issues of healthcare access. For example, *Roe v. Wade* was the monumental supreme court decision that legalized abortion, yet it did not completely address abortion access for all populations. Pro-choice organizers for reproductive rights, though victorious with *Roe v. Wade*, did not focus on the issue of abortion holistically to consider those who face barriers to act on their new right to abortion. Legislative policies meant to improve reproductive rights for all do not always apply to marginalized communities.

No matter who they benefit, policies surrounding reproductive health also remain unstable. Even *Roe v. Wade* is constantly being threatened across the country and is expected to be overturned. Immigrants are uniquely affected by certain policies being attacked that impact their options for reproductive healthcare. For example, in 2018 the Trump Administration issued a Gag Rule on Title X, which limited access to preventative reproductive health care options. The Gag Rule harmed California's Title X network by decreasing the Title X providers in the State (Rob Bonta Attorney General 2020). As one of the only options for undocumented immigrants to receive reproductive health care, the Gag Rule disproportionately harmed immigrant, Latinx, low-income, and uninsured populations. While Title X is an essential federal program for many communities, it does not cover abortion care (Jekanowski n.d.). Latinxs bring these issues to the wider discussion of reproductive health by centering their unique struggles for reproductive justice.⁹

⁷ In 1973, the Supreme Court case *Roe v. Wade* declared the constitutional right to safe and legal abortion access.

⁸ Title X is a federal grant program to provide primarily low-income and uninsured individuals comprehensive services relating to family planning (Office of Population Affairs 2021).

⁹ Reproductive justice encompasses the human rights to have a child, not have a child, and to raise that child in a safe and healthy environment (Ross & Solinger 2017c, 65). A few years ago, SisterSong added the fourth tenant of the right to personal bodily autonomy to the definition of reproductive justice (SisterSong 2022; Interview G). Reproductive justice goes beyond an individual analysis, to address systemic power inequities based on race, class, gender, sexuality, immigration status, etc. that impact women's reproduction (Forward Together 2005, 2). The reproductive justice framework was created in 1994 by a group of Black women self-titled Women of African

Organizers for reproductive rights and justice all work towards goals to better people's reproductive health, but the histories of these movements have conflicted. Historically in mainstream movements for reproductive rights, there was the assumption that white women's agenda encompassed everyone's struggles (Silliman 2004a, 23). For example, in the fight for *Roe v. Wade*, much focus was placed on a woman's reproductive right to choose to have an abortion or prevent pregnancy through other methods like contraception. While the decision legalized abortion, women without the money, time, or other resources did not have the same choices available to them (Ross & Solinger 2017c, 121-5). Certain economic disparities impact women's ability to make decisions about their reproductive health. *Roe v. Wade* established the unconstitutionality of criminalizing abortion based on the right to privacy, but this justified the denying of public funding towards abortions in *Harris v. McRae* (1980). This essentially made abortion a right to only those who can afford it (MacKinnon 1983, 23-4). The use of privacy to legalize abortion and deny public funding for the procedure also has greater consequences for women of color. Justice Thurgood Marshall, who disagreed with the decision in *Harris v. McRae*, argued that it placed a heavier burden on non-white women, who have twice the rate of abortions compared to white women (Murray 2021, 2052). The Committee for Abortion Rights and Sterilization Abuse (CARASA) even argued that not only did restricting funds prevent low-income women of color from getting abortions, but it also encouraged sterilizations among "undesirable" groups since abortion was not a real option for them (Murray 2021, 2051-2). Racism in the health care industry further affects the varying levels of care women receive and what they decide for their pregnancies. Even when abortion was legalized in the State of New York in 1970, before *Roe v. Wade*, a Puerto Rican woman died from the procedure shortly after

Descent for Reproductive Justice. They then founded SisterSong in 1997, a national organization to build a multi-ethnic reproductive justice movement (SisterSong 2022).

it passed. Some Chicano and Puerto Rican groups attributed this to racism in the health care system claiming, “the new abortion law promised to be yet another form of genocide” (Silliman et. al. 2004c, 230). Racist and xenophobic conditions in the health care system still prevent people from receiving the quality care legally available to them. Movements based on private choice overlooks these barriers many faced in choosing to have children, including historical state policies that punished or discouraged reproduction of certain groups (Ross & Solinger 2017c, 94-6). These persisting barriers motivated women of color to create and organize around the reproductive justice framework.

The pro-choice movement uses a reproductive rights framework that focuses on protections of individual choices, assuming all women have every reproductive option available to them (Forward Together 2005, 2). However, there is also a history of counter-movements that work against the assumption that reproductive health is solely determined by individual, private choices. For years, scholars and activists engaged with the question of people having different levels of autonomy in their reproductive health decisions. A notable group of twelve Black women met at a pro-choice conference in 1994 to develop the conversation about what reproductive rights means for different groups of people. They discussed the application of reproductive rights and the pro-choice movement to their own lives as Black women. In the end, they created the term “reproductive justice” to more accurately express the reproductive oppression of underserved groups beyond just private choice. In this new framework, they combined values of reproductive rights and social justice, acknowledging intersectional identities, so it may be applicable to a variety of diverse groups of people with varying injustices (Ross & Solinger 2017c, 79).

Since 1994, a few organizations run by women of color—including California Latinas for Reproductive Justice, Black Women for Wellness, and ACCESS Reproductive Justice—adopted the reproductive justice framework to address the specific reproductive needs of their communities. The reproductive justice framework considers the intersection of identities that all contribute to someone’s systemic experiences of reproductive oppression, such as racism or xenophobia (Forward Together 2005, 1). Focusing on Latinx immigrants, the fight for reproductive justice depends on their identities as Latinxs and immigrants. To resist their reproductive oppression, Latina women adopted the use of the reproductive justice framework as well. By using this framework, organizers focus on their unique barriers because of their identities as Latinxs and immigrants that contribute to their worse reproductive health outcomes.

My Capstone focuses on Latinx and immigrant organizers in California as a site with a rich history of reproductive rights and justice mobilization. I am interested in California because of its reputation as a “reproductive freedom” state, thought to be the most progressive in its reproductive health care policies. In September 2021, Governor Gavin Newsom assembled the California Future of Abortion Council (CA FAB) to recommend ways the State of California can respond to the highly restrictive abortion laws being proposed around the country. As a State more dedicated to reproductive rights compared to others, California aims to prepare for an influx of patients from across the country who seek abortion care (Hoeven 2021). However, among the recommendations listed by the CA FAB, California “must increase investment in abortion funds, direct practical support, and infrastructure to support patients seeking abortion care” to decrease the barriers individuals face in accessing care (California Future of Abortion Council 2021, 5). Importantly, they note that California needs to increase efforts for more at-risk communities like immigrants and BIPOC. The CA FAB acknowledges the need to address

disparities in abortion care for immigrants, however California still needs to expand the current infrastructures in place to fully support immigrants' reproductive health care access beyond abortion (2021).¹⁰ Incorporating the discussion of immigrant rights to California's reproductive justice agenda is even more pertinent because a large number of immigrants—around 1/4—in the country live in California (Johnson et. al. 2021, 1). The geographic location of the State bordering Mexico, also makes it a focal point in conversations of immigrant rights, specifically Latinx immigrants. Since about 50% of immigrants in California were born in Latin America (Johnson et. al. 2021, 1), the Latinx community is particularly significant in the immigrant rights conversation in California. As such, reproductive justice organizations who represent Latinx and immigrant communities are especially important as policymakers and leaders talk about expanding access to reproductive health care in California.

Throughout my research, I examined organizations within California's coalition networks, focusing on those with emphasis on Latinx and immigrant communities. The California Coalition for Reproductive Freedom (CCRF) is the main statewide coalition consisting of reproductive rights, health, and justice organizations in the State. California Latinas for Reproductive Justice (CLRJ) and ACCESS Reproductive Justice (ACCESS RJ) are some within the CCRF that I looked at to answer my research question. These organizations are some that, to varying extents, focus some of their work on Latinx immigrant communities. Primarily CLRJ works to “build Latinas’/xs’ power and cultivate leadership through community education, policy advocacy, and community-informed research to achieve reproductive justice” (California Latinas for Reproductive Justice 2021). This organization highlights Latinx voices in California

¹⁰ To see the full CA FAB report, visit https://www.plannedparenthoodaction.org/uploads/filer_public/d8/e1/d8e17825-72e0-4f6f-9c57-7549bb54261e/ca_fab_council_report_.pdf.

communities and focuses on the many issues affecting reproductive and sexual health for Latinxs in California. ACCESS RJ, the only statewide abortion fund, also aims to break down barriers while empowering Californians to attain reproductive justice. Through their advocacy and community outreach, they attempt to fill in the reproductive health care gaps for marginalized groups, like immigrants (ACCESS Reproductive Justice 2022a). CLRJ and ACCESS RJ are a part of a 40+ organization coalition in the State, though they bring attention to more specific issues in California's reproductive health care system pertaining to Latinx immigrant rights. Looking at these organizations and those they work with showed how they organize in California to fight injustices immigrants face relating to their reproductive health.

To better understand organizers' work to combat Latinx immigrants' reproductive injustice, I ask: how do community organizers in California use immigrant rights and reproductive justice to challenge and/or disrupt mainstream movements for reproductive freedom? To answer this question, I argue that Latinx immigrant organizers, and their allies, use storytelling to try to disrupt mainstream conversations about reproductive freedom by speaking Latinx immigrants into the movement. Stories raise awareness of immigrants' continued injustices to challenge dominant reproductive freedom narratives. Stories showcasing organizers' neglect of Latinx immigrants informs a new movement agenda inclusive of immigrant rights, by revealing the organizing work that still needs to be done. While storytelling is an empowering tool for underserved communities to become politically involved, their impact is lessened as reproductive freedom coalition networks co-opt them. Using Erin M. Adam's lens of the paradoxes of intersectional coalition building, I show how the historical power dynamics of reproductive movements continue to affect which stories are brought to the forefront. Even though coalition members aim to use storytelling to bring communities at the margins to the

center, the conditions in which stories are told dampen their impact. With Adam's lens, I apply Jodi Dean's work on the solidarity of strangers to show that even through the proliferation of stories, conditions created by racial and economic power imbalances within coalition networks repress marginalized stories. Should coalition members continue to utilize storytelling as a primary strategy to disrupt mainstream narratives, I argue coalitions must re-examine the power imbalances between member organizations to positively impact Latinx immigrants' reproductive justice. This research is important because it resists the idea pushed by the reproductive freedom narrative that says California has already achieved reproductive freedom for all. Coalitions representing this narrative, must take the steps necessary to listen to reproductive justice organizations led by women of color, who continue to confront this fallacy.

This Capstone is comprised of five sections detailing the steps I took to answer my research question. To begin, I review the existing scholarly work surrounding three areas: (1) reproductive justice in the contemporary United States, (2) health disparities for immigrants created by public policies, and (3) immigrant organizing in the United States in the 21st century. The literature review justifies my research question because scholarship leaves out how Latinx immigrant rights are addressed by organizers in reproductive rights and justice conversations. The second section details the research methods I used, including semi-structured interviews and ethnography, to collect data to answer my research question. Following the research methods, I give a history of Latinx and immigrant organizing for reproductive health, rights, and justice in California that provides context for my data. In the fourth section, I analyze the data I collected using a theoretical framework to answer my research question. I conclude by demonstrating the significance of this Capstone and what community organizers can take away from these findings.

Literature Review

The three bodies of literature I review in this section call for my research question because they reveal further research needs to be done on the connections between immigrant rights and reproductive justice organizing. In the first section I examine reproductive justice in the contemporary United States. The primary focus of my research surrounds reproductive justice organizing, so I look at the creation and use of the “reproductive justice” framework since it was defined in 1994. Secondly, I review the studies and arguments scholars make surrounding the impact policies have on health disparities for U.S.-born citizens compared to immigrants. This section gives a backdrop for the variety of policy initiatives that affect immigrants’ health and encourage community organizing in the United States. In the third section, I examine immigrant organizing in the United States to understand their recent histories of community organizing and its relationship to reproductive justice organizing detailed in the first section of this literature review. After reviewing these three bodies of literature, I find that there are gaps in the existing scholarship.

Even though immigrant rights and reproductive justice organizers have aligning goals to tackle injustices against immigrants, there is still a disconnect between literature focused on reproductive justice and immigrant rights organizing. Scholars in these fields acknowledge the importance of cross-movement building, and the need for future research, yet scholarship on their connections is still limited. Starting with reproductive justice in the contemporary United States, I will show why my research question is necessary to aid in filling the gaps in the literature.

Reproductive Justice in the Contemporary United States

Throughout the years, scholars and activists have utilized the reproductive justice framework to expand conversations of reproductive rights and health, especially those that excluded marginalized populations. In this section, I follow scholarly conversations within the reproductive justice field. Scholars look at historical conditions in mainstream reproductive rights and health movements that gave rise to reproductive justice. Following is a discussion of the reproductive justice framework, and its differences between those of reproductive rights and health. Scholars then further explain the meaning of reproductive justice by bringing in its relation to intersectionality. This body of literature concludes with scholars discussing how reproductive justice guides many organizers attempting to solve the root causes of reproductive oppression for marginalized communities.

Before the term “reproductive justice” was coined in 1994, some mainstream organizers who focused on reproductive rights issues mainly held an agenda that benefited and responded to the work of white women. Reproductive justice scholars showcase the ways some reproductive rights-based movements neglected women of color and other underserved groups. The conversations dominating some sectors of white women’s and reproductive movements excluded, and in some ways harmed, non-white people who had different perspectives on matters such as birth control and abortion. For example, some birth control rights activists allied with the eugenics movement,¹¹ which pushed forth a racist platform to reduce the population’s rapid growth (Davis 1981, 213). Angela Davis highlights Margaret Sanger, a leader of the early 1900s birth control campaign, who began by aligning with the labor movement and Socialist party at

¹¹ The eugenics movement was based on a pseudoscience to improve the human race through selective breeding, while preventing “undesirable” people from reproducing. Eugenicists supported birth control pushed for by reproductive rights organizers because of its use to control population reproduction. However, eugenicist practices denied reproductive rights to those “unfit” to reproduce based on race, class, citizenship status, disability, etc.

the time. At first look, Davis says this could be seen as a way to address class issues within a reproductive rights discussion, because the lower working class cannot afford the costs of pregnancy and children, creating a greater need for contraceptives. However, by the 1920s, the eugenics movement showed a heavier influence on Sanger's birth control campaign (Davis 1981, 212-3). Davis illustrates the two movements' alignment by showing their similar goals. Sanger wrote in a journal that "the chief issue of birth control [is] more children from the fit, less from the unfit" (213-4). The eugenics movement also used this terminology as justification for targeting certain groups to coercively sterilize based on race, immigration status, and ability. Margaret Sanger publicly approved of these sterilizations which were known to target women of color, immigrants, disabled women, and others they thought should not reproduce because they were "unfit" for society (214). Davis argues that by the 1970's fight for abortion rights, the birth control rights movement dissuaded many women of color from aligning themselves with the campaign. It failed to apply racial and class lenses to these issues, including condemning sterilization abuses in the past and present.

As this agenda for white middle-class women dominated mainstream conversations, scholars study how women of color created their own spaces to discuss their reproductive lives. Angela Davis (1983) criticized the white-dominated birth control movement for not uniting more communities to their causes. Even though some white organizers refused to recognize their previous involvement with the eugenics movement and their abuses, they questioned the lack of women of color within the movement (Davis 1983, 204). Even in the 2000s, Silliman et. al. (2004a) point out that white mainstream activists still questioned why women of color are not involved in their organizations (22). These questions ignore the history of women of color organizers that were not a part of mainstream movements for white women.

Women of color have organized based on their diverging interests for reproductive rights and health as they pertain to their own communities. Jennifer Nelson (2003) argues that women of color made many contributions to the reproductive rights movement outside of the topic of abortion. Though abortion rights are an important issue, other topics, like forced sterilizations and maternal death rates, are also prioritized by women of color. While many movements relating to reproductive rights focused on the freedom to make individual choices regarding one's own reproductive health, women of color scholars and activists highlight different priorities based on the struggles of underserved women within a larger system of power dynamics and oppression. After hearing criticisms from women of color activists, the feminist reproductive rights movement began to rethink their previous abortion politics and attempted to be more inclusive of women of color (Nelson 2003). Still, women of color scholars and activists found it necessary to create a new reproductive justice framework to look at reproductive rights issues and organize based on their unique life experiences.

Reproductive justice scholarship heavily focuses on its creation and what the framework means for scholars and organizers. A group of Black women coined the reproductive justice framework in 1994. Since then, many scholars have added to the discussion of what reproductive justice means. Scholars and activists including Loretta Ross, Rickie Solinger, Jael Silliman, Toni M. Bond, and many others have built on the framework because it is ever evolving (Cervantes et. al. 2007; Forward Together 2005; Ross & Solinger 2017; Silliman et. al. 2004; SisterSong 2022). In the "Reproductive Justice Briefing Book", Loretta Ross defines the reproductive justice framework as analyzing "how the ability of any woman to determine her own reproductive destiny is linked directly to the conditions in her community—and these conditions are not just a matter of individual choice and access" (Cervantes et. al. 2007, 4). Ross and Solinger (2017b)

provide the basic definition of the three tenants of reproductive justice. Reproductive justice encapsulates “(1) the right *not* to have a child; (2) the right to *have* a child; and (3) the right to *parent* children in safe and healthy environments” (9). Several years ago, SisterSong added the fourth tenant of the right to maintain personal bodily autonomy¹² (SisterSong 2022; Anonymous. 2022. Interview with Interviewee G by author. March 16). These four tenants are the most common descriptions to reproductive justice by scholars and those I interviewed.

Despite historical tensions, scholars explain the ways the reproductive health, rights, and justice frameworks work in tandem with one another. Ross and Solinger commend Forward Together’s (2005) definitions of three pillars of reproductive activism—reproductive health, reproductive rights, and reproductive justice—which can complement one another as they are used by organizers. First, the reproductive health framework focuses on improving reproductive health services and access for individual people. Second, the reproductive rights, or pro-choice, framework focuses on an individual’s legal rights to reproductive health care, by targeting legal protections. These first two frames of reproductive health and reproductive rights, though useful, are still limited by neglecting social effects and contexts for the choices individuals can make. The third framework, reproductive justice, works to fill this gap.

