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Rosie's Choice: The Politics of Abortion and Feminist Martyrdom

By

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In this essay, I argue that the process of politicizing the fetus leads to the economic exploitation of the working-class woman regarding abortion, and the stigmatization of those who have had abortions or assisted others to have them. In addition, the reproduction of powerful anti-abortion discourses accelerated the reproductive exploitation of working-class women through coerced pregnancies, poverty, and death. The dominant discourse has long depicted Rosie Jimenez as the perfect example of lack of access to affordable abortions, which suggests Rosie's inability to pay for an abortion caused her death. However, I argue that access does not always equate to justice, but rather, working class women, such as Rosie, had the agency to choose when to have more children, a personal choice that intersected politically with three key elements of her identity: a working-class, Mexican American woman. The politics of abortion intertwines with Rosie's ethnicity, social status, and gender. The association between abortion, class, and race follows the trend of reproductive justice which refers to contemporary society's massive and growing interest in reproductive politics and choices. The scholarly trend of studying reproductive justice as a whole is fairly new, starting in the 1990s, and is increasingly growing. The framework of reproductive justice benefits women and people who want children to maintain their personhood and autonomy without being exploited for their reproduction.

In her exposé, *Rosie: The Investigation of a Wrongful Death*, published in Spring 1979, feminist journalist Ellen Frankfort wrote, "the dead woman—poor, the mother of a four-year-old—was in addition Hispanic. With the 'credentials' she seemed irresistibly correct as a feminist martyr."¹ Throughout her exposé, Frankfort investigated the life and death of Rosie Jimenez, the first victim of the Hyde Amendment (1977) and constructs an origin story fit for her feminist martyr. Frankfort begins her story with the implementation of the Hyde Amendment, a federal

¹ Ellen Frankfort, *Rosie: An Investigation of a Wrongful Death* (New York: The Dial Press, 1979), 2.

policy that banned funding for abortions for women insured by Medicaid. As one of many iterations of Rosie's death, Frankfort's story reveals how Rosie's death was a result of state and medical negligence because her death could have been preventable if she had proper access and funds for an abortion. Frankfort's exposé politicized Rosie's death in order to amplify the ways working class women, particularly women of color, are systemically marginalized by reproductive policies that exploit women's reproductive labor, power, and bodies.

Frankfort's exposé focused on Rosie's encounters with obstetricians and gynecologists, Planned Parenthood counselors, and friends in the last few weeks of her life. Her visits with healthcare professionals become a convenient backdrop for a raw account of Rosie's death crafted for a general feminist readership. The exposé culminates with an idealized resolution to the injustice of Rosie's untimely death: the arrest of the retired midwife who performed her illegal abortion and the materialization of a feminist martyr. This false absolution asserts that the criminalization of a migrant midwife and her subsequent incarceration is a form of justice; meanwhile, feminists were advocating for reproductive justice through the dismantling of structural barriers faced by low-income women, particularly women of color, in pursuit of safe and accessible abortions.

Using this feminist exposé as a point of entry, this essay explores the racialized and gendered retellings of Rosie's death via the public health lexicon of heteronormative sexual intimacies, anti-abortion fervor, feminist idolization, and community memory. By centering Rosie's death in my analysis of the aftermath of policy decisions and cultural discourses implemented between 1973-1979 by the heteropatriarchal settler colonial state, feminist publics, and anti-feminists, I contend that reproductive violence is a product of racial capitalism. Racial capitalism is the systemic phenomenon wherein racism and capitalism intertwine to exploit

racialized workers. Capitalism requires inequality to thrive. And in the United States, a capitalist society that depends on the exploited labor of the racialized working-class, its public health systems reflect these inequalities. When the reproductive choices of working-class women are dependent on class status and economic mobility, restriction to abortion access exploits working-class women's labor and impedes bodily autonomy. Under racial capitalism, the politics of abortion such as the Hyde Amendment displaces measures that would lead to meaningful social reforms, instead exploiting women and their incomes, violently forcing low-income women of color to choose between poverty or death.

To understand the politics of abortion, we must start in 1973 with the legalization of abortion. In its landmark decision in *Roe v. Wade*, the Supreme Court ruled that the Constitution of the United States protects a pregnant women's liberty to choose to have an abortion without excessive government restriction.² It left the antiabortion movement to strategize on whether to promote laws that would limit abortion or would ban it outright. Antiabortion activism in the 1970s was often best reflected by its Catholic and Mormon subgroups protested outside abortion clinics, crisis pregnancy centers, and churches with their faux fetuses in jars, Precious Feet pins, and Holocaust rhetoric.³ These activists aimed to overturn *Roe v. Wade* by cultural and political means. Many antiabortion activists proposed different Human Life Amendments that all claimed some variant that abortion was immoral because according to them, "human life began at conception."⁴ None of these pro-life amendments received enough support to pass in either the House or the Senate.⁵ I will consider the antiabortion activism of the late-twentieth century as it relates to the

² Blackmun, Harry A, and Supreme Court Of The United States. U.S. Reports: *Roe v. Wade*, 410 U.S. 113. 1972.

