



AN ASSAULT ON WOMEN'S HEALTH

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RIO GRANDE VALLEY DEPENDED ON CLINICS LIKE
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MEDICAL SERVICES,
YET THE TEXAS STATE GOVERNMENT MOVED
TO SHUT THEM DOWN.
WHAT ARE THE CONSEQUENCES?*

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PHOTOGRAPH: NATHAN PERKEL/GALLERY STOCK.

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The McAllen, Texas, streets sparkled with Christmas lights when my cousin gestured out the car window toward a shuttered women's health clinic. With a hint of pride, he told me that by denying funding for this clinic and others in the Rio Grande Valley, the state government had succeeded in closing them. Why? Because Planned Parenthood performs abortions, he said. I replied calmly that none of the Planned Parenthood clinics in the Valley performed abortions, and that by law, federal and state money cannot go toward abortion care. He scoffed at that. As his girlfriend sat quietly next to him, waiting for him to say more, an uncomfortable silence took hold.

Anger rising, I continued. When I was working my way through college, I told him, I didn't have health insurance. Clinics like those were the only affordable way to see a gynecologist. "What are women supposed to do without these clinics?" I asked, adding: "The day you men have a menstrual cramp, you can come and tell me what I should do with my body."

That was in late 2011, just a few months after the Texas legislature had slashed the state's family-planning budget from \$111 million to \$37.9 million. The state then rejected billions of dollars in federal Medicaid funds. My *primo* was right in one respect: Gov. Rick Perry and state legislators had set their sights on defunding Planned Parenthood, which does operate clinics where abortions are performed elsewhere in Texas. But my cousin seemed



unaware of the broader consequences for women's health in Texas: Funding cuts ended or reduced services in 76 clinics that served some 144,000 low-income women across the state. In the Valley alone, tens of thousands of women relied on those clinics for critically needed health services, including STD testing and breast- and cervical-cancer screening—diagnostic tools that save lives.

Eventually, I came to see that the angry words I directed at my cousin were really meant to push back against men in general having a say over a Latina's body. This was bigger than abortion; I felt compelled to take a stand against the social, political and economic forces that bear down on our bodies in so many ways and crystallize in the dismal state of our health care.

Texas leads the nation in percentage of population lacking health insurance, and more than one-half of uninsured Texans are Latinos. Thirty-five percent of Latinas of reproductive age in Texas have no health insurance—far higher than the 22 percent figure for young women nationally. Latinos in Texas are twice as likely to be uninsured as whites. The four counties with the highest rates of uninsured women in the country are all in South Texas.

Latinas in Texas, particularly on the border, have the highest rates of cervical-cancer incidence and mortality in the state, according to *Nuestra Voz, Nuestra Salud, Nuestro Texas*, a report issued by the National Latina Institute for Reproductive

Health (NLIRH). Although their reported rates of sexual activity are similar to white teenagers, the study found, younger Latinas have lower rates of access to contraception and higher rates of pregnancy than white teens. A recent survey found that 45 percent of 318 women seeking an abortion in late 2012—42 percent of them Latina—said they were unable to obtain their preferred method of birth control in the three months before becoming pregnant. All of this means that more Latinas are having their lives irrevocably altered by unwanted pregnancy because of the policy changes in Texas.

In 2013, the core issue of who has a say over Latinas's bodies emerged yet again when State Senator Wendy Davis waged an 11-hour filibuster against Texas laws restricting access to abortion. (In October 2014, the U.S. Supreme Court blocked the implementation of some of the laws.) In an intense moment, Sen. Leticia Van de Putte, a sixth-generation Tejana representing San Antonio, confronted the senate speaker, who had refused to yield the floor to her. "At what point must a female senator raise her hand or her voice," Van de Putte said, "to be recognized over the male colleagues in the room?" The senate gallery erupted in applause, and my stomach clenched.

Where I grew up in South Texas, Latinas learn to keep quiet or defer to a man. I remember seeing a news account in 2012 about a woman on line at a drive-through restaurant



who was suddenly struck by a male companion. Witnesses called the police, and when they asked the victim why she hadn't reported the incident, she said she wanted to tell her boyfriend first. A childhood friend recently reminded me that it's still common for women to ask their boyfriends for permission to go out, see friends or even run errands.

The growing restrictions on women's health care reflect deeper questions of freedom and power, suggests Natasha Lycia Ora Bannan, an attorney who worked on the *Nuestra Voz* report. "It's usually a male who wants to exercise an element of control over our choices," she says. To those who might shrug and say that deference to males is just part of our culture, Bannan points out that the issue is much larger: Patriarchal attitudes harm women throughout society, and Latina women are particularly affected.

That male-dominant attitude is evident in the political debates over health care. "It's a very 'good ol' boy' network, and women's health has become this piñata," says Yvonne Gutierrez, executive director of Planned Parenthood Texas Votes Action Fund, an advocacy group. "Because who's it really affecting?"

The leading answer: low-income Latinas in the border region. While clinics in more affluent areas were able to compensate for funding cuts through private donations, more than a third of the adult population over age 25 in the Rio Grande Valley has a ninth-grade education or less, and

Texas ranks 42nd in the country on education spending per capita. Women who depend on state-supported health care often work in underpaid occupations that offer no insurance. Even in higher-paying jobs, women are frequently paid less than men for the same work. And Texas has some of the toughest qualifying requirements for Medicaid—an annual income of less than \$5,000 for a family of four.

In some cases, controlling a body means violence. In 2011, University of Texas researchers found that one in three adult Texans had suffered violence from an intimate partner. More than 20 percent of the women surveyed reported becoming pregnant as a result of forced sex. According to a recent study by demographer Diana Greene Foster, women who are unable to have an abortion are less likely to leave abusive partners, becoming "tethered women to violent men."

But what do Latinas think? A majority of U.S.-born Latinas believe abortion should be legal, according to the Pew Hispanic Center. But there is a gender difference: 82 percent of Latinas say birth control should be covered by health insurance, versus 69 percent of men, the NLRH reports; 61 percent of Latinas opposed recent restrictions on abortion, versus 55 percent of Latinos. In the 2014 Texas gubernatorial election, the Democratic ticket of Wendy Davis and Leticia Van de Putte won the Latina vote, but more Latinos voted for the

winners: Republican Greg Abbott and Dan Patrick. White women, who, as a group, were less affected by the closure of health clinics, also went Republican. "When white women vote for Greg Abbott, they are voting against the government helping people they don't think deserve help," says University of Texas at Austin researcher Amanda Stevenson.

For now, the effects of the restructuring of state funding for women's health have yet to be gauged, and providers face difficult decisions. Last September, five clinics in the Rio Grande Valley split with Planned Parenthood to access state dollars. Their choice came at a price. The clinics must sign an affidavit swearing they are not affiliated with any agency that provides or promotes abortion. Not "promoting" abortion means that state regulations limit these clinics to providing women only minimal information about abortion options, and only if they request it.

As a rapidly growing voting bloc, Latinas may yet find their political voice. "The key is culture, to move away from the idea that Latinas are victims of the status quo without being active participants," says Ana Rodriguez DeFrates, an NLRH lobbyist. Latinas work and live "*con muchas ganas*," beauty and perseverance, she says, "but always, always leading with their strength."

Summoning that strength now is the key to challenging a system that has rapidly turned against the interests of so many Latinas, with deadly consequences.

PHOTOGRAPHS, FROM LEFT: MIKE STONE/REUTERS (3).