Scholars explain the value of the reproductive justice framework compared to a health- or rights-based lens. Reproductive justice looks at how reproductive oppression results from the “multiple oppressions of race, class, gender, sexuality, ability, age and immigration status” (Forward Together 2005, 2). It acknowledges the historical and current power inequities that have controlled women from certain groups in order to control entire communities (2). Compared to the other frameworks, reproductive justice takes a more holistic approach by

¹² Bodily autonomy is the right to control your own body, without coercion.

connecting multiple civil rights and social justice concerns. Scholars push for a wider understanding and use of reproductive justice in all areas of study in order to build awareness and knowledge of these issues. For example, Eaton and Stephens (2020) argue that social scholars and researchers in the future need to acknowledge the multiple oppressions impacting one's available choices for reproductive health decisions. Without the use of a reproductive justice lens, society will not be able to address health disparities for certain populations (2020). The importance of a reproductive justice lens is repeated by many scholars and activists in all areas of study, to break down structures of power that oppress underserved women and individuals.

In order to understand the application of reproductive justice for different communities, scholars and activists use identity politics and theories of intersectionality. The reproductive justice framework considers a broad range of unique social justice issues, meaning it can look differently for each person. Using identity politics acknowledges differences in identity, and how this impacts every individual in unique ways. Jodi Dean (1996a) discusses the use of identity politics by underserved groups to empower and find a sense of belonging or self within a community (4). However, the use of identity politics has resulted in creating more narrow understandings of identity, which can exclude those who do not fit into strictly defined categories (Dean 1996a, 5-6). Ross and Solinger (2017c) more recently use a definition for identity politics as "making claims for recognition and resources based on, for example, race or sexual orientation" (75). They also emphasize that although acknowledging differences in identity can help certain causes, identity politics can also create barriers between groups of people (75). To counter this, intersectionality addresses not just identity, but power disparities based on markers of difference. Intersectionality illustrates how multiple oppressions and

identity markers creates an integrative effect of classism, xenophobia, homophobia, racism, and other forms of discrimination (73-5). Using these theoretical frameworks “provided a strong platform for launching a new theoretical framework [reproductive justice] offering all human beings a chance to explore their own intersecting identities and to resist being forced into a one-dimensional box” (74). The very creation of the reproductive justice framework in 1994 by a group of twelve Black women, was based in centering themselves as Black women in a discussion of health care reform (Ross & Solinger 2017c).

The intersectional application of the reproductive justice framework reveals the contradictions between white and non-white women’s priorities in reproductive activism. While white women organizers had their own priority set, they are “unable to see how what may be reproductive freedom for them is reproductive tyranny for others” (Silliman et. al. 2004, 17). Scholars look at the histories of racism and xenophobia creating different contexts for the implications of reproductive health policies and practices. This means that a reproductive rights “win” for white women, may cause more harm for women of color or immigrants. Scholars use forced sterilizations and abortions as examples to display this argument. Loretta Ross and Rickie Solinger (2017b) give the example of sterilization procedures as a right to birth control. While making sterilization procedures more accessible for some is an effort to increase birth control options, for others whose communities historically were involuntarily sterilized it could make these abuses easier to commit. Women who argue against consent forms for sterilization procedures in order to make the process easier for some, would remove important protections for women of color. Contradictions between white and non-white women’s priorities in reproductive activism also surround the topic of abortion. White women’s struggle for the right to not have children is vastly different than women of color’s experiences of historically being denied the

right to be fertile and have children (Ross & Solinger 2017b, 52). Talking about abortion rights, many Black and Latina women who get abortions detail “the miserable social conditions which dissuade them from bringing new lives into the world” (Davis 1983, 204). The differing external conditions that impact individuals depending on their race, class, and/or citizenship status, also influence their reproductive decisions. Thus, women of color establish their own reproductive activism groups focusing on specific identities of race, class, citizenship, etc., using a strategy of identity politics, and each redefining what reproductive rights means to them (Silliman et. al. 2004).

Since reproductive justice encompasses a wide variety of topics, scholars look at the many ways the framework is applied to community organizing. As women create reproductive justice organizations and groups, they highlight certain populations or issues within the discussion. As she looks at the organizing work of women of color throughout the 1960s to 1980s, Jennifer Nelson (2004) showcases several organizations who helped reframe reproductive rights. In some cases, women organized for reproductive rights within nationalist organizations from the civil rights movement, including Black women in the Black Panther Party in Oakland, California and Puerto Rican women in the Young Lords Party in New York City. From within these organizations, women advocated for reproductive rights but incorporated it into their racial justice work. Women of color also create separate organizations to approach unique topics within the reproductive justice conversation (Nelson 2004). Patricia Zavella (2016) particularly examines California Latinas for Reproductive Justice (CLRJ), and how they, as immigrant women, resist structural oppressions impacting their reproductive justice. Like CLRJ, organizations for reproductive justice establish themselves in relation to a more specific topic within the discussion. Each organization tackles certain aspects of reproductive justice but work

together through coalition building to increase influence and power. Ross and Solinger (2017c) argue that the reproductive justice framework “cannot achieve its human rights goals without building coalitions” (77). Since reproductive justice requires a multi-issue approach, allyship and coalition building are necessary in order to tackle the slew of intersecting issues related to reproductive justice.

Narrowing a focus on immigrant rights within reproductive justice, scholars have introduced ways in which these movements connect. Many reproductive justice organizers also advocate for migrants. Ross and Solinger (2017d) argue that being able to safely escape violence in their country of origin, being free of fear of deportation and family separation, and simply having the full range of human rights in the United States as an undocumented immigrant are all matters that align with reproductive justice values (213-4). Anti-abortion and anti-immigrant movements also share similar beliefs, such as denying immigrant women the right to healthcare. In the debate over birthright citizenship, immigrant women are accused of birthing “anchor babies” to ensure citizenship status within their family as justification for denying them reproductive health care options (Ross & Solinger 2017d, 214-5). These are problems that necessitate the connection between social justice and human rights issues with reproductive justice. Reproductive justice continues to be a framework used by organizers and scholars to solve problems of reproductive health.

Health Disparities for Immigrants Created by Public Policies

Scholars reveal the ways in which policies in the United States impact the health of immigrant populations compared to U.S.-born citizens. Identity markers of race and legal status are two themes repeatedly discussed in this conversation of disparities created by policies.

Literature looks at impacts of the Affordable Care Act (ACA), government assistance programs during the COVID-19 pandemic, welfare programs, and immigration related policies. These policies, directly related to healthcare or relevant in other ways, all affect immigrants' access to affordable and comprehensive healthcare.

The ACA is a widely known and discussed healthcare policy in the United States that aimed to increase healthcare coverage. Since implementation, scholars study the extent to which the ACA has reached different populations. Despite the ACA's goal of increasing coverage, scholars find that disparities between immigrants of varying legal status and race continue to exist. Porteny et. al. (2020) and Chu et. al. (2021) study the ACA's impact on immigrant populations, though through different comparisons of legal status and race categorizations. Porteny et. al. (2020) examine the reach of the ACA between different classifications of legal status in California. They find that the ACA did increase insurance coverage for non-citizens who are legal permanent residents, but there was a smaller rise in coverage for unauthorized immigrants. These increases for unauthorized immigrants could be due to local California programs instead of the ACA, including allowing more emergency services for undocumented immigrants. While the ACA had some small successes for legally residing immigrants, Porteny et. al. argue it was not as successful for undocumented immigrants, and California should continue to work to broaden coverage for all immigrants no matter their legal status (2020). Porteny et. al. provide an important study of the ACA by addressing legal status, however they do not consider race as a factor in differing levels of access after the ACA was implemented. Immigrants come from many countries and racial backgrounds, making it an important factor to consider in addition to legal status to assess differing levels of access to healthcare. To consider racial discrimination in the healthcare system, Chu et. al. (2021) look at the ACA's impact on

California immigrants, comparing Latino, Asian, and white immigrants' growths in health insurance coverage. Even though Latinos had the largest increase of coverage, they continued to have the lowest coverage in comparison to their proportion of California's population (Chu et. al. 2021). This is a more targeted conclusion based on race, showing that Latinos need more State guidance and support in the healthcare system because of the discrimination they face.

More recently, scholars have studied how immigrants of varying legal status and race were impacted differently by the COVID-19 pandemic and government response programs. Latinx individuals in the United States were infected with COVID-19 and hospitalized at higher rates than U.S.-born white citizens (Desai & Samari 2020, 69). Scholars bring up concerns specific to undocumented immigrants of their access to health services and government resources during this time. While undocumented immigrants had more exposure to COVID-19, the government distributed less pandemic related benefits to them. In addition to not having access to as many health services, undocumented immigrants were not eligible for economic relief, including unemployment and stimulus checks (Galvan et. al. 2021, 886). Undocumented immigrants already have higher levels of distress related to pre- or post- migration trauma, fear of deportation, and discrimination that legal citizens do not experience. Galvan et. al. (2021) argue that these factors relating to their undocumented status, lead to undocumented immigrants' worse physical and mental health. The pandemic, in addition to these pre-existing conditions, worsened immigrants' health outcomes even more (Galvan et. al. 2021). After studying the correlation between undocumented status and health pre-pandemic, Galvan et. al. (2021) stress the importance of their study during and after the pandemic as showing disparities in health that are becoming more exacerbated. Desai and Samari (2020) add to the discussion of stress from being undocumented, and how this negatively affects maternal, sexual and reproductive health.

The few resources directed towards sexual and reproductive health for immigrant communities pre-pandemic, were redistributed to COVID-19 care. This worsened immigrant's access to reproductive healthcare further and stresses the importance of reproductive health being considered in government responses, especially during a public health crisis (Desai & Samari 2020). More government initiatives must target undocumented immigrants in aid to address the health disparities that stem from their undocumented status, which includes reproductive healthcare (Galvan et. al. 2021; Desai & Samari 2020).

State government welfare programs are a form of support that immigrants can access in some states, but their degrees of implementation are influenced by racial and legal frames deployed in debates over immigration. The racist and xenophobic policies restricting immigrant's access to welfare programs are influenced by anti-immigrant rhetoric particularly.¹³ Hana Brown (2013) compared California and Arizona welfare policies and anti-immigrant organizing rhetoric in the 1990's, finding vastly different outcomes based on the conversations taking place. In Arizona, a state with harsh welfare reforms during that time, the racial differences among the immigrant population were highlighted by anti-immigrant organizers, portraying Mexicans specifically as a larger immigrant threat to U.S.-born citizens. This discouraged different racial groups of immigrants from working together against anti-immigrant policies, which, Brown argues, possibly contributed to welfare reforms. Anti-immigrant organizers in California on the other hand, based immigrants' worthiness of public benefits on legal status. As they did not highlight race as much, many racial groups of immigrants formed coalitions in California in opposition to the anti-immigrant movement, which led to more extensive welfare programs (Brown 2013). Welfare programs are an important resource for

¹³ The "welfare queen" stereotype depicting Black women as taking advantage of welfare systems by having children is also tied to negative perceptions of immigrants receiving welfare benefits.

immigrant communities, yet racist and anti-immigrant rhetoric discourages governments from their implementation.

Anti-immigrant rhetoric also influences the enactment of exclusionary policies based on legal status, which negatively impacts health outcomes for immigrants. Scholars examine the harsher immigration control policies that make it more challenging for immigrants to receive proper healthcare services. For example, the “Remain in Mexico” policy requires refugee and asylum seekers to wait at the U.S.-Mexico border for a decision on their case. While there, they have limited to no access of health services, and during the COVID-19 pandemic have been more at risk of outbreaks (Desai & Samari 2020, 70). Policies like these prevent immigrants from accessing healthcare services. While anti-immigrant policies worsen access to healthcare and can aid in the deterioration of physical and mental health, “immigrant-friendly” policies have the opposite effect. Kobal et. al. (2021) study “immigrant-friendly” policies, including sanctuary policy implementation and instances when drivers’ licenses can be issued to undocumented immigrants. They found that these examples of “immigrant-friendly” policies correlated with an increase of healthcare access for the children of undocumented immigrants. Since there are increased protections for the undocumented parents, their children can better access healthcare services (Kobal et. al. 2021). This shows that without harmful immigration policies, the difference between health services and access for immigrants versus U.S.-born citizens will lessen.

Racial identity also determines immigrants’ qualifications for citizenship status, creating a barrier to becoming insured. Both legal status and race are interrelated identities constantly discussed by scholars, which impact different groups of immigrants’ levels of healthcare access. Focusing on Mexicans, Marla Andrea Ramírez (2018) establishes the exclusion of Mexicans

from obtaining citizenship status based on race and gender. Past policies surrounding naturalization excluded Mexican women based on their race and encouraged their deportation, but supported white immigrants remaining in the United States. These naturalization policies also focused on excluding females rather than males, because of their ability to reproduce (Ramírez 2018). Racial anxieties over the reproduction of women of color compared to white women justified policies aiming to influence and control their reproduction. California particularly was a state of concern for population and immigration control organizers, because of the state's fast growing Latino population. The concerns of the growing Latino population being a large force in overpopulation, led to policies aiming to control Latina women's reproduction (Gutiérrez 2008b). The racial identity of Latina women determines their access to State resources given to immigrant populations. Race and legal status negatively impacting immigrants' access to health services and their wellbeing compared to U.S.-born citizens continues to be a large issue. As these factors lead to inequities between immigrants and U.S.-born citizens, and within the immigrant population, the United States needs to work to dispel them.

Immigrant Organizing in the United States in the 21st Century

To address immigrant rights and the inequities immigrants experience in the United States, immigrant communities mobilize. After decades of organizing, the immigrant rights movement peaked in the spring of 2006 when the House of Representatives passed an anti-immigrant policy drawing out millions of Latino demonstrators. The Border Protection, Antiterrorism, and Illegal Immigration Control Act would have criminalized individuals who violated immigration law, and possibly anyone who aided unauthorized immigrants (Bloemraad et. al. 2011). The spring of 2006 is a moment in history for the immigrant rights movement

highlighted by many scholars who discuss the movement's growth and agendas. To understand the immigrant rights movement, scholars study what led up to the spring of 2006 and the decline in popularity afterwards. The series of rallies were the largest demonstrations for immigrant rights, and other human rights issues, up to that point in history drawing the attention of many who study immigrant rights movements. The demonstrators' impact succeeded in preventing the Senate from passing the legislation, who then passed the Comprehensive Immigration and Reform Act to help create a path for undocumented immigrants to legalization. This bill, however, died and comprehensive immigration reform was never achieved (Bloemraad et. al. 2011). As scholars examine the spring of 2006 and the immigrant rights movement, studies focus on its quick growth, strategies, goals, and the stratification of the movement over time. Other scholars turn to hidden forms of organizing employed by immigrants, influenced by their multiple identities.

As the spring of 2006 approached, the immigrant rights organizing grew rapidly. Some scholars attribute this to the professionalization of immigrant rights organizing. In the beginning, the movement was primarily locally based grassroots organizing, yet evolved into national professionalized organizations (Nicholls et. al. 2020). It is because of the development of professional networks that the months of demonstrations occurred, due to their ability to quickly organize them (Wang & Winn 2011). Nicholls et. al. (2020) associate this professionalization of immigrant rights organizations to the consolidation of economic, political, and discursive resources. With the consolidation of resources, especially in D.C., immigrant rights organizers in newly large organizations were able to tackle Federal policy issues. However, the movement had its weaknesses and declined in influence afterwards. Immigration reform was not achieved, the

country had an increase in anti-immigration efforts, and movement participation decreased (Nicholls et. al. 2020).

Despite these losses some scholars still note the successes that came out of the spring of 2006 in displaying the power of immigrant organizers. Wang and Winn (2011) argue that the spring of 2006 showed the political power immigrants can have and the movement's potential to influence the country. The networks that developed prior to the demonstrations strengthened even more and increased efforts to form alliances and increase civic participation among the immigrant community (Wang & Win 2011). The professionalization of the movement overall seemed to positively influence mobilization efforts for immigrant rights and show its potential in the future. However, while professional networks helped build power for the immigrant rights movement, it excludes some immigrant organizers because of the strategies they employ.

The conversations above offer formal organizations as the reason for the quick growth of the immigrant rights movement, but this does not account for informal methods of organizing that also contributed to its influence. Other scholars look at informal methods of organizing for the movement, mainly because of the ways citizenship status can impact the choices individuals have to participate in movements and other political processes. Professionalized organizations are able to participate in, and work to encourage, civic engagement on a formal level, like voting in elections. However, immigrants who are undocumented do not have the same options to engage formally in politics. Informal processes of immigrant incorporation, "the process through which immigrants become part of the American mainstream" in political ways involve forms of collective action (Okamoto & Ebert 2010, 529). As such, scholars highlight informal strategies of immigrant organizing to acknowledge other forms of civic participation.

Scholars argue that collective forms of participation are a way for undocumented immigrants to participate in American politics, like the spring of 2006. Okamoto and Ebert's (2010) study on immigrant protests reveals that in areas with more formal opportunities for immigrants to be involved, protest is used less as a strategy. Since the formal processes are more inclusive of immigrants, they do not need to utilize or rely on protests or demonstrations to participate in politics. In places with less opportunities of immigrant incorporation, protest occurred more often (Okamoto & Ebert 2010). Overall, studies on informal organizing in the immigrant rights movement focuses on mass demonstrations or protests. Typically, national organizations cannot use these same confrontational tactics as grassroots organizers, due to their elite funders and close ties with political officials so as not to damage any influence they gained (Nicholls et. al. 2020). Though professionalized and grassroots organizations can both tackle immigrant rights issues through different strategies, this also leads to conflicting goals within the movement.

Stratification of the movement between larger professional and smaller grassroots organizations stems from having different goals and priorities. Scholars share similar concern about the stratification of the movement as it grew, possibly harming its continued influence. The professional networks larger organizations developed which helped build the movement rapidly, also limited their capacity to establish certain priorities in order to cater to funders and politicians. Nicholls et. al. (2020) claim that this stratification in the infrastructure and leadership of the immigrant movement harmed their campaigns during the 2010s. For example, undocumented youth organizers, Dreamers, separated themselves from large organizations in 2010. Dreamers wanted to focus on legalizing Dreamers, which national leaders would not prioritize in the discussion for immigrant rights. The youth organizers blamed the "non-profit

industrial complex”, a term that explains the network of elite people in power with social justice organizations which dictate their structure. This prevents larger organizations from pushing for the radical change needed and demanded by smaller groups of immigrant rights organizers (Nicholls et. al. 2020, 722). National organizations cannot represent the entirety of the immigrant rights movement, as they neglect to listen to and amplify voices of grassroots organizers. While stratification within the movement because of differing strategies and priorities harms it, there are opportunities for immigrant organizers outside of the immigrant rights movement to be involved in social change.