³ Jennifer L. Holland. *Tiny You: A Western History of the Anti-Abortion Movement* (Berkeley: University of California Press, 2020), 64, 89.

⁴ Holland, *Tiny You*, 89.

⁵ Holland, *Tiny You*, 89.

politics of abortion and its connection to abortion funding bans within the history of United States public health policy. My analysis of the politics of abortion expands upon and complicates these federal funding bans and allows the reader to better understand the role that antiabortion activists played in the 1970s.

Because of the uniquely racialized nature of reproductive rights in the United States, feminist scholars of color have advanced theoretical frameworks that displace white-middle class women from the center of reproductive politics to better articulate the continuum of reproductive violence and reproductive justice. The first attempt at describing the tenets of what constitutes reproductive justice emerged from Black women activists who were exploring ways to organize a feminist movement for reproductive rights that centered communities of color to “disrupt the dehumanizing status quo of reproductive politics.”⁶ Over twenty years later, Loretta Ross and other feminist scholars defined reproductive justice as “[...] both a theoretical paradigm shift and a model for activist organizing centering three interconnected human rights values: the right to not have children using safe birth control, abortion, or abstinence; the right to have children under conditions we choose; and the right to parent the children we have in safe and healthy environments.”⁷ Reproductive justice became, and remains today, the scholarly and legal framework for interrogating reproductive politics, exposing the ways in which race and class manipulate abortion laws and shape the political landscape in the United States.⁸ Expanding on the intersection between racial capitalism and reproductive violence to include abortion laws disrupts traditional contextualization that are based on pro-life and pro-choice debates. In doing

⁶ Loretta J. Ross. *Radical Reproductive Justice: Foundations, Theory, Practice, Critique* (New York City: Feminist Press at the City University of New York, 2017), 9.

⁷ Ross, *Radical Reproductive Justice*, 13.

⁸ Ross, *Radical Reproductive Justice*, 12.

so, reproductive justice sets the stage to interrogate how abortion restrictions are riddled with racialized incongruities.

Reproductive justice scholarship positions abortion as a distinct but integral component in the broader pursuit of reproductive freedom.⁹ Despite the new directions taken by ambitious and nuanced historical studies of gender, sexuality, and abortion, many scholars continue to treat abortion as the province of white women, describing both sides of the pro-life/pro-choice divide as populated by aggressive middle-class women with an unfettered passion to defend their bodily autonomy.¹⁰ Often women of color do not figure at all into studies of abortion after *Roe v. Wade* (1973). Within the larger context of reproductive justice literature, women of color are the focus of numerous histories of forced sterilization. Restricted access to abortions and forced sterilization are two sides of the same coin—both are used to control the reproductive autonomy of women. While there is a plethora of scholarship on the forced sterilization of women of color in the United States, scholars have yet to fully engage with the ways abortion restrictions perpetuate reproductive violence against low-income women of color.¹¹

In the last decade, a new line of scholarship connecting reproductive violence to racial capitalism flourished. Following the influential works of Jennifer Morgan's *Laboring Women* and Cedric Robinson's *Black Marxism*, a body of scholarly work produced by legal, feminist, and cultural theorists has developed interdisciplinary frameworks to theorize the links between past

⁹ Ross, *Radical Reproductive Justice*, 215.

¹⁰ Holland. *Tiny You*; Stacie Taranto. Stacie Taranto. *Kitchen Table Politics: Conservative Women and Family Values in New York*, (Philadelphia: University of Pennsylvania Press, 2017), 215-28.; Daniel K. Williams, *Defenders of the Unborn: The Pro-Life Movement Before Roe v. Wade* (Oxford: Oxford University Press, 2016).

¹¹Some books that focus on force sterilization in the United States: Brianna Theobald. *Reproduction on the Reservation: Pregnancy, Childbirth, and Colonialism in the Long Twentieth Century* (Chapel Hill: University of North Carolina Press, 2019); Elena R. Martinez. *Fertile Matters: The Politics of Mexican-Origin Women's Reproduction* (Austin: University of Texas Press, 2008); Dorothy Roberts. *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty* (Vintage Press, 1997); Rebecca M. Kluchin. *Fit to Be Tied: Sterilization and Reproductive Rights in America, 1950-1980* (Rutgers University Press, 2009).

and current debates on reproductive politics and freedom.¹² Informed by the premise that feminist theory rooted in reproductive politics has been exhausted, scholars have recentered the role of capitalism in feminist studies on abortion politics. For instance, Alys Eve Weinbaum's *Afterlife of Reproductive Slavery* advances reproductive justice paradigms by centering the "unacknowledged historical constellation" of two distinct yet entangled time periods—first, in the four centuries of chattel slavery in the Americas and the Caribbean, and in the present moment—where reproductive labor power and reproductive products "have been engineered for profit."¹³ In engaging with the concept of racial capitalism, I ally myself with Black Feminist-Marxist arguments about the ways "reproduction of the means of production—including the reproduction of the bodies that compose the labor force—is biologically, socially, culturally and ideologically maintained through the domination and subjugation of women and women's reproductive labor."¹⁴ I follow Weinbaum in arguing that reproductive labor and capitalism are continuously "bound together in complex relations of historical reciprocity whose dynamics change over time."¹⁵ My essay engages with contemporary literature on racial capitalism to expand upon the focus on the morality of abortion in current scholarship, instead emphasizing on the public health apparatus. Informed by feminist theory, scholarship, and activism, my analysis of abortion restrictions employs the framework of racial capitalism to explain the politics of abortion that exploits and limits women's reproductive choices to enable the dominance of white heterosexual men over women who are marginalized by their gender, race, and social status.