Scholars look at the ways immigrant rights organizers do and should interact with other social movements to be more successful. A few scholars mention the increased opportunities and influence the immigrant rights movement has when connected to other social justice movements (Kocher 2017; Mora et. al. 2018). In order to develop the discussion of immigrant rights further, scholars argue that organizers need to form these alliances. Understanding immigrant rights organizing in relation to other human rights problems is essential to grasping the United States’ current socio-politics of urban spaces (Kocher 2017). Austin Kocher says that “immigrant rights mobilization does not occur in a vacuum, but constantly intersects in productive and conflicting ways with other social movements” (165). Kocher argues that successes of the immigrant rights movement can be linked to times when the intersectionality of social movements was addressed and utilized for their cause (169). Even though Kocher discusses allyship between movements, he also says there is not enough research on it. Mora et. al. (2018) also highlight that in the past, scholarship on social movements studied immigrant rights as a separate area of study from other social movements (2). However, other social movements can benefit from studying and collaborating with immigrant rights organizers. The likelihood of successful outcomes for the

immigrant rights movement also correlates with organizing as a part of a larger, multi-racial coalition between social movements (11). Though there may be tensions between movements, scholars recognize the benefits of working across movements, both for immigrant rights and other social movements.

In order to continue growing as a movement, immigrant organizers need to understand intersecting identities immigrants hold which connect to other social injustices. The immigrant community itself is filled with a diverse range of individuals with multi-issue lives based on their identity. It is important to acknowledge other issues that immigrants can experience in addition to xenophobia, like sexism, transphobia, and racism. Recognizing the vast experiences within the immigrant community can help the movement succeed in building a stronger organizing base internally and externally. Collective identities are strong predictors for immigrants' participation in the movement, as organizations focus on intersecting identities, like race or gender. Incorporating collective identities with organizing work for immigrant rights creates more positive participation and outcomes (Mora et. al. 2018). For example, women leaders within the immigrant rights movement develop the discussion of immigrant rights in relation to gender. The immigrant rights movement is distinct from others as it has many prominent women leaders at all levels of grassroots, mid-level, and formal organizing. While the immigrant rights movement is heavily based on a civil rights movement for undocumented immigrants and the labor movement, "women immigrant rights leaders strategically... incorporate gender-based or feminist claims into their political work" (Milkman & Terriquez 2012, 743). Addressing these other aspects of immigrant identities can draw in new strategies and ideas to the immigrant rights movement.

Scholars specifically look at immigrant women organizers and their contributions to movement building based on their gender identity. Immigrant women are unique in that their

lives are shaped by a transnational identity in addition to their race, ethnicity, and gender. Gloria Anzaldúa (1993) describes Mexican immigrants, once crossing the Mexico-United States border, as in a state of *nepantla*. She says that “*nepantla* is the Náhuatl word for an in-between state, that uncertain terrain one crosses when moving from one place to another, when changing from one class, race or gender position to another, when traveling from the present identity into a new identity (39). Maylei Blackwell (2010) builds on Anzaldúa’s work to talk about the ways globalization shapes immigrant women’s lives and their organizing strategies (16). She specifically looks at mestiza and indigenous organizers with Líderes Campesinas, a California organization to train migrant women farmworkers to advocate for their human rights and justice (18). Blackwell argues that the *nepantla* strategies they use require them to navigate multiple systems of power, multiple patriarchies, and build an intersectional understanding of transnational labor organizing (16-7). This intersectional way of understanding oppression was also used by Chicanas in the Chicano movement era, which also had strong ties to the labor movement. Dionne Espinoza, María Eugenia Cotera, and Maylei Blackwell (2018) highlight the ways Chicanas organized within the movement, that is not discussed as much in literature. They use the term *movidas* to describe “revolutionary maneuvers” and organizing tactics used by Chicanas that are not as visible in scholarship on social movements. Espinoza et. al. argue that by using *movidas*, Chicana organizers “named oppressions that had been ignored, subordinated, or not perceived, and they ultimately identified and challenged the marginalization of their communities by outlining the ways in which gender, race, class, and sexuality were mutually constituted” (3). The knowledge Chicana organizers bring to their work is drawn from multiple movements and spaces of resistance of which they are a part.

Reflecting on their multiple identities, immigrant and Latina women navigate public and private spaces to counter dominant patriarchal spaces and empower themselves. Since past scholarship neglects women organizers, scholars including Nancy Fraser, Espinoza, Cotera, and Blackwell bring light to the ways in which they have impacted social movements through the creation of new spaces. Nancy Fraser (1990) discusses the fact that there is no single public sphere, but that there are many competing counter publics (61). She defines subaltern counter publics as “parallel discursive arenas where members of subordinated social groups invent and circulate counterdiscourses, which in turn permit them to formulate oppositional interpretations of their identities, interests, and needs” (67). Espinoza et. al. (2018) look at counter publics as a tactical *movida* to show how women “shape multiple social movements from the margins”, focusing on migrant farmworkers (3). Though there are some known female leaders within movements, many women participate in ways not visible to the general public. These *movidas* are largely ignored in scholarship, despite their strong organizing influence. Espinoza et. al. showcase several spaces where women resist heteropatriarchal norms within movements and existing organizations. For example, hallway *movidas* describe spaces within institutions that exclude women, like the Catholic Church. Hallway *movidas* are when women participate in movement building through actions in-between established organization spaces where, for example, meetings take place. Espinoza et. al. also define home-making *movidas* which refer to the separate safe spaces women create to organize against sexist dynamics within organizations (Espinoza et. al. 2018, 14-6). Women constantly create these counter publics within movements to address their experiences as they live intersectional lives.

These hidden forms of organizing also involve movement between public and private spheres within well-known social movements. Blackwell (2010) acknowledges the ways

perceived separate public and private spaces interact with each other. Blackwell says that women organizers bring what they learn from organizing in the public sphere, into the private sphere, such as the home. A lot of scholarship on movements focuses on the visible aspects of organizing in public, like the spring of 2006, yet a lot happens in the private lives of women organizers. An important aspect of changemaking that women utilize within the public sphere is spreading knowledge to their own families at home to empower them (Blackwell 2010, 33). This is a form of organizing that many scholars leave out of scholarship surrounding immigrant organizing. When it comes to groups of organizers, like women immigrants, it is important to acknowledge the unique and nontraditional ways they organize in movements.

To address their exclusion from some immigrant rights organizations, organizers still create separate formal spaces to focus on identities that were neglected by broader movements. In some cases, women form new spaces outside of pre-existing organizations (Espinoza et. al. 2018, 14-6). Several scholars argue that immigrant focused organizations are important to empower immigrant communities (Jihye Chun et. al. 2013; Kathleen Coll 2010). Jennifer Jihye Chun, George Lipsitz, and Young Shin (2013) provide a case study of an organization for immigrant women called Asian Immigrant Women Advocates (AIWA) in Oakland and San Jose, California. This organization focuses on “creating spaces that allow women to renegotiate their relationships in multiple arenas [that] emphasizes the intersecting nature of their lives as women, workers, mothers, wives, and immigrants” (Jihye Chun et. al. 2013, 929). The authors present AIWA as an example of an organization that uses intersectionality as a tool to address multiple systems of power. Even though they are race-based, they bring in shared histories and experiences between different groups of people that they serve. They provide opportunities to Asian immigrants and Asian Americans to become leaders in social and economic justice

movements, despite barriers, exemplifying a space dedicated to the intersectional lives of immigrant women (Jihye Chun et. al. 2013). Formal spaces can be used to create unified communities while developing movement leaders who otherwise would not have a space to turn to. Kathleen Coll (2010) looks at the importance of organizations for women immigrants in feeling a sense of citizenship, not only defined by having legal papers. She focuses on *Mujeres Unidas y Activas*, created for Latina and other women immigrants in San Francisco. The creation of this space allowed immigrant women to find social and political belonging in society. Once joining the organization, they became more engaged with a supportive network of other activists, their local community, friends, and family. Coll argues that this process empowers participants to speak up about their stories of exclusion and discrimination (2010). Creating new formal spaces for immigrants with varying identities can strengthen an immigrant organizing base that is more conscious of social justice for all communities.

Acknowledging that immigrant populations are very diverse, scholarship looks at the challenges organizations face as they encourage immigrant women to become human rights and social justice advocates. Blackwell (2010) argues that there are difficulties in using organizing tactics that do not apply to all cultures. For example, differences in Indigenous immigrants call for more culturally and linguistically appropriate tactics (25). Hinda Seif (2008) focuses on agricultural areas with Indigenous farmworkers that also face these additional barriers to incorporation into grassroots organizations. Undocumented Mexican immigrant women also face more barriers to being included in politics, including not being able to vote and being less likely to organize through the workplace. Seif identifies organizations and unions as spaces where undocumented women can find places to go against their exclusion in society, based on ethnic networks (Seif 2008). While spaces are created to address unheard groups of women and

immigrants, they need to continue to think about the ways in which there is diversity among themselves.

The farmworker and immigrant organizers discussed by scholars in this body of literature are working against heteropatriarchal spaces that do not approach organizing in an intersectional way to consider different transnational, racial, or gender identities. Through newly utilized or created spaces, immigrant women can address a wider variety of problems in society. Espinoza et. al. (2018) argue that these new spaces allow them to talk about issues typically ignored by male leaders (17). For example, reproductive health issues are usually only brought up by non-male organizers. Charlene Galarneau (2013) exemplifies the connection between reproductive justice and migrant farmworker organizers, as discussed by Blackwell (2010). Galarneau says that “though not always named as such, some farmworker women are doing reproductive justice work” (151). Galarneau argues that migrant farmworker women organize with a systemic understanding of their oppressions, much like the reproductive justice framework. Her argument highlights the ways in which reproductive justice organizing has influenced social movements, even if it is not considered as such (Galarneau 2013).

This body of literature focusing on immigrant organizing points to the importance of approaching human rights and social justice issues in relation to the many identities immigrants hold. Their immigration status, race, class, and gender all influence the strategies they deploy and their perspectives on intersecting issues between social movements. However, these scholars also express the need for more research in the future on the intersections between immigrant organizing and other social movements.

Organizing for Latinx Immigrants' Reproductive Justice

While there are common themes in discussions on reproductive justice, health disparities for immigrants created by policies, and immigrant organizing, there are still gaps in the literature which fail to connect these three bodies. The conversations taking place attempt to display the ways the United States fails to serve immigrant populations. It is established that inequalities in health exist in the United States for immigrants, more for some than others. Reproductive health, however, is not the primary focus of studies on the disparities between the health of different groups of immigrants, based on race, ethnicity, or citizenship status. Reproductive health, particularly for non-cisgender males, has been a neglected area and even more so for Latinxs immigrants. The reproductive justice movement acknowledges this by focusing on reproductive healthcare specifically and applying their framework to different underserved groups of people. While reproductive justice scholars and activists introduce ways that the framework can be applied to immigrants' lives, the literature does not fully study Latinx immigrant organizing within reproductive justice spaces. At the same time, literature about immigrant organizing does not, for the most part, note the reproductive justice movement as a critical connection. Some scholars do suggest the importance of connecting immigrant rights or reproductive justice issues to other social justice and human rights topics in the future, enabling them to engage with other social movements. However, there is still little research focusing on organizing for these issues together, which is fundamental to solving disparities in health. As organizers aim to impact policies to decrease reproductive injustices for Latinx immigrants, scholars have not focused on how organizers work towards this goal. To address the gaps in the literature, I ask the question: how do community organizers in California use immigrant rights and reproductive justice to challenge and/or disrupt mainstream movements for reproductive freedom?

Methods

To move from the existing scholarship to furthering an understanding of community organizing for Latinx immigrant's reproductive justice, I engaged with organizations and their leaders in California. To do this, I used the methods of semi-structured interviews and ethnography of reproductive rights, health, and justice organizations. Using these methods together allowed me to both hear the perspectives of individuals working in the movement and experience the work of the organizations do for myself.

My research primarily relied on semi-structured interviews. Since my research question asks about the work community organizers do to challenge mainstream conversations regarding reproductive issues, I sought to hear from them directly. Hearing from organizers themselves about their experiences in the field allowed me to answer my question. As leaders within reproductive rights and justice organizations, they were able to answer questions about the priorities and strategies employed by their organization. In answering my questions, they also showcased the ways their work is informed by their personal experiences and understanding of intersecting issues of immigrant rights. Formatting interviews as semi-structured, rather than structured, provided guidance for the conversation to be geared specifically towards topics of immigrant communities and organizing. Yet, so as not to confine the responses I received throughout interviews, semi-structured interviews left room for the interviewees to introduce their own narratives and understandings (Galletta & Cross 2013, 24). This was important for my research question because it allowed interviewees to introduce new ideas which I had not yet considered. While the questions were loosely structured to allow for this freedom, my questions still guided interviewees towards thinking about theory. Semi-structured interviews allowed me

to both bring “attention to lived experience while also addressing theoretically driven variables of interest” (24). Semi-structured interviews were the best methods to answer my research question since it allowed for a more personal recollection from participants connected to theoretical topics.

The interviews consisted of eleven prepared questions, with additional follow-ups depending on the participants’ responses. The first questions were meant to get a better understanding of the organization the interviewee is involved with and the issues they focus on. The questions then moved to discussing the communities served by the organizations, including immigrant communities. For example, I started broadly by asking what the organizations’ target audiences were. I then asked, “How specifically do you engage with immigrant communities and their concerns for reproductive justice?” As the conversation surrounding immigrant communities developed, I asked questions about tensions and connections between reproductive justice and immigrant rights movements. Here, I asked participants, “What is the value in bringing immigrant rights to reproductive justice discussions?” Lastly, I asked participants what reproductive justice means to them, and how it disrupts mainstream conversations given what they previously said about the relationship between reproductive justice and immigrant communities.¹⁴ The series of questions I asked aimed to understand the organizations’ work, their incorporation of immigrant rights issues, and participants’ opinions about organizing surrounding these topics. As the interviews were semi-structured, the order of questions varied depending on the participants’ answers. In some cases, participants answered future questions in response to those earlier on in the interview.

¹⁴ See Appendix A for full interview protocol.

As I chose participants to interview, it was important to create a selection process that would gather the most beneficial data for my research. I started by reaching out to two organizations, CLRJ and ACCESS RJ. These organizations already had various degrees of attention on Latinx and immigrant community's needs for reproductive justice based on my prior research. CLRJ became a primary interest since they specifically work with Latinx populations, largely consisting of immigrants. ACCESS RJ, a Black led organization, also had more information regarding their abortion fund, Healthline services, and advocacy work for Spanish speaking individuals and immigrants. Starting with CLRJ and ACCESS RJ was important for my research question because I needed the perspectives of organizers who were more involved with Latinx immigrant communities.

Only reaching out to these two organizations proved challenging as I received few responses to my interview inquiries. I then had to expand my pool of potential participants by looking at other organizations within the California Coalition for Reproductive Freedom (CCRF) and other immigrant rights advocates. I particularly reached out to leaders that personally identified as Latinx and/or had a relationship with immigrant communities. As I looked through organization websites, staff and board member biographies detailed individual's relationships to these communities and topics. Based on biographies and other online profiles of individuals, those I selected were more vocal about their passions for addressing reproductive justice for immigrant and Latinx communities. Because of the nature of these organizations, particularly CLRJ, many staff members did have experiences with immigration topics. Once I established who to contact, I emailed or messaged potential participants on LinkedIn. Prior to conducting the interviews, I required interviewees to sign a consent form detailing their rights throughout the interview process, their anonymity, and contact information if they had any further questions.

Due to the general anti-abortion sentiment and risks that come with being a pro-abortion advocate publicly, I decided to only include high-level summaries and anonymous quotations in this Capstone.¹⁵ Between February and March of 2022, I interviewed nine individuals and incorporated a tenth interview transcribed on CLRJ's website. Therefore, most of the data collected through semi-structure interviews reflect the political climate and current events surrounding reproductive justice within this time frame.

Using ethnography in tandem with semi-structured interviews helped me go beyond only hearing leaders' individual perspectives. Ethnography is an observational method that is used to "document 'practices.' Those moments when belief and action come together" (Luker 2008, 158). I chose this method in addition to semi-structured interviews because it allowed me to see the activities of the organizations in action to the public and with community members. Throughout my research I listened to leaders of the organizations in a one-on-one setting for interviews. At the same time, I attended two virtual workshops and watched one livestream. Seeing the organizations' work firsthand helped me connect what interviewees spoke to the actions of the organization. It also showed how the organizations engage with community members they serve. The events I attended included (1) an Abortion Storytelling Workshop hosted by ACCESS RJ and We Testify, (2) a Rent Control Workshop for the City of Bell Gardens with CLRJ,¹⁶ and (3) a livestream hosted by Planned Parenthood Affiliates of California (PPAC) including speakers from CLRJ, ACCESS RJ, and We Testify.

While semi-structured interviews and ethnography helped me answer my research question, they still came with some limitations. Both interviews and ethnography were limited in that they collected qualitative rather than quantitative data. Qualitative data was important for my

¹⁵ See the Acknowledgements for a full list of participants who consented to their names being shared.

¹⁶ Due to scheduling conflicts, I had to leave this event before it ended and only attended the first hour.

research question because it considered organizers' lived experiences in their field of work and their perspectives. However, data collected through interviews and ethnography could be biased in several ways. Interviews may have drawn biased answers in favor of the organizations in discussion which would not give me a full picture of their potential deficiencies. The data I collected through interviews only showcased the perspectives of individuals with more stake in the organizations they are a part of. Interviewees held positions as board members, founding director, communications manager, executive steering committee member, and more. Given the short time frame of my research, I was not able to interview volunteers, or others not employed by the organizations they discussed, leaving out the perspectives of the communities the organizations are serving. The only space I was able to slightly observe communities' involvement was through the workshops I attended. Still, I only attended two workshops where community members participated, one of which had a very low attendance. The few events that occurred during my research timeframe, though helpful, also provided a limited view of the activities of the organizations. My own possible bias as a researcher and only attending three events limited the scope of my ethnographic analysis. These qualitative methods were based on my interpretation of the data I collected which left out the possibility of quantifiably measurable data. Despite these limitations, I was able to gather data that reflected perspectives from over ten organizations related to reproductive justice and/or immigrant rights.

History

The organizations I focused on throughout this Capstone were established after decades of organizing work in California for reproductive rights and justice. The historical context in which

these organizations do their work provides a timeline of initiatives and correlating organizations which were established dedicated to the issues at hand. The relevant part of this timeline begins in the 1970s anti-sterilization abuse organizing that lead to the creation of the National Latina Health Organization (NLHO) in the 1980s. The NLHO is the oldest organization in the nation dedicated to reproductive health for Latinas, making it an important step in movement building for Latinx reproductive health. During the 1990s, the NLHO continued their work in California but later moved to New York to become a more nationally focused organization. Meanwhile, other organizations established in California throughout the 1990s, including ACCESS RJ, California's first and only state-wide abortion fund. Organizations continued to proliferate, including CLRJ in the 2000s. The history of these organizations tells of the development of community organizing for Latinx immigrant reproductive rights and justice. The historical timeline finishes by displaying the growth of a network of reproductive health, rights, and justice organizations in California through coalition building.

Mobilizations against sterilization in the 1970s influenced the establishment of coalitions in California for reproductive issues. Though anti-sterilization abuse organizing was not the start of Latinx immigrant involvement in organizing for reproductive issues, it resulted in more organizations being established in the following decades. The organizing work for this issue stemmed from a network of pre-existing Chicana grassroots organizations advocating for childcare and healthcare. This network drove the fight against the sterilization abuse of women of color and immigrants. The legal battle of *Madrigal v. Quilligan* (1974), discussed at the beginning of this Capstone, drew attention to the problem when a group of Mexican women came forward claiming they were coercively sterilized by Los Angeles County Medical Center (Silliman et. al. 2004b, 234). They were supported by the Mexican American Legal Defense and

Education Fund (MALDEF) who created the Chicana Rights Project to focus on the legal defense of women. Though they lost the case, the organization continued to work against sterilization abuse in California. MALDEF centered advocacy for counseling and consent forms in Spanish for sterilization procedures (Silliman et. al. 2004b, 234). To do this, MALDEF communicated with the Committee to End Sterilization Abuse (CESA) in New York for advice, which “was the first prolonged national communication between Latinas concerned about reproductive and sexual rights” (234). With greater support locally and nationwide, MALDEF filed a petition to the State for better consent procedures for sterilizations, and held protests, educational speeches, and rallies dedicated to anti-sterilization abuse in California.

In the 1980s, Latina women saw the need for an organization dedicated to Latinas’ health to continue organizing against sterilization abuse, but also other health injustice Latinas experience. While MALDEF was a notable organization working for Mexican and other Latinx communities in California, they did not focus solely on health, or reproductive justice. Luz Alvarez Martínez, Paulita Ortiz, Alicia Bejarano, and Elizabeth Gastelumendi acted on this need and founded the National Latina Health Organization (NLHO). When Alvarez Martínez attended the National Black Women’s Health Project’s (NBWHP) first national conference in 1983, she started re-thinking Latinas’ place in organizing for women’s health issues (Silliman et. al. 2004c, 237). She learned about the centering of Black women in NBWHP’s work through strategies of empowerment with Self-Help. Self-Help is “a technique for transforming internationalized oppression into action for social change” by “women telling their stories and coming to realizations about their own lives” (248-9). Developing interest in this concept, Alvarez Martínez became involved with NBWHP’s chapter in Oakland, even though she is not African American. Her experience with the organization encouraged her to expand the application of Self-Help to

Latinas. To do so, she founded the NLHO, with Ortiz, Bejarano, and Gastelumendi. In 1987, they opened Spanish speaking offices in the Fruitvale neighborhood in Oakland (253). Starting off as a locally focused organization, the NLHO became known as the first organization working specifically on reproductive health for Latinas, along with other health topics. Though reproductive health was not the prime focus of the organization, they formed projects, workshops, college classes, and youth programming surrounding these issues. For example, they created Latinas for Reproductive Choice, a project to show that, despite the general assumption at the time, “Latinas *are* pro-choice” (257). The project voiced the need of Latinas and other women of color in discussions to define reproductive rights and make decisions in mainstream reproductive rights organizations. For example, they “strongly believed that Latinas needed to become more active in order to keep abortion legal” (258). Unfortunately, the organization struggled financially and had to end their Latinas for Reproductive Choice project. They continued collaborating with reproductive rights focused groups when possible and still worked on issues that impact Latina and immigrants’ reproductive justice.

The NLHO’s work continued into the 1990s despite financial trouble. Throughout the decade, immigration policy dominated discussions for the NLHO and other organizations in California. Policies that would result in harming immigrant communities were widespread, necessitating organizations to mobilize. For example, Proposition 187 attempted to end health, educational, and social services for undocumented immigrants (Silliman et. al. 2004c, 260). The NLHO was strongly against the proposition and created large opposition in the State. Even though many opposed the policy, it still passed, and Governor Pete Wilson went further by ending prenatal care for undocumented immigrants as well (260). Since the proposition and Governor Wilson’s executive order brought criticism over their unconstitutionality, they were

not enacted (261). After this battle, the NLHO continued programing based on funding from the State of California, which dictated their focus. One area was working to decrease teenage pregnancy through programing in Oakland schools. The NLHO covered topics ranging from STDs, substance abuse, racism, sexism, and spirituality. By covering a range of topics, they acknowledged the need to address high teenage pregnancy rates in a holistic manner (262). By 1999, the organization had extended its influence across the San Francisco Bay Area and went further to relocate headquarters to New York (265). Since then, they focused efforts on a more national scale, leaving California.

Reproductive justice organizations within California continued organizing on a local to statewide level for underserved communities from the 1990s through today. In 1993, clinic escorts founded ACCESS RJ in Oakland, to reduce the barriers young and low-income women face when getting abortions. Through direct service, community outreach, and policy advocacy work, their vision is to make reproductive justice a reality for all, regardless of race, sexuality, gender, immigration status, disability, age, and class (ACCESS Reproductive Justice 2022a). Their direct service consists of a Healthline to provide information, referrals, and practical support for abortions. To be more accessible to non-English speakers, the Healthline is available in both English and Spanish. The organization helps reduce barriers for their callers by organizing funding and transportation, childcare, lodging, or anything else they may need through the process in accessing abortion care (ACCESS Reproductive Justice 2022b). ACCESS RJ's work extends to advocating for primarily local and state policies encouraging reproductive justice. Although, their legislative arm is not big, so their advocacy work is limited in scope. More recently, they have been attempting to increase advocacy work through co-sponsoring California bills and a funding campaign directed at Los Angeles County (Anonymous. 2022.

Interview with Interviewee C by author. March 3; Lee & Antoinette 2022). One policy introduced in 2021, was the Abortion Accessibility Act (AAA). ACCESS RJ was one organization who spoke in favor of the AAA which would remove cost-sharing in state-licensed health plans and insurers for abortion care (ACCESS Reproductive Justice 2022c). ACCESS RJ often organizes alongside CLRJ for these policy initiatives, among many other California based organizations.

CLRJ's policy advocacy work for Latinxs in California began in the 2000s, following ACCESS RJ. CLRJ started as a part of the Project of Community Partners' Incubators Program in 2005, starting independent operations as a 501(c)3 non-profit in 2009. Currently, they are the only statewide organization focused on reproductive justice for Latinxs. CLRJ utilizes reproductive justice to address the intersections of issues for Latinx communities. In their work, they center Latinx voices through community education, policy advocacy, and community informed research (California Latinas for Reproductive Justice 2022a). As they empower Latinxs throughout the policy process and work on promoting policies, they have three primary goals. The first goal is to encourage more access for Latinxs to reproductive health care and increasing positive health outcomes, emphasizing underserved communities like low-income and undocumented immigrants. A pillar of this work aims to also encourage reproductive justice for Latinx youth, so they can have more prosperous futures. Lastly, they want to expand the reproductive justice framework to address Latinx communities and their needs. This involves encouraging Latinx participation within the movement and policy processes (California Latinas for Reproductive Justice 2022b). To work towards these goals, CLRJ engages at the policy level in California. For example, they sponsor bills that would address reproductive justice for Latinx communities. In 2019, they sponsored AB 1764, the Forced or Involuntary Sterilization

Compensation Program which would compensate those who were coercively sterilized under state-sponsored eugenics laws from 1909 to 1979 (California Latinas for Reproductive Justice 2022b). The bill passed, so CLRJ is now in the implementation phase helping to reach the individuals who can receive forced sterilization compensation (Anonymous. 2022. Interview with Interviewee B by author. March 2).

The establishment of reproductive justice organizations for underserved communities throughout the last few decades allowed for the growth of coalition building in California. Now, over 40 organizations take part in city or statewide coalitions, including the California Coalition for Reproductive Freedom (CCRF). The CCRF informally began over 30 years ago with the goal to support member organizations on reproductive rights, health, and justice policy issues. As a coalition, they do not take policy positions themselves but provide the spaces and support for organizations to coordinate and build relationships to enhance their influence. In the past, policy initiatives have ranged from the legislative, budgetary, regulatory, administrative, judicial, and ballot levels (California Coalition for Reproductive Freedom 2022). Many of the organizations involved in coalitions continue to form other groups for specific reproductive justice initiatives.

In 2021, many of the organizations within the CCRF formed the California Future of Abortions Council (CA FAB), at the request of Governor Gavin Newsom, to address abortion access in California. It became apparent that California needed to address access to abortion since many other states enacted laws restricting abortion. The common expectation from organizers I interviewed is that *Roe v. Wade* will be overturned because of the advancement of abortion restrictions throughout the country. Now, in addition to serving California residents, the State needed to also address access for more people outside of the State who will be seeking abortion care unavailable in their home states. With concern over California's abortion access,

over 40 organizations joined together to form the CA FAB in order to propose policies to enhance abortion and reproductive health care services in the State. In December 2021, they compiled a final report of 45 policy recommendations to the State of California. The policies detailed the many considerations the State must take if they are truly dedicated to their status as a “reproductive freedom” state (California Future of Abortions Council 2021). The first recommendation given is “the state must increase investment in abortion funds, direct practical support, and infrastructure to support patients seeking abortion care” (5). There are still financial, procedural, and practical support barriers in California that particularly immigrants, foster youth, people with disabilities, young people, and unhoused people face. The support given by organizations like ACCESS RJ are very limited already and will not meet the demand as more out of state patients come to California for abortions (5). With organizations representing many different identities and pillars of reproductive justice issues, the report attempts to highlight barriers certain underserved groups face to accessing abortion care (California Future of Abortions Council 2021).

Organizations across the state are tackling many issues related to reproductive rights and justice as a part of a large network to expand their influence. Each member organization brings their own perspectives to the table in statewide discussions for reproductive justice. ACCESS RJ and CLRJ are two key organizations who represent underserved communities within coalitions. In the context of the history of Latina and immigrant organizing, these organizations provide a background to analyze the data I collected. Those that I interviewed and the events I attended represented not just a single organization, but multiple parts of a collaborative effort to further reproductive justice.

Data Analysis

As I analyze the data, knowing this history of reproductive rights and justice organizations gives context for the ways Latinx immigrants are brought into the movement. Throughout my research, I wanted to look at how immigrant communities are engaged in reproductive movements and develop a new conversation about reproductive rights and justice. To do this, I ask: how do community organizers in California use immigrant rights and reproductive justice to challenge and/or disrupt mainstream movements for reproductive freedom?

In this section, I argue that Latinx immigrant organizers, and their allies, use storytelling to try to disrupt mainstream discussions about reproductive freedom. Stories showcase the movements' neglect of Latinx immigrants and reveal the work organizers still need to do to address their reproductive injustice. While underserved communities can use storytelling as an empowering political tool, coalition networks limit their power by homogenizing them. I apply Erin M. Adam's understanding of the paradoxes of intersectional coalition building to show the ways Latinx immigrant stories continue to be left at the margins of the reproductive freedom movement. Historical power dynamics of reproductive movements continue to affect which stories are brought to the forefront. I bring Jodi Dean's work on the solidarity of strangers in discussion with Adam, to show the conditions racial and economic power imbalances create which continue to repress marginalized stories. These conditions in which stories are told, lessen the impact of marginalized stories. As I review the ways coalition spaces are still constructed to maintain a power imbalance, it leads me to a set of recommendations to navigate the long-lasting power dynamics of reproductive movements.

The Power of Storytelling

Storytelling is used as one of the main methods of bringing Latinx immigrant rights into discussions of reproductive justice to challenge and disrupt mainstream narratives in reproductive movements. Community organizers say that storytelling is a powerful tool, at the individual and societal level, to create positive change in California. Telling personal stories to others empowers individuals to speak and act on the reproductive injustices they experience as Latinx immigrants. With the empowerment of individuals to tell their stories, they raise awareness to the many issues surrounding reproductive justice from their experiences. Storytelling helps destigmatize talking about reproductive health topics since they are widely shamed in society. Through the process of destigmatizing conversations, stories also challenge the dominant movement narratives that excluded Latinx immigrants in the past and sometimes present. As community organizers conduct workshops on storytelling and urge underserved communities to speak out, organizers hope to influence reproductive health policy to consider the additional barriers Latinx immigrants face.

Reproductive rights and justice organizations call on individuals to tell their personal experiences by conducting workshops centered on storytelling to help empower communities. Empowering communities through storytelling resists internal and external forces that have silenced them. Stories focus on a large range of reproductive experiences including seeking an abortion, being a sexual assault survivor, having a miscarriage, or being forcefully sterilized. Encouraging Latinx immigrants to share their stories while developing an understanding of reproductive justice encourages underserved communities to become more involved in social justice initiatives that impact their personal lives. Organizations, like We Testify, CLRJ, and others, work to bring storytelling as a political tool to underserved communities so they can use

their voice as power. Interviewee G discussed the role CLRJ plays to empower communities. CLRJ figures “out how to best listen to what it is that they’re saying that they need, and then how to...build on the skills that they already have in order to keep amplifying like their voices. And not just us, but then being able to amplify their own voices as well” (Interview G). CLRJ gives agency to communities by letting them guide the organization’s agenda. Organizations’ roles are to prepare communities and develop their tools to become politically active voices against their injustice. As organizations recruit storytellers, they teach people effective ways to tell their stories so they can influence policy changes. To understand this work, I attended an abortion storytelling workshop hosted by ACCESS RJ and We Testify, an organization dedicated to abortion storytelling. They stated that the importance of abortion storytelling is to create a human connection to abortion discussions, highlight the impacts of criminalizing abortion, and fight stigma surrounding abortion. The presenters then discussed how to formulate your own abortion story through a public narrative frame. Last, they gave attendees time to practice creating their own abortion stories based on their teachings (Lee & Antoinette 2022). This workshop attempted to show the power of storytelling to attendees, while giving them options to continue being involved in ACCESS RJ and We Testify’s storytelling campaigns.

As organizations show communities how they can formulate their personal narrative, they help develop an understanding of reproductive justice. Reproductive justice scholars and activists, including those I interviewed, understand reproductive justice as an intersectional framework that reveals the systemic reproductive oppression of communities. As organizations host workshops dedicated to storytelling, they help communities develop a personal narrative that reveals the ways they are systemically impacted by institutions. In an interview archived on

CLRJ's Speaking Stories webpage between Rocío García and Gabriela (Gabby) Valle,¹⁷ García emphasized the importance of creating spaces for communities to center their own experiences as they learn about reproductive justice. Since academia focused on reproductive justice is inaccessible for many communities, organizations like CLRJ can create organizing spaces outside of academic settings to “inspire other folks to become activists around this” (García 2015). Interviewee C spoke from her own experiences before and after she learned what reproductive justice was, and how it illuminated her view of her own reproductive oppression.

She said:

When we are the victims of..., oppression, we don't know that.... We don't know what's beyond the wall. Because there's a barrier, we don't know how to get over it. And it takes..., you read a book, you attend something, you have a conversation and all of a sudden you could see over the wall, and you see all these oppressions that have happened to you.

She continued, saying that at first, she did not see her barriers to achieving reproductive justice as barriers, because she assumed everyone had the same experiences (Interview C). The metaphorical wall Interviewee C discussed prevent people from telling their stories. Through the process of listening to communities' stories, organizers help them identify and understand the root causes of why they have those experiences (Interview E). Interviewee G also acknowledges that communities “always understood the injustices, and they made the connections” but they did not have the information or tools to make their injustices known (Interview G). Organizations aim to reach these communities and help equip them with the tools they need to address their reproductive oppression. Beginning with storytelling, communities can learn how they can use their lived experiences to create positive change and use other political tools along the way.

¹⁷ To read their full interview or see other stories in the archive, visit <https://californialatinas.org/speaking-stories/interview-rocio-gabby/>

Storytelling attempts to disrupt dominant narratives about reproductive health, partly by destigmatizing reproductive health topics. As Latinx immigrant communities continue telling their stories openly, they begin to destigmatize important conversations within their own communities, and the general public. Dominant narratives, in the past and currently, create shame surrounding certain reproductive health decisions, including deciding whether to have and not have children. Removing shame empowers individuals by allowing them to claim their experiences as legitimate and positive. For example, interviewees who represented Latinx and/or immigrant communities, spoke of the prominence of young parents within their communities and the shame surrounding it. García said:

There are so many young families in the Central Valley and yet even when we talk to young mothers and young fathers out there, they've internalized this same idea of... shame. That even [organizations] that have the best intentions, like Planned Parenthood, they contribute to that. And they might not be intending that, and that's not to say that Planned Parenthood isn't important or that they're not doing amazing work, that they are, but the ideology is always centered on what progress means is prevention and I think it's really important to have that [reproductive justice] perspective to say that progress doesn't always just have to be prevention. That you are allowed to make any choice you are going to make [even] if that means that you want to have a family at a young age.... We should also be valuing young families and if we actually thought in terms of giving them the resources that any new parents would need in order to form their families that it wouldn't have to be something that's considered the end of the world and they shouldn't have to drop out of school... for having a family. (García 2015)

This shows that, even without intending to, the focus on pregnancy prevention as the correct option can stigmatize the idea of being a young family. Encouraging young families to share their stories about the struggles of raising children young can empower them to assert their own value in their decision making. Further, storytelling makes known the barriers young parents face to, for example, continue their education or access parenting resources. In this way, the framing of abortion topics can be problematic at times, even within reproductive movements, when

ignorant of the right *to have* children which is an essential right for the reproductive justice framework.

While storytelling has been used for many reproductive health topics, like teen pregnancy, it is currently centered on a call for abortion storytellers to empower people who have had or will have an abortion. Stigma surrounding abortion has been a recurrent issue but more recently heightened because of the increase in anti-abortion policies nationwide. The presenters at the abortion storytelling workshop said that all levels of stigma, including individual, community, institutional, law and policy, and media, are “at the heart of why many people are unable to access the abortion care they want or need” (Lee & Antoinette 2022). This explains the need for more storytellers to show abortions in a positive light and as a normal procedure.

Although abortion was legalized in 1973, abortion seekers still struggle with internalized shame and finding support within their community. Even in pro-abortion conversations, the way people talk about abortion can reinforce internalized shame creating another barrier to abortions. The dominant abortion narrative says that getting an abortion can feel lonely, isolating, and is not a choice anyone wants to make. Some pro-choice organizations emphasize that they want to make abortions safe, legal, and rare, which contributes to the idea that abortions are bad (Interview E).

This can create fear about getting an abortion or prevent people from seeking support throughout the process. Interviewee E said that to alter this idea:

Storytellers should have... the mic in their hand to tell their own story. And through that process you learn a lot of things. You learn that, that abortions are moments of joy, abortions are liberating, abortions can be funny, you know, abortion does not have to be this serious issue all the time, though it's very serious when we lose access to them.

Through the process of telling stories, the stigma surrounding abortion can be broken down by displaying the true range of abortion experiences people have. Storytelling, while empowering

the storyteller, can empower other abortion seekers to not feel shameful about their decision to get an abortion.

Empowering individuals through storytelling is especially important in Latinx immigrant communities where many reproductive health topics are stigmatized. Several interviewees spoke to difficulties in bringing a reproductive justice agenda to Latinx immigrant communities, because of their religious backgrounds that enforce internalized shame. Due to the diversity of Latinx immigrant communities, many immigrant rights groups organize around the commonality of religion or faith, and so they tend to be more conservative. This results in limited access to, for example, abortions in communities where it is a taboo topic. While living in a predominantly Latinx community in San Francisco, Interviewee F frequented a woman's building in the area that had programs for Latinxs but never saw any surrounding abortion. Interviewee F said that promoting abortion openly as a legitimate reproductive health option will help destigmatize abortion in Latinx communities (Anonymous. 2022. Interview with Interviewee F by author. March 11).

To combat these challenges within Latinx immigrant communities, reproductive justice organizers use storytelling to engage those with different views. Even though immigrant rights organizations may not bring in reproductive justice issues to their work, it is still important to acknowledge the ways these issues overlap. Immigrant rights and faith-based organizations may not discuss reproductive health topics, but "Catholics have abortions just as much as anyone else" (Interview E). Pro-abortion religious organizations exist, but it still is not the dominant narrative in the church. Interviewee E said that through sharing stories, organizers are "hoping to build that bridge" that connects reproductive justice to other issues that immigrant rights and faith-based organizations also deal with (Interview E). Interviewee I even said that there has

been progress when it comes to immigrant rights and faith-based organizations voicing support for reproductive justice organizations. She thinks “that it's also because after years of working together and continuing to talk to them about our work, they're finally...putting together...the intersection on why it's important to talk about both together” (Anonymous. 2022. Interview with Interviewee I by author. March 22). This speaks to the importance of stories within communities to showcase how immigrant rights and reproductive justice advocates can be allies. The more these conversations can happen on a personal level, the more open some will be to addressing reproductive justice issues in Latinx immigrant communities.

Even though the common idea is that Latinx immigrants' beliefs conflict with reproductive justice initiatives, they do support the movement. Interviewee B stated that even though topics like abortion are taboo, there is still support for rights to abortion in Latinx communities (Interview B). In reality, “there is a very, very rich spectrum of attitudes, feelings, perceptions, levels of support around” reproductive issues within Latina communities, despite the stereotype that Latinas do not talk about it (Interview G). Having these conversations about abortion will show that many Latinx immigrants do support and have abortions, regardless of the common narrative.

Still, reproductive justice organizations themselves need to acknowledge which communities they tend to work with, influencing the stories that continue to be left out of conversations. Valle and García brought attention to areas where reproductive justice discussions are very limited. They particularly noted the differences between places like Los Angeles and the Central Valley. Many reproductive justice organizations are based in larger cities, so Rocío highlighted the importance of listening to stories from other areas like the Central Valley, an “activist desert”. It is important to listen to stories from the Central Valley because, “a lot of

people don't think about [Latinas in the Central Valley] when they think about reproductive justice... We don't often hear about those stories tied to reproduction or tied to the well-being of entire communities" (García 2015). Bringing in more stories from "activists deserts" builds a greater understanding of additional barriers communities in other parts of California face.

The framing of stories can impact the ways being an immigrant is sometimes not accepted within reproductive movements. Interviewee E spoke about not just abortion stigma, but the stigma of being an immigrant. Thinking about the ways stories are told within reproductive movements, some organizations highlight storytellers with a "model identity" that tell stories that are easier to consume (Interview E). For example, undocumented immigrant storytellers are not thought to be representative of the "model identity". Abortion stories told by undocumented immigrants are not highlighted because they are not "model immigrants" according to society. The overlapping stigmatization of being an undocumented immigrant and seeking an abortion, creates a harder internalized struggle when it comes to these decisions (Interview E). Empowering immigrants to tell their stories can start the work of resisting the "model identity" and make known their experiences to discuss additional barriers some communities face.

By proliferating silenced stories surrounding stigmatized reproductive health and immigration topics, organizations hope storytellers can influence policies. Currently, abortion storytelling is the main focus for organizers, as California attempts to pass proactive legislation to expand access to affordable abortions. By impacting the broader public narratives about abortion, organizers' use of storytelling tries to also influence policy changes. Interviewee C said that finally sharing abortion stories with each other, especially as *Roe v. Wade* is falling, may help legislators understand the ways the stigmatization of abortion has influenced the denial of

the right to abortion across the country (Interview C). Abortion storytelling can do the work of revealing the need for abortions as a legitimate health option and dispelling misinformation about it. The abortion storytelling workshop I attended displayed an attempt at motivating attendees to use their voices to influence policy. They explained that stories give people power by creating a real human connection to policy discussions and showing the implications policy decisions have on peoples' lives (Lee & Antoinette 2022). Stories make policy decisions personal once policymakers face the true impact their decisions can have on certain communities. With current abortion storytelling campaigns, organizers hope that sharing real experiences surrounding getting an abortion will convince policymakers to expand abortion care.

Reproductive justice organizers actively recruit individuals to become storytellers and be more engaged in community organizing. ACCESS RJ, for example, starts by assisting underserved populations in finding and receiving abortion care. After addressing their needs, they invite them to become more involved with the organization by volunteering, partaking in focus groups, working for them, or becoming a board member. ACCESS RJ targets the communities that need and use their services the most to ensure that Latinx immigrants become a part of the conversation to make their concerns heard (Anonymous. 2022. Interview with Interviewee A by author. February 24). ACCESS RJ and We Testify also shared ways the abortion storytelling workshop attendees could engage with local officials to influence decisions surrounding funding for abortion care. ACCESS RJ has a #FundAbortionLA campaign, asking the Los Angeles County Board of Supervisors to allocate \$200,000 to ACCESS RJ's abortion fund to help people get abortion care. In order to urge county supervisors to do this, ACCESS RJ is calling on community members to tell their abortion stories at board meetings (Lee &

Antoinette 2022). By recruiting organizers from underserved communities, organizers try to ensure their voices are used to help determine policy changes.

It is essential for Latinx immigrants themselves to be at the table where decisions are made since it puts a human voice to the issues at hand. Listening to Latinx immigrant stories is important for policymakers who may not understand how certain policies can harm this population. Even if they intend to better reproductive health access, hearing Latinx immigrant experiences presents additional obstacles policymakers need to consider. Interviewee A gave an example of an instance when immigrant rights advocates did have an impact on a decision surrounding Family Pact, a state program that provides free contraceptive care and STI services to low-income people. A few years ago, they decided to add a question asking for a SSN, and if they did not have one, then why not. Simply adding this question would decrease undocumented immigrants' willingness to seek these services because they would be questioned about their legal status. Interviewee A said that "if it wasn't for heavy immigrants' rights advocates at that table at that time to flag it and catch it, who knows if anyone else would have caught that" (Interview A). In this instance, it was essential for immigrants to be involved in the policy process to speak up about issues non-immigrants do not experience, and therefore do not even think about. Continuously sharing scenarios at policy briefings with legislators can also teach policymakers overtime to already think about the various impacts policies may have on immigrant communities (Interview I). The more times Latinx immigrants tell their stories, the more ingrained these experiences can become in policymakers' thought processes. This shows the potential policymakers have to better health policies for immigrants if they listen to Latinx immigrants' perspectives on these issues.

As organizations encourage communities to become storytellers, they create a new organizing agenda influenced by Latinx immigrant experiences. If listened to, stories can be used to transform the goals of organizations to be more encompassing of underserved communities' needs. For example, CLRJ is attempting to improve the ways they can be more informed by local communities, especially as a statewide organization typically focused on statewide initiatives. In the City of Bell Gardens, where they were already active for over seven years, CLRJ noted they needed to do more to help community members "see themselves as agents of change in their own life in their own community" (Interview B). CLRJ advocates were on the ground, knocking on doors, to ask individuals what problems they saw as most important in their community of Bell Gardens. Based on their stories of housing struggles, CLRJ created a rent control campaign from a reproductive justice lens. Focusing on the framework's tenant of the right to raise children in a safe and healthy environment, for example, affording quality housing is an essential aspect to a child's living circumstances and wellbeing. After CLRJ introduced ways Bell Gardens could improve housing rights, the campaign is now led by a group of community members themselves who are mostly immigrants (Interview B). Throughout this project, "pretty much every step of the way of this campaign, [CLRJ has] taken [the community's] lead" (Interview G). Rather than pushing their own agenda onto the community, CLRJ listened to the community for what they saw needed to be changed. Empowering Latinx immigrants to share their experiences dictated the agenda of the campaign. Once the priorities were set, they developed community members' capacity to organize with minimal assistance from CLRJ. Even though CLRJ prioritizes Latinx communities, other organizations continue to set aside issues CLRJ's community's face.

Stories show the additional barriers immigrants confront which can conflict with mainstream concerns for reproductive freedom. Interviewees spoke to the previous priorities of

reproductive and other feminist movements, which excluded Latinx immigrants. For interviewee B, dominant reproductive rights and health discussions pushed aside many issues deemed unimportant. These were the issues that impacted women of color and motivated Black women to create the reproductive justice framework in the first place (Interview B). For example, Interviewee I explained:

Yes, abortion rights are important. But, you know, my community can't focus solely on abortion rights, because there's... an immigration military force or whatever that is actively looking for them. And so that's gonna, at times, take precedence over their concern about whether or not they can get an abortion or access contraception or whatever it is.

Despite the importance of abortion rights, some need to focus on topics that are more urgent for their communities. Non-immigrant organizers will not understand being undocumented, which affects what is left out of the broader movement for reproductive freedom. As she navigates white spaces, Interviewee C even sees white women putting themselves first and attempting to compare their own lives to immigrants' vastly different experiences. Yet, personal stories are necessary to see how reproductive justice reflects on peoples' experiences in different ways (Interview C). Highlighting these reproductive justice stories:

Continues to push the conversation about how we're not trying to break glass ceilings within a system that is ultimately oppressive for the majority of us, that ultimately exploits our labor, that exploits our reproduction, that exploits our communities... And the people who are experiencing... some of the worst of reproductive injustice is our poor working class [and] undocumented. (Interview B)

Mainstream rights-based discussions ignored the systemic barriers perpetuating reproductive injustice for marginalized communities. Telling stories of these communities can expose the levels of oppression they experience that will not be solved by simply breaking the glass ceiling. These issues can be brought to the attention of the movement's main agenda to make those necessary connections between reproductive justice and immigrant rights.

Challenging mainstream narratives with storytelling calls on Latinx immigrants to take the lead on organizations' campaigns. Latinx immigrants are the only ones who know what they have experienced, so they should be the ones to tell their own story. Organizers center BIPOC and immigrants to uplift “the voice of so many that have stories told for us instead of our stories being told” by us (Interview C). Reproductive rights and justice organizations pushing storytelling as a mobilization strategy want to finally give the spotlight to marginalized communities. By letting Latinx immigrants speak for themselves, organizers disrupt mainstream movements for reproductive freedom that silenced them.

To amplify those stories that are most important for some organizations and policymakers to hear, organizations unify under a collective identity based on support of reproductive rights and justice. Coalition building works to strengthen as a movement, through a supportive network of organizations working towards similar causes. Each organization engages with specific communities to emphasize their unique reproductive justice experiences and come together as a coalition to address the intersectionality of the movement. Larger member organizations, through supporting smaller organizations and the communities they serve, attempt to include more voices and perspectives in reproductive movements. By including marginalized stories, coalitions attempt to disrupt past conversations that had been ignored.

The Limits of Storytelling

While empowering for the individual storyteller, the inclusion of marginalized stories alone is not disruptive enough to dictate policy changes. Storytelling is limited based on power imbalances both within and outside of coalition spaces, and the ways those in power utilize stories. Storytelling aiming to highlight voices that are not listened to, gets overshadowed by

power dynamics determined by long-lasting leadership in women's movements and resource distribution among reproductive organizations.

In thinking about coalitions' work to amplify stories, I apply the work of Erin M. Adam on the paradox she sees at the center of coalition formation. She says, while coalitions can create:

Lasting unity across organizations that represent people who hold seemingly disparate identities..., these newly formed coalitions often reinforce existing hierarchical exclusions through the continued marginalization of those issues that uproot conventional power dynamics the most. (2017, 134)

Coalitions may form a collective identity, but it “can both constrain and enable intersectional advocacy” (134). In the case of reproductive rights and justice organizations, the stories amplified in coalitions still reflect a hierarchy favoring certain narratives. The solidarity formed through coalitions and their support of storytelling is challenging because, as Jodi Dean discusses, “solidarity operates with a notion of membership that is both exclusionary and repressive” (Dean 1996b, 15). Dean says that “when the speaking subject cannot speak, cannot be heard as a speaker, it is because of the contradictions between the conditions that make speech possible and those that make speech necessary” (1996c, 69). In coalition spaces, storytellers need to navigate these contradictions based on racial and economic power imbalances. The conditions created by coalition hierarchies undermine the power of stories. Throughout interviewing and attending virtual events, I heard and observed the limits of storytelling from reproductive rights and justice organizers, even with intersectional coalition building.

Intersectional coalitions are beneficial as organizations attempt to address multitude of issues connected to reproductive rights and justice. Intersectional coalitions are understood as an alliance of multiple groups with different identities, who unite based on their likeminded campaigns for civil rights (Adam 2017, 133-4). The reproductive justice framework itself, bringing together human rights and social justice, also involves an intersectional understanding

of reproductive oppression. An individual's experience of reproductive injustice is dependent on their interconnected identities and their relationship to interacting systems of inequality. Using this framework, interviewees discussed the overlapping issues communities face, displayed by stories interviewees heard from community members. For one organization, it can be difficult to represent the entirety of reproductive justice, so they need to focus on certain issues. Interviewee C expressed how overwhelming it can be as an organizer in the reproductive justice movement.

She said:

There's a saying where you lose sight of the forest through the trees, because... your view's narrow, but I think in...reproductive health, and... access and abortion funds, sometimes I see it as like the Amazon. And I'm...looking at the Amazon and all these places we could go and...we have to focus some of our energies and different priorities.

As organizations prioritize certain issues, Interviewee A emphasized that reproductive justice requires organizers to base efforts on equity values, "to help remove the barriers that specific communities are still facing... particularly Latino communities" (Interview A). As individual organizations focus on specific issues, interviewees emphasized the importance of paying attention to underserved communities. Using an equity lens, some organizations dedicate themselves to communities who were ignored by mainstream movements for reproductive rights and health. Within coalitions, these organizations represent the voices that work to disrupt mainstream narratives perpetuated by others within the coalition.

Intra-movement coalitions form to serve a more intersectional group that acknowledges marginalized communities (Adams 2017, 137). Many I interviewed highlighted the coalition work their organization does and the benefits of collaborating with other organizations to serve many communities across California. The CCRF and the CA FAB were two coalitions that interviewees constantly brought up. Interviewee C noted, "that's where California is really great with all their coalitions." Each organization is conscious of what they do not know and works

with others to fill these gaps to reach underserved communities (Interview C). Organizers at CLRJ know that their focus on Latinx communities, which includes many immigrants, is what they bring to the coalition table. They acknowledge that they do not focus only on immigrant communities, so they ensure that they support organizations working directly with immigrants in the coalitions they are a part of (Interview G). ACCESS RJ also asks that other organizations spread information about their abortion fund and Healthline, in order to reach more people in need of those services, including ACCESS RJ's Spanish Healthline for Spanish-speaking communities (Interview C). Since ACCESS RJ is not solely focused on immigrant communities, they acknowledge the importance of spreading information about their resources to other organizations who do work more directly with immigrants, like CLRJ. Interviewee H says that the CCRF is "the container for all the organizations that are working, and the facilitator for relationship building...and trust building for organizations to really have a space to think through ideas and solutions with...other leaders... that may not... have the same resources" (Anonymous. 2022. Interview with Interviewee H by author. March 28). The relationships formed in this way, to a certain extent, aim to support those with more limited resources who also serve marginalized communities.

Utilizing coalition networks is essential for organizations working with specific communities, because of their limitations to amplify the diversity of marginalized stories. Those I interviewed from CLRJ spoke about how the category of Latinxs can be constraining and ambiguous. They see the importance of "addressing the fact that Latina is not like a monolithic category" (Interview B). Interviewee F spoke about identifying as Mexican in the United States, where as soon as crossing the border, everyone from Latin America becomes clumped under the Latina category (Interview F). Latinx identity becomes even more compounded when

considering Indigenous communities. Many indigenous immigrants from Latin America do not identify as Latinx, but as Indigenous. Interviewee G acknowledges that CLRJ focusing on Latinx communities may exclude Indigenous people from Latin America who have their own unique barriers to reproductive justice. Without staff representing indigenous communities, CLRJ works with coalitions “to make sure that when [they’re] talking about these different issues, that [they’re] bringing that issue to the table as well” (Interview G). As organizations collect stories, they try to see where they are still excluding certain people within underserved communities by working with other coalition members. Coalition work helps to identify these differences in experiences of underserved communities within larger identifying categories. Organizations actively try to disrupt narratives coming from their own organization, by seeking out additional stories they might be neglecting.

Knowing what each organization brings to the table and supporting each other within coalitions is important to ensure that the coalition is telling the stories of specific marginalized communities. To make sure sidelined communities are finally heard, it is even more crucial for larger organizations with more resources to extend support to member organizations representative of these communities. Interviewee G says at times it is more difficult for CLRJ as a smaller organization to carry on certain projects. The organization relies on others with greater capacity to oversee these projects, while CLRJ informs them. Interviewee G also sees bigger organizations referring funders, reporters, etc., to CLRJ with the knowledge that they have more expertise on issues pertaining to Latinx communities (Interview G). For example, one interviewee’s organization supports research projects for other coalition members with limited resources. She works with the principle that organizations “closest to the problems have the solutions, [and] are also close to the solutions to solve them.” To disrupt mainstream narratives,

coalition members with more resources and power seem to uplift others without these means. Coalition networks create more potential for intra-organizational support to highlight underfunded organizations serving marginalized communities. Yet, coalitions are still filled with tensions based on the historical hierarchies between member organizations and their communities.

Even though some organizations are uplifting stories about the experiences of underserved communities, others still maintain the same narratives that exclude Latinx immigrants. Even when coalitions use an intersectional lens, long lasting hierarchies persist that dictate the dominant narrative within the movement. Adam says that forming a collective identity reinforces “existing hierarchical exclusions through the continued marginalization of those issues that uproot conventional power dynamics the most” (2017, 134). Member organizations are unequally situated as they join coalitions, so the mainstream agenda continues to be centered (135-6). The CCRF and other coalitions in California have included groups pushed to the margins of mainstream reproductive movements. Through highlighting storytelling, organizations attempt to finally center marginalized stories. However, interviews and the events I attended showed that there are still uneven power dynamics influencing the stories that are pushed front and center. Larger member organizations who have always been the voice of reproductive movements are still those with the most resources and power. They are the ones who dictate the conditions in which stories are told and how they are used, influencing the extent to which they are heard. Even though Latinx immigrants have a place in the movement and seem to be supported by the coalition, their communities are still not fully represented.

Hierarchies dictating representation within coalitions is largely dependent on unequal resource distribution. Even as a part of a coalition, “organizations that represent intersectional

members or members with comparatively less privilege are placed at the under-resourced margins of progressive social movements” (Adam 2017, 143). Throughout interviews, participants named Planned Parenthood or spoke of national, well-known organizations generally that receive more funding. In some ways these organizations have worked collaboratively, but interviewees spoke about the unequal foundations their smaller organizations have in comparison to large organizations in coalitions. While the organizations I focused on prioritize issues pertaining to underserved communities, unequal resource distribution creates challenges to truly addressing communities at the margins of reproductive movements. Lack of resources, including personnel and funding, limits their ability to directly address Latinx immigrant communities within widely discussed topics, like abortion access.

The differences in resources acquired by various organizations impacts the influence they have to raise unheard narratives. Organizations that are more well-known have more resources to dictate these narratives and priorities. Meanwhile, the organizations who focus on underserved communities, have less political and social influence dictated by their lower funding pools. Interviewee A discusses that, in the past, Planned Parenthood was an organization that led on many campaigns as “the better funded organization” (Interview A). Better funded organizations tended to be led by mainly white women and excluded Latinx immigrant communities, a trend that continues today. Organizations established with a reproductive justice lens aim to fill in the gaps that larger organizations left in the past (Interview A). Still, in competition for funding with larger organizations, like Planned Parenthood, smaller organizations have very limited personnel and resources making it more difficult to address underserved community’s needs.

Limited funding also lessens some organizations' capacity to engage with policymakers through storytelling. The organizations that work to center specific communities' stories are the ones who are not receiving enough funding to use those stories to impact policies. ACCESS RJ for example, has been able to step more into the policy side of reproductive justice advocacy more recently by co-sponsoring bills and engaging with the CA FAB. Still, they do not have enough personnel to have a large legislative arm of their organization (Interview C). As ACCESS RJ becomes more involved with storytelling campaigns and testifying to policymakers, the organization hosts workshops. Still, the abortion storytelling workshop I attended only included four participants, including two speakers and myself (Lee & Antoinette 2022). This workshop served as a precursor to an upcoming Los Angeles County board of supervisors meeting where ACCESS RJ and We Testify hoped many share their abortion stories. With limited attendees at workshops aiming to show the importance of storytelling, there will only be a small number of people from silenced communities willing to share their stories to policymakers.

The organizations who do receive more funding prioritize certain issues over others based on their funding stakeholders and connections to white power. Interviewee C said, "There is a lot of money in white feminism, and the proximity of power to white men is usually where 'it's okay if this doesn't pass, because I can still afford this'... and it's trying to get them out of that mind frame" (Interview C). Organizations that historically have been led by white women have an advantage of their closeness to funding pools from white communities. With mainly white monetary stakeholders, it influences the prioritized campaigns and policies for the organizations to cater towards white community's needs. Even though the CCRF itself is led by women of color, interviewees spoke about most organizations within the coalition being white led, with

only a handful of Black or Latinx executive directors. Black and Latinx led organizations are the ones left with the least resources in the coalition. For example, ACCESS RJ's abortion "funds run out every week, and so [they] have to prioritize [...] people in California having abortions in California, and then people coming to California and having their procedures. And so, [they] want to make sure that those people are being prioritized" (Interview C). Interviewee C's words show the difficulties in prioritizing some over others, especially as California expects increases in out of state abortion patients. Not having sufficient funding already makes it difficult to provide practical support to those who need it the most but may be more challenging in the future.

Organizers hope that storytelling can be a way to influence policy despite minimal resources, yet this requires stories to be heard. Interviewee C discussed ACCESS RJ's limited legislative work because they do not have enough resources. Because of this, she said they "can only do so much and it's going to be just amplifying people's stories" to destigmatize topics like abortion and reach legislators (Interview C). Interviewees were optimistic about the power stories can hold in the policy arena; however, they also spoke of the difficulties in ensuring stories are listened to. While sharing testimonies is "going to put the conversation over the table", Interviewee F shared her frustrations with telling stories to policymakers (Interview F). For Interviewee F, sharing stories to elected officials tries to gain an empathetic response from them. However, this typically is aimed at men in power who, she believes, should not be making decisions regarding abortion policies in the first place (Interview F). Storytellers are also not always seriously listened to when they are telling elected officials about their experiences face to face. Interviewee C said, "yeah, you testify, [but] I always feel they... tune you out. And especially if there's lots of people testifying" (Interview C). Interviewee C's experience shows

that even as stories are told, organizers cannot control if policymakers are truly hearing storytellers.

Community members who learn storytelling skills show frustrations when confronting policymakers about their experiences, because they do not seem to be listened to. When I attended a workshop hosted by CLRJ, Union de Vecinas de Bell Gardens, and city representatives, I viewed the dissatisfaction of the community with policymakers. The workshop informed the community on the status of rent control proposals and gave them a chance to voice their concerns regarding housing. Even through the empowerment of the community to propose rent control and tenant protections to the city, the members present voiced their discontent. One community member voiced their concern about the workshop panelists not living in their community or fully understanding their circumstances. To which city representatives and other panelists had no response (City of Bell Gardens 2022). The short responses of panelists to these concerns did not show the community an understanding of their lived experiences and urgency to act upon them. As organizations empower communities, like the City of Bell Gardens, to share their stories, members still may not be sincerely listened to by those who have the power to change policy.

Using storytelling as a primary strategy for increasing political voice is also constrained by difficult political processes for Latinx immigrants. The opportunities for community members to tell their story is not accessible, decreasing the power potential of the story. One individual at the rent control workshop spoke about their own experience and urgency of the need for the proposals to become law, especially because of the many families affected by raising rents and evictions. The panelists responded by saying the process to pass these laws takes long (City of Bell Gardens 2022). Lengthy processes to pass laws is discouraging, more so for Latinx

immigrants who face difficulties throughout the entirety of the process, limiting their involvement. Interviewee G, while optimistic about the status of the housing rights campaign, discussed language inaccessibility throughout the process. Most of the Bell Gardens community are Latinx immigrants, many of whom only speak Spanish. Throughout the process, Spanish materials and translations have not been adequately provided to the community. CLRJ has worked to ensure the city takes language barriers into account throughout the process, but there still has been a lot of oversight (Interview G). For example, translation options were available for virtual attendees at the rent control workshop, but they did not work properly (City of Bell Gardens 2022). Not providing adequate materials for Spanish-speakers shuts them out of the process entirely. On top of language barriers, others face difficulties participating because of meetings occurring during work hours or not being able to access virtual meetings throughout the COVID-19 pandemic (Interview G). With all the hurdles this Latinx immigrant community has faced, it has been even more difficult to engage with policymakers by telling their stories.

Even though organizers push storytelling as a primary strategy to engage with policymakers, interviewees target those who already show support for reproductive rights and justice. Interviewee E stressed that “at no point are we telling this story specifically to try to convince anyone to get on our side” (Interview E). Directing stories at those who are anti-abortion, or do not have similar views, is not where storytellers’ energy should go towards. Interviewee C and D echoed this idea, saying that organizers look for “champions” of reproductive freedom work in the legislature (Anonymous. 2022. Interview with Interviewee D by author. March 14). Stories will not change peoples’ minds about reproductive health issues, but they can help convince policymakers who are already leaning towards the same mindset (Interview C). When it comes to this audience, organizers believe that stories can be impactful.

With this view, however, stories are still limited in their capacity for disruption in policy discussions depending on which policymakers are listening.

Most organizers believe that one of the main goals of storytelling is to influence policy, yet some point out that telling stories is for the empowerment of the individual. Viewing storytelling primarily as a tool of empowerment for the individual, and by extension their community, shows the extent to which stories can impact systemic change for reproductive justice. Interviewee E emphasized that “first and foremost, we’re telling the story for the healing nature of telling that story, for the individual who’s had the abortion. We’re not in the business of trying to convince anyone to get on our side of trying to, you know, change opinions in the public” (Interview E). She continued, saying that sharing stories is also for other people who have had abortions, people who will one day have an abortion, and those who can support those who have had an abortion so they can see the extent of peoples’ experiences. Through prioritizing these groups, Interviewee E said it leads to the normalization of abortion conversations in the public. Interview E’s different perspective compared to other interviewees about prioritizing the empowerment of the storyteller shows certain tensions between organizations. While most organizations push the storytelling agenda, they do so in varying ways which can produce different outcomes. Should the story be meant to empower individuals, it can be the first step for underserved communities to find their voice. This does not fully disrupt mainstream discussions of the movement, but it may motivate them to organize and confront the system that dictated their injustices.

Whether stories are aiming to empower individuals or influence policy for systemic change, organizations in reproductive movements still rarely focus on Latinx immigrant communities because of limited resources. When it comes to specifically working with Latinx

immigrant communities, other than CLRJ, there has yet to be much focus dedicated to this population. Even CLRJ does not solely focus on immigrant populations. Looking into the future, interviewees hope to promote immigrant focused projects, yet it is difficult with limited resources. With their staff of four people, We Testify wants to try working with Spanish-speaking storytellers more often in the future (Interview E). While organizations need more resources to be able to amplify storytellers, they also hope storytelling can be used to attract funding. Smaller organizations also try to encourage larger organizations in the coalition to share some of their wealth to help target certain communities (Interview G). Presumably, large organizations in coalitions support smaller members to pull marginalized stories to the center when smaller organizations cannot do so. Larger organizations within intersectional coalitions aim to be inclusive of marginalized stories by inviting smaller organizations to participate in their projects.

Simply including under-resourced organizations within the larger agenda does not put marginalized stories at the center nor does it disrupt that agenda. Instead, it benefits larger organizations as they present themselves as diverse. Adam (2017) uses the term “gestural intersectionality” to refer to the tokenization of organizations representing underserved communities. Larger organizations in coalitions bring these voices in their work to show the use of intersectionality, yet the predominant agenda stays the same (147-8). When larger organizations do include storytellers from underserved communities, they are not always used in a way that is productive for solving their reproductive injustices. Talking about a majority of organizations’ leadership being white women, Interviewee E said they still need to be reminded to include alternate perspectives in their work. When large organizations host events for example, We Testify “are often kind of brought into the fold when there is a need for a Black or

Brown perspective. Someone realizes ..., ‘oh, this panel is all white women, call We Testify, and we can fill it’” (Interview E). In this example, it seems when larger organizations realize they are not showcasing an intersectional lens, they invite We Testify or other organizations to portray that image of inclusivity. When I watched a livestream hosted by Planned Parenthood Affiliates of California (PPAC), I observed the tokenization of We Testify, ACCESS RJ, and CLRJ. The livestream, titled “Say Abortion: Stories to End Stigma”, launched PPAC’s campaign focused on telling abortion stories openly to destigmatize abortion. This event included speakers like Governor Gavin Newsom and his partner, California Senator Toni Atkins, and representatives from other reproductive justice organizations in the CCRF and CA FAB (Planned Parenthood Affiliates of California 2022b). The event consisted of short panels with representatives from women of color led organizations to emphasize their place within the movement. The executive directors of CLRJ, ACCESS RJ, and We Testify acknowledged that the stories that must be centered include those of immigrants, transgender, queer, and others who face additional barriers to achieve reproductive justice (Planned Parenthood Affiliates of California 2022b). Including these organizations in the livestream exemplified gestural intersectionality to create an image of diversity in PPAC’s work, yet the livestream was not fully representative of underserved communities. The livestream ended with a call to action for people to engage in the movement by telling their stories through PPAC’s abortion story webpage, volunteering at PPAC, or registering to vote (Planned Parenthood Affiliates of California 2022b). Instead of directing viewers to women of color led organizations, PPAC focused on their own already well-funded organization. The use of gestural intersectionality rerouted resources from the less to a more resourcefully stable national organization (Adam 2017, 157-8). As larger organizations tokenize

marginalized stories without making them the primary focus, they fail to question reproductive injustice in California for populations like Latinx immigrants.

Larger member organizations perform “gestural intersectionality” to create an image of coalitional solidarity which maintains a dominant white narrative, even with storytelling platforms. Solidarity among members can be “both exclusionary and repressive” when certain stories continue to be silenced (Dean 1996, 15). While PPAC gave some airtime to smaller organizations on the livestream, they did not actually present a space for silenced stories to be told and heard by viewers. Storytelling was repeated as the way California became a reproductive freedom state, and the way to continue organizing for reproductive freedom nationwide. Governor Newsom recognized that California’s reproductive freedom wins were because of decades of organizing and through the power of telling stories. Like PPAC, We Testify and other organizations’ campaigns, Governor Newsom echoed how telling stories center lived experiences, dismantle barriers, and create change in laws (Planned Parenthood Affiliates of California 2022b). The importance of storytelling was repeated throughout the livestream, but the actual act of storytelling was not showcased for underserved communities. The only woman who shared her abortion story about pre-*Roe v. Wade*, stated that she “thought we were done” organizing after the court case legalized abortion (Planned Parenthood Affiliates of California 2022b). This statement overlooks the continued struggle other communities, like Latinx immigrants, had post-*Roe v. Wade* to act on their right to abortion. Some leaders of organizations like We Testify, ACCESS RJ, and CLRJ used their time on the livestream to counter the idea that *Roe v. Wade* was the end of the fight for reproductive justice. For example, Jessica Pinckney, Executive Director of ACCESS RJ, said that “*Roe* was always the floor and not the ceiling”. By not acknowledging the failures of past mainstream movements to address

reproductive injustices for Latinx immigrants, PPAC and politicians on the livestream continued perpetuating California's narrative of being the model of reproductive freedom.

Despite their tokenization, women of color led organizations attempted to challenge the dominant narrative of California as a “beacon of hope” for reproductive freedom. The “beacon of hope” narrative as the country faces widespread abortion bans set aside the realities for many underserved communities in California. Interviewee I said that “reproductive freedom is... very much talking about it in a narrow sense still. So when... this governor [Gavin Newsom] says we're going to be a reproductive freedom state, he's talking about people being able to access abortion.” While abortion is an important issue right now, reproductive freedom must go beyond abortion to also consider the additional issues that impact Latinx immigrants' reproductive lives. Even on the topic of abortion, many communities face barriers to accessing it. On PPAC's livestream, Laura Jiménez, Executive Director of CLRJ, stated that, “although California is a beacon of hope in the nation...I think there are still so many ways in which access, practical access, is not available to everybody in the state” (Planned Parenthood Affiliates of California 2022b). Regardless of California preparing for more patients coming from other states, Jiménez reminded viewers there are still areas where California residents do not have full access to reproductive care. Jiménez said that as California considers this, organizers and policymakers need to look at how poverty, immigration status, the pandemic, and other factors impact peoples' ability to access reproductive health services, even under existing health policies in place (Planned Parenthood Affiliates of California 2022b). Smaller member organizations led by women of color used their time on the livestream to recognize the fallacy of California as being a model reproductive freedom state. Yet the host being PPAC, a large, white led, and well-funded organization, prioritized their own storytelling platform instead of those for underserved

communities. The use of storytelling by PPAC exemplified the limits of stories when they continue to push an exclusive narrative, disguised by gestural intersectionality.

Some reproductive rights and justice organizations working within coalitions push storytelling to disrupt dominant narratives, particularly by bringing in Latinx immigrant communities' stories. Hearing the experiences of Latinx immigrants can shift the movement to apply an immigrant rights lens to the agenda. Amplifying Latinx immigrant voices can start to change the longstanding narratives within the movement, but as organizations work through coalitions, there are challenges to achieving this. Coalitions attempting to be a more intersectional movement conflicts with the hierarchies that already existed among member organizations. As larger, white-led organizations continue to attract more resources and establish an agenda for the coalition, smaller organizations led by women of color are tokenized or pushed aside. Despite women of color led organizations highlighting stories of Latinx immigrants, the hierarchies of the coalition prevent them from truly centering these communities. Historical tensions between mainstream movement agendas and those pushed aside continue to influence the dominant narratives of today's organizing work. Now, "contradictions between the conditions that make speech possible and those that make speech necessary" prevent stories from being told or heard (Dean 1996, 69). Exclusionary mainstream organizations in the past made it necessary for today's organizers to bring light to underserved community's needs. Yet, these larger organizations are also the ones who continue to have the platforms to influence policy through storytelling. Still, reproductive freedom movements do not utilize marginalized stories in ways that challenge the dominant narratives they have perpetuated overtime. While some progress has been made through the CCRF and CA FAB in the past few years, the more

vocalized agenda does not develop the movement to address Latinx immigrants' reproductive justice.

Conclusions and Recommendations

Storytelling has been, and will continue to be, an empowering tool for organizers, yet this Capstone revealed that telling stories is limited as a strategy to promote policy change. Even though storytelling develops the reproductive justice conversation to consider ignored communities, used alone it does not fully disrupt mainstream movements for reproductive freedom. Intersectional coalitions are more inclusive of women of color and their stories, yet inclusivity does not equate to real representation in the movement. To truly disrupt past and present mainstream conversations, coalition members must re-examine the ways histories of exclusion and dominance are perpetuated within their network. Organizations who call themselves allies particularly need to break down the conditions they create within the coalition that undermine Latinx immigrant stories.

This project is important for Latinx immigrant communities since it showcases the ways organizing structures still diminish their voices. Even organizations who try to encourage their participation struggle to center the reproductive injustices Latinx immigrants experience. In order to solve reproductive injustice, Latinx immigrants are the ones who need to be the main speakers for their own experiences. Latinx immigrants need to have the agency to be the speakers of their own story while knowing that their story is leading to impactful change for their community. The limits of storytelling and other barriers Latinx immigrants face in the political arena, hinder their participation in this organizing work. Even though storytelling can be empowering for

individuals, organizers need to acknowledge it does not work alone to impact policies dictating Latinx immigrant lives. It is important to note the limits of storytelling since scholarship highlights its importance, especially for reproductive justice and immigrant organizing. While stories can create more nuanced discussions proliferated by life experiences, the scholarship did not showcase the challenges in this process. In revealing these obstacles, my research urges organizers to restructure their organizing strategies within coalitions, especially as *Roe v. Wade* may be overturned soon. This possible decision will disproportionately impact Latinx immigrants, so now is the time to ensure their voices are heard in reproductive freedom organizing.

In the final portion of my Capstone, I propose two recommendations to improve the utilization of storytelling, but also think beyond storytelling as a primary organizing tactic. First, I propose the establishment of a mutual aid network within reproductive rights, health, and justice coalitions. Second, I recommend a re-examination of the ways storytelling campaigns are structured to help center the lived experiences of Latinx immigrants. Although these recommendations will not guarantee Latinx immigrants the spotlight in coalition work, the recommendations will encourage both small- and large-scale organizations to rethink the ways they continue to perpetuate exclusive power hierarchies, even through intersectional coalition building.

Recommendation 1: Mutual Aid

Disrupting dominant movement narratives through storytelling can only happen partially by allocating more resources to those organizations who serve marginalized communities. The unequal distribution of funding among member organizations puts under-resourced organizations

to the sidelines. This makes it difficult to collect more stories, but also to go beyond storytelling to move towards more direct action to confront policymakers. California coalitions need to establish a mutual aid system to funnel resources to those serving more vulnerable populations and redistribute wealth in an equitable manner. Mutual aid is the “collective coordination to meet each other’s needs” which radically goes against “social isolation and forced dependency on hostile systems” in capitalist and colonialist society (Spade 2020, part 1). Mutual aid becomes one avenue for organizations to strengthen their coalition network through real actions.

While larger member organizations can voice their support for those with less resources, “mutual aid is different from empathy because it is more than an ability to understand and share the feelings of another individual; it implies a practice tied to acts of solidarity and a desire to overcome structural injustice through social transformation and action” (Domínguez et. al. 2020, 910-1). Under the CCRF’s “Values, Best Practices and Rules,” the coalition states that, “CCRF members participate in this network because we wish our unity and solidarity to overcome our differences and divisions” (California Coalition for Reproductive Freedom 2013, 1). Expanding mutual aid among coalition members will realize this value through actions. Mutual aid can then be used to give more power to the organizations who serve marginalized communities directly and dismantle the hierarchies in place. This recommendation to establish a mutual aid network within the organization calls on more well positioned organizations to leverage their privilege, so under-resourced groups can expand their services and policy work. Larger organizations must “advocate for sustainable resources and policies directly affecting specific under resourced groups” (Domínguez et. al. 2020, 916). Mutual aid can enhance organizations’ ability to serving specific communities, like Latinx immigrants, that larger organizations do not highlight.

Coalitions need to focus on more mutual aid efforts to help organizations led by women of color lead initiatives for their own communities, like abortion funds. Mutual aid can take many forms, including ACCESS RJ's abortion fund which provides resources for those who have more barriers to accessing abortion care. While ACCESS RJ already exists as an important mutual aid project in California, the organization still does not receive the funding necessary to expand their services. With this impactful connection between member organizations, organizations like ACCESS RJ and CLRJ will be able to provide more resources to Latinx immigrant communities. On the service side, ACCESS RJ would be able to support more Healthline callers, especially as abortion patients in the state rises due to abortion restrictions elsewhere. In order to also provide abortion fund services more equitably, ACCESS RJ could use this increase in mutual aid support to create a Spanish-speaking fund. Interviewee C spoke of the Northwest Abortion Access Fund (NWAAF) serving Washington, Oregon, Idaho, and Alaska, which has a separate pool of funding for people who are Spanish speaking. Regardless of immigration status, this separate funding ensures that there is always funding available to help those who face immigration and language barriers to seeking abortion care (Interview C). As ACCESS RJ serves the entire state of California, the state with the largest population of Latinx immigrants, they should create a fund for Spanish-speaking individuals to coexist with their Spanish Healthline. Mutual aid from the coalition will help provide the resources to do so.

Mutual aid directed towards organizations like ACCESS RJ and CLRJ will also allow them to expand their legislative work. Interviewees spoke of many organizations' limited personnel to fully engage at the policy level. While ACCESS RJ has a legislative arm, for a time they had to step back and prioritize the abortion fund because of limited funding (Interview C). Now as they start to co-sponsor bills and become more involved with policy again, mutual aid

would allow them to extend their legislative arm and influence. Meanwhile, CLRJ is focused on building Latinxs power to become policy advocates. Mutual aid will also allow them to continue their campaigns in the City of Bell Gardens, while spreading their work to other cities across the state. As they are the only organization to target Latinx communities specifically, which includes many immigrants, CLRJ needs to be able to replicate this work in more Latinx immigrant communities to broaden their influence. Mutual aid in this sense will go beyond simply including women of color led organizations in coalition work. It will provide a way to redistribute wealth among coalition members by giving those with less resources the means to confront policymakers with the communities they serve. Giving smaller organizations the resources they need will give them the power to spearhead projects and solve reproductive injustice in Latinx immigrant communities.

Recommendation 2: How We Tell and Use Our Stories

Since storytelling will continue to be pushed as a primary campaign for most reproductive rights and justice organizations, the way we tell and use peoples' stories needs to be improved. This Capstone showed the ways larger organizations maintain a narrow range of experiences told that make up the main narratives of reproductive freedom movements. As organizations employ the strategy of storytelling, they must re-evaluate which stories they are uplifting, and how they continue to exclude Latinx immigrants. Further, they need to ensure that those in most vulnerable sectors of populations are reached in storytelling campaigns, like undocumented immigrants. Organizations need to avoid seeking "model storytellers" that create an ideal image of what someone's reproductive health experiences look like and who the person

receiving the care is. The reality is that nobody's story is the same, and the "model storyteller" tends to not encapsulate experiences of Latinx immigrants and undocumented immigrants.

As organizations push storytelling campaigns, some need to re-structure the ways they recruit storytellers, especially larger organizations with a wider audience. In PPAC's recently launched "Say Abortion: Stories to Fight Stigma" campaign, they provide a google form on their webpage where people can submit stories. The only prompt given is, "Do you have an abortion story? Have you received expert, compassionate care at a Planned Parenthood health center in California? We want to hear about it" (Planned Parenthood Affiliates of California 2022a).¹⁸ Individuals submitting stories may not have attended workshops about effective storytelling or reproductive justice, which may simplify the stories PPAC receives. Additionally, PPAC's request for abortion stories focuses specifically on those with Planned Parenthood, which could shut out people who did not receive abortions from the organization. Since organizations like Planned Parenthood will continue to hold more power as they promote storytelling campaigns, they need to re-evaluate the way their campaigns are structured in order to be more conscious of the storytellers and stories they attract. Further, once more stories are collected, the ways organizations use the stories for certain initiatives must be employed in a way that truly confronts the systemic issues at hand and the policymakers that can change them.

We Testify can be used as a model for ways larger organizations can alter their curriculum in order to probe for those more nuanced stories. As an organization dedicated to abortion storytelling, We Testify provides an example of a set of questions to collect those more

¹⁸ To view or submit your story to PPAC's Google Form, visit <https://docs.google.com/forms/d/e/1FAIpQLScbtrEmETJMURYofBq8Rcp68VzpMeDavUpRj1MSW7MHheYm9Q/viewformto>

complex stories that bring in many systems of oppression that impacted the storyteller's experience. Some of the questions given to think about your story include:

1. Are there racial, ethnic, gender identity, class, sexuality, immigrant, ability, religious, or other identities that impacted your abortion experience?
2. Are there messages you learned about abortion in your family? How did they impact your experience?
3. How do you feel the cultural environment and messages you received about abortion impacted your experience, both positive and negative?
4. How did your geographic location or community political climate impact your abortion experience? (We Testify 2022)¹⁹

These questions urge storytellers to think more critically about their abortion experiences by bringing in an intersectional lens. The first question asking about the storyteller's identities particularly can help them add a discussion of, for example, being a Latinx immigrant and seeking an abortion in California. The questions that follow bring more elements of culture, dominant narratives, and community that impact abortion experiences either positively or negatively. These questions should be adopted by other organizations using storytelling campaigns, to help storytellers develop stories that are more telling of a variety of experiences rather than just asking, "Do you have an abortion story?" We Testify also asks storytellers, "Was there a barrier that you were able to bypass because of your privilege? How did that impact your abortion experience" (We Testify 2022)? This question acknowledges the fact that certain individuals have more access to abortion services, whereas others do not, dependent on their identities.

Everybody's stories are important, yet the series of questions We Testify provides allow for people with more barriers to abortion to expand the conversation of those obstacles. Should more organizations adopt these questions, it will work to unveil stories from underserved communities. Once collected, stories cannot be tokenized or simplified to be more "easily

¹⁹ To view or submit your story to We Testify, view <https://www.wetestify.org/stories#share>.

consumed”, because it erases the storyteller’s experience. This considers the continuation of storytelling campaigns from larger organizations that are more broadly focused. Larger organizations need to re-evaluate their campaigns to engage with and empower more vulnerable communities. While larger organizations should be more inclusive of Latinx immigrant stories, they still must raise up smaller organizations who work more directly with Latinx immigrants to help amplify their stories more.

Latinx immigrant communities continue to receive little attention from reproductive freedom movements. Even organizations who work with Latinx communities do not only focus on immigrants within this group. Because of this, Latinx immigrants, and immigrants in general, do not have strong representation in reproductive rights and justice coalitions. Latinx immigrant organizers should work towards creating a reproductive justice organization for immigrants to lead campaigns for immigrant rights. With difficulties gaining resources for reproductive rights and justice organizations, however, it may be difficult for organizers to establish a new one. Until then, reproductive freedom coalitions should recruit existing immigrant rights organizations to become members. Future research should examine immigrant rights organizations and their narratives of reproductive justice. As my research focused on reproductive justice organizations, a deeper look at immigrant rights organizations will continue developing an understanding of community organizing for Latinx immigrants’ reproductive justice.

Bibliography

- ACCESS Reproductive Justice. 2022a. "About ACCESS RJ." *ACCESS Reproductive Justice*. Accessed February 4, 2022. <https://accessrj.org/about-access-rj/>.
- . 2022b. "Healthline and Direct Services." *ACCESS Reproductive Justice*. Accessed February 4, 2022. <https://accessrj.org/case-study/access-reproductive-justice-healthline/>.
- . 2022c. "Abortion Accessibility Act." *ACCESS Reproductive Justice*. Accessed February 4, 2022. <https://accessrj.org/case-study/abortion-accessibility-act/#aboutaccess>.
- ACLU Southern California. "College Student Right to Act (SB 24)." *ACLU Southern California*. Accessed January 18, 2022. <https://www.aclusocal.org/en/legislation/universityabortionaccess>.
- Adam, Erin M. 2017. "Intersectional Coalitions: The Paradoxes of Rights-Based Movement Building in LGBTQ and Immigrant Communities." *Law & Society Review* 51, no. 1: 132-67. Doi:10.1111/lasr.12248.
- Aguilera, Jasmine. 2019. "Citizens Facing Deportation Isn't New. Here's What Happened When the U.S. Removed Mexican-Americans in the 1930s." *TIME*, August 2, 2019. <https://time.com/5638586/us-citizens-deportation-raids/>.
- American Civil Liberties Union. 2022. "Reproductive Freedom." *ACLU*. Accessed March 20, 2022. <https://www.aclu.org/issues/reproductive-freedom>
- Anzaldúa, Gloria. 1993. "Chicana Artists: Exploring Nèpantla, el Lugar de la Frontera." *NACLA Report on the Americas* 27, no. 1: 37-45. doi: 10.1080/10714839.1993.11724648

- Armenta, Amada and Heidy Sarabia. 2020. "Receptionists, Doctors, and Social Workers: Examining Undocumented Immigrant Women's Perceptions of Health Services." *Social Science & Medicine* 246. <https://doi.org/10.1016/j.socscimed.2020.112788>.
- Blackwell, Maylei. 2010. "Líderes Campesinas: Nepantla Strategies and Grassroots Organizing at the Intersection of Gender and Globalization." *Aztlan: A Journal of Chicano Studies* 35, no. 1: 13-47.
- Bloemraad, Irene and Kim Voss. 2019. "Movement or Moment? Lessons from the Pro-Immigrant Movement in the United States and Contemporary Challenges." *Journal of Ethnic and Migration Studies* 46, no. 4: 683-704. doi:10.1080/1369183X.2018.1556447.
- Bloemraad, Irene, Kim Voss, and Taeku Lee. 2011. "The Protests of 2006: What Were They, How Do We Understand Them, Where Do We Go?" In *Voss, Kim and Irene Bloemraad, Rallying for Immigrant Rights: The Fight for Inclusion in 21st Century America*, 3-43. Berkeley: University of California Press.
- Brown, Hana E. 2013. "Race, Legality, and the Social Policy Consequences of Anti-Immigration Mobilization." *American Sociological Review* 78, no. 2: 290-314. doi: 10.1177/0003122413476712.
- California Coalition for Reproductive Freedom. 2013. "Values, Best Practices and Rules." *California Coalition for Reproductive Freedom*.
<https://www.reproductivefreedomca.org/uploads/1/4/0/1/140136610/ccrf-values-best-practices-and-rules.pdf>.
- California Coalition for Reproductive Freedom. 2022. "About CCRF." *California Coalition for Reproductive Freedom*. Accessed February 10, 2022.
<https://www.reproductivefreedomca.org/>.

California Future of Abortions Council. 2021. “Recommendations to Protect, Strengthen, and Expand Abortion Care in California.” December 2021.

https://www.plannedparenthoodaction.org/uploads/filer_public/d8/e1/d8e17825-72e0-4f6f-9c57-7549bb54261e/ca_fab_council_report_.pdf

California Latinas for Reproductive Justice. 2021. “Our Mission.” *California Latinas for Reproductive Justice*. Accessed September 13, 2021. <https://californialatinas.org/about-us/what-we-do/>.

California Latinas for Reproductive Justice. 2022a. “Herstory.” *California Latinas for Reproductive Justice*. Accessed February 5, 2022. <https://californialatinas.org/about-us/herstory/>.

———. 2022b. “Policy Priorities.” *California Latinas for Reproductive Justice*. Accessed February 4, 2022. <https://californialatinas.org/our-work/policy-priorities/>.

———. 2022c. “VIVA.” *California Latinas for Reproductive Justice*. Accessed February 8, 2022. <https://californialatinas.org/our-work/viva/>.

———. 2022d. “Speaking Story.” *California Latinas for Reproductive Justice*. Accessed February 8, 2022. <https://californialatinas.org/our-work/speaking-story/>.

———. 2022e. “Community Engagement.” *California Latinas for Reproductive Justice*. Accessed February 8, 2022. <https://californialatinas.org/our-work/community-engagement/>.

Canizales, Stephanie L. and Jody Agius Vallejo. 2021. “Latinos & Racism in the Trump Era.” *Dædalus, the Journal of the American Academy of Arts & Sciences*: 150-164.

https://doi.org/10.1162/DAED_a_01852

Centers for Disease Control and Prevention. 2021. “Unintended Pregnancy.” *Centers for Disease Control and Prevention*, June 28, 2021.

<https://www.cdc.gov/reproductivehealth/contraception/unintendedpregnancy/index.htm#:~:text=Unintended%20pregnancy%20is%20associated%20with,the%20health%20of%20the%20baby.>

Cervantes, Yessenia; Emily Galpern; Lorraine Kenny; Mary Mahoney; Loretta J. Ross; John Santelli; Rebecca Schleifer; et. al. 2007. “Reproductive Justice Briefing Book: A Primer on Reproductive Justice and Social Change.” *Berkeley Law*.

<https://www.law.berkeley.edu/php-programs/courses/fileDL.php?fID=4051>.

Cha, Paulette. 2021. “Immigrants and Health in California.” May 2021. *Public Policy Institute of California*. <https://www.ppic.org/wp-content/uploads/immigrants-and-health.pdf>.

Cha, Paulette and Shannon McConville. 2021. “Health Coverage and Care for Undocumented Immigrants in California, An Update.” June 2021. *Public Policy Institute of California*. <https://www.ppic.org/wp-content/uploads/health-coverage-and-care-for-undocumented-immigrants-in-california-june-2021.pdf>.

Chu, Jun, Alexander N. Ortega, Sungchul Park, Arturo Vargas-Bustamante, and Dylan H. Roby. 2021. “The Affordable Care Act and Health Care Access and Utilization Among White, Asian, and Latino Immigrants in California.” *Medical Care* 59, no. 9: 762.
doi:10.1097/MLR.0000000000001586.

City of Bell Gardens. 2022. “Rent Control Workshop.” Workshop, California Latinas for Reproductive Justice and Union de Vecinas de Bell Gardens, Zoom, March 12, 2022.

Coll, Kathleen M. 2010. “Introduction.” In *Remaking Citizenship: Latina Immigrants and New American Politics*, 1-22. Stanford: Stanford University Press.

- Davis, Angela. 1981. "Racism, Birth Control and Reproductive Rights." In *Women, Race & Class*, 202-21. New York: Random House.
- Dean, Jodi. 1996a. "Introduction: The "We" of Identity Politics." In *Solidarity of Strangers: Feminism After Identity Politics*, 1-11. Berkeley: University of California Press.
- 1996b. "Chapter 1: Reflective Solidarity." In *Solidarity of Strangers: Feminism After Identity Politics*, 13-46. Berkeley: University of California Press.
- 1996c. "Chapter 2: Struggling for Recognition." In *Solidarity of Strangers: Feminism After Identity Politics*, 47-74. Berkeley: University of California Press.
- Deeb-Sossa, Natalia, Claudia Díaz Olavarrieta, Clara Juárez-Ramírez, Sandra G. García, and Aremis Villalobos. 2013. "Experiences of Undocumented Mexican Migrant Women in California, United States, in Their Access to Sexual and Reproductive Health Services: Case Study." *Cadernos de Saúde Pública* 29, no. 5: 981–91. doi: 10.1590 / S0102-311X2013000500015.
- Department of Healthcare Services. 2021. "What is Medi-Cal?" *Department of Healthcare Services*. <https://www.dhcs.ca.gov/services/medi-cal/pages/whatismedi-cal.aspx>
- Desai, Sheila and Goleen Samari. 2020. "COVID-19 and Immigrants' Access to Sexual and Reproductive Health Services in the United States." *Perspectives on Sexual & Reproductive Health* 52, no. 2: 69-73. doi:10.1363/psrh.12150.
- Dickerson, Caitlin, Seth Freed Wessler, and Miriam Jordan. 2020. "Immigrants Say They Were Pressured Into Unneeded Surgeries." *The New York Times*.
<https://www.nytimes.com/2020/09/29/us/ice-hysterectomies-surgeries-georgia.html>

- Domínguez, Daniela G., Dellanira García, David A. Martínez, and Belinda Hernandez-Arriaga. 2020. "Leveraging the Power of Mutual Aid, Coalitions, Leadership, and Advocacy During COVID-19." *American Psychologist* 75 (7): 909-18. Doi:10.1037/amp0000693.
- Eaton, Asia A. and Dionne P. Stephens. 2020. "Reproductive Justice Special Issue Introduction 'Reproductive Justice: Moving the Margins to the Center in Social Issues Research'." *Journal of Social Issues* 76, no. 2: 208-218. doi:10.1111/josi.12384.
- Espinoza, Dionne, María Eugenia Cotera, and Maylei Blackwell. 2018. "Introduction: Movements, Movimientos, and Movidas." In *Chicana Movidas: New Narratives of Activism and Feminism in the Movement Era*, 1-30. Austin: University of Texas Press.
- Executive Department State of California. 2019. "California Proclamation on Reproductive Freedom." <https://www.gov.ca.gov/wp-content/uploads/2019/05/Proclamation-on-Reproductive-Freedom.pdf>
- Fortuna, Lisa R., Carmen Rosa Noroña, Michelle V. Porche, Cathi Tillman, Pratima A. Patil, Ye Wang, Sheri Lapatin Markle, and Margarita Alegría. 2019. "Trauma, Immigration, and Sexual Health Among Latina Women: Implications for Maternal-Child Well-Being and Reproductive Justice." *Infant Mental Health Journal* 40, no. 5: 640-58. doi:10.1002/imhj.21805.
- Forward Together (formally Asian Communities for Reproductive Justice). 2005. "A New Vision for Advancing our Movement for Reproductive Health, Reproductive Rights and Reproductive Justice." <https://forwardtogether.org/wp-content/uploads/2017/12/ACRJ-A-New-Vision.pdf>.
- Fraser, Nancy. 1990. "Rethinking the Public Sphere: A Contribution to the Critique of Actually Existing Democracy" *Social Text*, no. 25/26 (January): 56-80. Doi:10.2307/466240.

- Galarneau, Charlene. 2013. "Farm Labor, Reproductive Justice: Migrant Women Farmworkers in the US." *Health and Human Rights* 15 (1): 144-160.
- Galletta, Anne, and William Cross. 2013. "Crafting a Design to Yield a Complete Story." In *Mastering the Semi-Structured Interview and Beyond: From Research Design to Analysis and Publication*, 1–44. New York City, New York: New York University Press, 2013.
- Galvan, Thania, Sarah Lill, and Luz M. Garcini. 2021. "Another Brick in the Wall: Healthcare Access Difficulties and Their Implications for Undocumented Latino/a Immigrants." *Journal of Immigrant and Minority Health* 23, no. 5: 885-894. doi:10.1007/s10903-021-01187-7.
- García, Rocío. *Speaking Stories*. By Gabriela Valle. California Latinas for Reproductive Justice, October 24, 2015. <https://californialatinas.org/speaking-stories/interview-rocio-gabby/>
- Guerrero, Jean. 2021. "How Latino Voters in the Recall Election Set Up a Winning Model for the Midterms." *Los Angeles Times*, September 23, 2021. <https://www.latimes.com/opinion/story/2021-09-23/column-how-latino-voters-in-the-recall-election-set-up-a-winning-model-for-the-midterms>
- Guerrero, Juan Carlos. 2021. "California Dreaming: Anti-Immigration Measure Brings Immigrants Out of Shadows, Into Political Power." *ABC-7*, March 10, 2021. <https://abc7.com/undocumented-immigrants-california-daca-recipients-essential-workers-proposition-187-effects/10400053/>.
- Gutiérrez, Elena R. 2008a. "The Fertility of Women of Mexican Origin." In *Fertile Matters: The Politics of Mexican-Origin Women's Reproduction*, 1-13. Austin: University of Texas

- Press. <https://ebookcentral.proquest.com/lib/usflibrary-ebooks/reader.action?docID=3443256>.
- 2008b. “The Twin Problems of Overpopulation and Immigration in 1970s California” In *Fertile Matters: The Politics of Mexican-Origin Women’s Reproduction*, 14-34. Austin: University of Texas Press. <https://ebookcentral.proquest.com/lib/usflibrary-ebooks/reader.action?docID=3443256>.
- 2008c. “The Right to Have Children” In *Fertile Matters: The Politics of Mexican-Origin Women’s Reproduction*, 94-108. Austin: University of Texas Press. <https://ebookcentral.proquest.com/lib/usflibrary-ebooks/reader.action?docID=3443256>.
- Hasstedt, Kinsey, Sheila Desai, and Zohra Ansari-Thomas. 2018. “Immigrant Women’s Access to Sexual and Reproductive Health Coverage and Care in the United States.” *The Commonwealth Fund*. <https://doi.org/10.26099/2dcc-mh04>.
- Hoeven, Emily. 2021. “Newsom: California Should be a ‘Sanctuary,’ Helping Out-of-State Patients Seeking Abortion.” *Cal Matters*, December 9, 2021. <https://calmatters.org/newsletters/whatmatters/2021/12/california-abortion-newsom/>
- Jekanowski, Lizzie. “Title X Fights for Our Lives.” *California Latinas for Reproductive Justice*. https://californialatinas.org/wp-content/uploads/2018/07/Title-X-Info-Sheet_CLRJ.pdf
- Jihye Chun, Jennifer, George Lipsitz, and Young Shin. 2013. “Intersectionality as a Social Movement Strategy: Asian Immigrant Women Advocates.” *Signs* 38 (4): 917-40. Doi:10.1086/669575.
- Johnson, Hans, Cesar Alesi Perez, and Marisol Cuellar Mejia. 2021. “Immigrants in California.” *Public Policy Institute of California*. <https://www.ppic.org/wp-content/uploads/jtf-immigrants-in-california.pdf>

- Koball, Heather, James Kirby, and Seth Hartig. 2021. "The Relationship Between States' Immigrant-Related Policies and Access to Health Care Among Children of Immigrants." *Journal of Immigrant and Minority Health*: 1-8. Doi:10.1007/s10903-021-01282-9.
- Kocher, Austin. 2017. "The New Resistance: Immigrant Rights Mobilization in an Era of Trump." *Journal of Latin America Geography* 16, no. 2: 165-71.
doi:10.1353/lag.2017.0027.
- Lee, Larada and Antoinette. 2022. "Virtual Abortion Storytelling Workshop." Workshop, ACCESS Reproductive Justice, Zoom, March 12, 2022.
- Library of Congress. 2021. "A Latinx Resource Guide: Civil Rights Cases and Events in the United States." *Library of Congress Research Guides*. Accessed September 13, 2021.
<https://guides.loc.gov/latinx-civil-rights/california-proposition-187>.
- Library of Congress. 2022. "1978: Madrigal v. Quilligan." *Library of Congress Research Guides*. Accessed January 23, 2022. <https://guides.loc.gov/latinx-civil-rights/madrigal-v-quilligan>.
- Los Angeles Coalition for Reproductive Justice. 2018. "LACRJ One-Pager." *Los Angeles Coalition for Reproductive Justice*. December 2018. <https://lacrj.org/>.
- Luker, Kristin. 2008. "Field (and Other) Methods." In *Salsa Dancing into the Social Sciences*, 155-189. Cambridge, Massachusetts: Harvard University Press.
- MacKinnon, Catharine. 1983. "The Male Ideology of Privacy: A Feminist Perspective on the Right of Abortion." *Radical America* 17 (4): 23-35.
<https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=ahl&AN=45892100&site=eds-live&scope=site>.

- Manian, Maya. 2020. "Immigration Detention and Coerced Sterilization: History Tragically Repeats Itself." *ACLU*, September 29, 2020. <https://www.aclu.org/news/immigrants-rights/immigration-detention-and-coerced-sterilization-history-tragically-repeats-itself/>.
- Milkman, Ruth, and Veronica Terriquez. 2012. "'We Are the Ones Who Are Out in Front': Women's Leadership in the Immigrant Rights Movement." *Feminist Studies* 38, no. 3: 723.
<https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=edsclr&AN=edsclr.A315068192&site=eds-live&scope=site>.
- Mora, Maria De Jesus, Rodolfo Rodriguez, Alejandro Zermeno, and Paul Almeida. 2018. "Immigrant Rights and Social Movements." *Sociology Compass* 12, no. 8: 1-20.
doi:10.1111/soc4.12599.
- Morris, Amanda. 2021. "'You Just Feel Like Nothing': California to Pay for Sterilization Victims." *The New York Times*, July 11, 2021.
<https://www.nytimes.com/2021/07/11/us/california-reparations-eugenics.html>.
- Murray, Melissa. 2021. "Race-Ing Roe: Reproductive Justice, Racial Justice, and the Battle for Roe v. Wade." *Harvard Law Review* 134 (6): 2025–2102.
<https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=edshol&AN=edshol.hein.journals.hlr134.98&site=eds-live&scope=site>.
- National Women's Law Center. 2017. "Immigrant Rights and Reproductive Justice: How Harsh Immigration Policies Harm Immigrant Health." <https://nwlc.org/wp-content/uploads/2017/04/Immigrant-Rights-and-Reproductive-Justice.pdf>.

Nelson, Jennifer. 2003. "Introduction: From Abortion to Reproductive Rights." In *Women of Color and the Reproductive Rights Movement*, 1-20. New York: NYU Press.

<http://ebookcentral.proquest.com/lib/usflibrary-ebooks/detail.action?docID=865686>.

Nicholls, Walter J., Justus Uitermark, and Sander van Haperen. 2020. "Going National: How the Fight for Immigrant Rights Became a National Social Movement." *Journal of Ethnic & Migration Studies* 46, no. 4: 705-27. Doi:10.1080/1369183X.2018.1556450.

Okamoto, Dina and Kim Ebert. 2010. "Beyond the Ballot: Immigrant Collective Action in Gateways and New Destinations in the United States." *Social Problems* 47, no. 4: 529-558. doi:10.1525/sp.2010.57.4.529.

Planned Parenthood Affiliates of California. 2022a. "Say Abortion: Stories to Fight Stigma." *Planned Parenthood Affiliates of California*. Accessed March 20, 2022.

<https://www.plannedparenthoodaction.org/planned-parenthood-affiliates-california/say-abortion>

Planned Parenthood Affiliates of California. 2022b. "Say Abortion Stories to Fight Stigma: A Virtual Event on the 49th Anniversary of Roe v. Wade." *Twitter*, uploaded by PPAActionCA, January 20, 2022.

<https://twitter.com/ppactionca/status/1484964738735869955?s=2>. Accessed February 20, 2022 video was viewed.

Porteny, Thalia, Ninez Ponce, and Benjamin D. Sommers. 2020. "Immigrants and the Affordable Care Act: Changes in Coverage and Access to Care by Documentation Status." *Journal of Immigrant and Minority Health*, 1. doi:10.1007/s10903-020-01124-0.

- Ramírez, Marla Andrea. 2018. "The Making of Mexican Illegality: Immigration Exclusions Based on Race, Class Status, and Gender." *New Political Science* 40, no. 2: 317-335. DOI: 10.1080/07393148.2018.1449067.
- Rob Bonta Attorney General. 2020. "Attorney General Becerra Asks Court to Protect California's Title X Family Planning Program." Press Release, January 24, 2020. <https://oag.ca.gov/news/press-releases/attorney-general-becerra-asks-court-protect-california%E2%80%99s-title-x-family-planning>
- Ross, Loretta J. and Rickie Solinger. 2017a. "Introduction." In *Reproductive Justice An Introduction*, 1-8. Oakland, California: University of California Press.
- . 2017b. "A Reproductive Justice History." In *Reproductive Justice An Introduction*, 9-57. Oakland, California: University of California Press.
- . 2017c. "Reproductive Justice in the Twenty-First Century." In *Reproductive Justice An Introduction*, 58-116. Oakland, California: University of California Press.
- . 2017d. "The Right to Parent." In *Reproductive Justice An Introduction*, 168-237. Oakland, California: University of California Press.
- Seif, Hinda. 2008. "Wearing Union T-Shirts: Undocumented Women Farm Workers and Gendered Circuits of Political Power." *Latin American Perspectives* 35 (1) (January): 78-98. Doi:10.1177/0094582X07310969.
- Silliman, Jael, Marlene Gerber Fried, Loretta Ross, and Elena R Gutiérrez. 2004a. "Women of Color and Their Struggle for Reproductive Justice." In *Undivided Rights: Women of Color Organizing for Reproductive Justice*, 7-30. Massachusetts: South End Press.

- . 2004b. “‘We Will No Longer be Silent or Invisible’: Latinas Organizing for Reproductive Justice.” In *Undivided Rights: Women of Color Organizing for Reproductive Justice*, 221-246. Massachusetts: South End Press.
- . 2004c. “The National Latina Health Organization.” In *Undivided Rights: Women of Color Organizing for Reproductive Justice*, 247-272. Massachusetts: South End Press.
- SisterSong. 2022. “Reproductive Justice.” *SisterSong*. Accessed March 20, 2022.
<https://www.sistersong.net/reproductive-justice>.
- Spade, Dean. 2020. *Mutual Aid: Building Solidarity During This Crisis (and the Next)*. London and New York: Verso.
- Karlamangla, Soumya. 2022. “California Poised to Extend Health Care to All Undocumented Immigrants.” *The New York Times*, January 12, 2022.
<https://www.nytimes.com/2022/01/12/us/health-care-undocumented-immigrants.html>
- Office of Population Affairs. 2021. “About Title X Grant Services.” *U.S. Department of Health and Human Services*. Accessed December 6, 2021. <https://opa.hhs.gov/grant-programs/title-x-service-grants/about-title-x-service-grants>.
- Valladares, Ena Suseth. 2009. “Making the Case for Latinas’ Reproductive Health and Justice Policy.” *CLRJ Policy Research Brief* 3, no. 1.
file:///Users/meganwilensky/Downloads/CLRJ_Making_The_Case_Vol3_No1.pdf
- Wang, Ted and Robert C. Winn. 2011. “Groundswell Meets Groundwork: Building on the Mobilizations to Empower Immigrant Communities.” In *Voss, Kim and Irene Bloemraad, Rallying for Immigrant Rights: The Fight for Inclusion in 21st Century America*, 44-59. Berkeley: University of California Press.

We Testify. 2022. "Share Your Story." *We Testify*. Accessed March 20, 2022.

<https://www.wetestify.org/stories#share>.

World Health Organization. 2021. "Reproductive Health." *World Health Organization*. Accessed

December 6, 2021. <https://www.who.int/westernpacific/health-topics/reproductive-health>.

Zavella, Patricia. 2016. "Contesting Structural Vulnerability through Reproductive Justice

Activism with Latina Immigrants in California." *North American Dialogue* 19, no. 1: 36-

45. doi:10.1111/nad.12035.

Appendix A: Interview Protocol

1. What drew you into working on reproductive justice issues?
2. What attracted you to [organization name] and what it was doing?
3. Can you name 3 of the most important issues the organization is working on?
4. I'm really interested in the ways the organization has changed its focus. Can you give me some examples of different issues the organization has worked on since its founding?
5. Who is the target audience for the work the organization does?
 - a. How does your organization engage with the public on these issues?
 - b. How does your organization try to affect laws, local statutes, or lawmakers?
 - c. How specifically do you engage with immigrant communities and their concerns for reproductive justice?
6. I want to better understand what you're doing with immigrant communities and how it relates to reproductive justice. How do you improve reproductive justice for immigrant communities?
7. What is the value in bringing immigrant rights to reproductive justice discussions?
 - a. How do immigrant rights and reproductive justice movements work together?
 - b. In what ways do you see similarities between reproductive justice and immigrant rights movements? [Can you give me an example of any similar goals they have?]
8. In what ways are there tensions between immigrant rights and reproductive justice movements?
 - a. How has reproductive justice been excluded from immigrant rights discussions?
 - b. How have immigrant rights been excluded from reproductive justice discussions?
 - c. What obstacles do you think there are in bringing together these movements?
9. How do you see your organization bringing together these two movements?
10. Especially as we've been discussing the relationship between reproductive justice and immigrant rights, what exactly does reproductive justice mean to you?

- a. How do you explain reproductive justice to the communities you serve?
 - b. How do you explain reproductive justice to changemakers you are trying to convince?
 - c. What is the difference between reproductive justice and reproductive rights?
 - d. How does reproductive justice disrupt conversations in mainstream feminism movements? [Given what you've said about the relationship between reproductive justice and immigrant communities.]
11. Is there anything else you would like to share with me today about the relationship between reproductive justice and immigrant rights in your organizing work?