¹² Jennifer Morgan. *Laboring Women: Reproduction and Gender in New World Slavery* (Philadelphia: University of Pennsylvania Press, 2004); Cedric J. Robinson. *Black Marxism: The Making of the Black Radical Tradition* 1983 (Chapel Hill: University of North Carolina Press, 2000).

¹³ Alys Eve Weinbaum. *The Afterlife of Reproductive Slavery: Bio capitalism and Black Feminism's Philosophy of History* (Durham: Duke University Press, 2019), 2.

¹⁴ Weinbaum, *The Afterlife of Reproductive Slavery*, 3.

¹⁵ Weinbaum, *The Afterlife of Reproductive Slavery*, 3

The main body of this essay is organized into three numbered sections followed by a conclusion. The first section introduces Rosie Jimenez to trace the unraveling of abortion access for low-income women of color. In 1973, when the *Roe v. Wade* decision legalized abortion, Rosie was 23 and gave birth to her only daughter, Monique. In the ensuing years, Rosie had safe and legal abortions in 1975, 1976, and early 1977 before the implementation of the Hyde Amendment. Her final abortion in September 1977 ultimately led to her death. The second and third sections present an analysis of the heteropatriarchal structures that facilitated public health officials and healthcare professionals' misogynist and racist dismissals of Rosie's death. Additionally, newspaper editorials are used to explore the role anti-abortion activists played in the making of fetus rights and unmaking of women's reproductive rights. Anti-abortion activists believed that the rights of the unborn were the civil rights cause of their time; however, this required stripping abortion access to working-class women. These newspaper articles provide an insight into how anti-abortion activists' demands legitimized abortion funding bans and manifested a culture wherein the unborn held more value than the women who carry them.

The third section examines the retelling of Rosie's death as a response to the dismantling of women's reproductive rights by public health officials and anti-abortion activists. In my exploration of the feminist recounting of Rosie's death, I examine how these narratives reinforce a narrative of her victimhood. The martyrdom of Rosie minimizes her life and death because Rosie simply did not want to die, especially not from a botched abortion. She did not choose to die. I conclude this essay with her daughter's reflection about Rosie's legacy. Although Monique was four when her mother passed away, she shared family photos and memories with others. Through the fragmented memories of her mother, Monique restores her humanity, showing Rosie as who she was when she was alive. Apparent in the many competing narratives that attempt to define

Rosie' life and death, this history mirrors the ongoing power struggle for women's reproductive autonomy that continues to permeate the everyday lives of working-class women of color.

The history of reproductive violence against women is one concerned with temporality that embeds itself in discourses about the *living present*.¹⁶ The living present is “always a stretching between past and future” and are “always dimensions of the present, and they operate on, with and alongside the present thought the passive synthesis of habit.” As a living present history, my timeframe posits itself from 1976 with the implementation of the Hyde Amendment until 1979 with the publication of *Rosie: An Investigation of a Wrongful Death*. The Hyde Amendment is a policy with a living present in the sense that its consequences can be found in the past, the present, and until it is abolished. I cover these three years in three different ways to illuminate varying interpretations about Rosie's fragmentary life.

I. *Rosie: Hidden in Plain Sight*

Rosie Jimenez has been made into many things: a victim, a promiscuous Mexican American woman, and a martyr for reproductive rights for women. How is it possible that a 27-year-old from the Rio Grande Valley could function in this variety of social roles? Rosie Jimenez has been viewed through so many feminist and conservative perspectives, that it is hard to grapple with who she was when she was alive. Even immediately after her death, the memories of Rosie differed from her reality. Perhaps this memory, in part, is what explains the significance of her story.

Different factions in the battle over reproductive rights for women have been locked in a power struggle since 1977. In 1973, mainstream feminists celebrated the triumphal victory for

¹⁶ Rachel Loewen Walker, “The Living Present as a Materialist Feminist Temporality”, *Women: A Cultural Review*, 25:1 (2014): 46-61, DOI: [10.1080/09574042.2014.901107](https://doi.org/10.1080/09574042.2014.901107)

legal abortions in the United States. Yet, by 1976, anti-abortion politicians solidified their power with the passage of the Hyde Amendment which allowed Medicaid to ban federal funding for abortions. Feminist publics were concerned about these funding bans in that many believed that the United States would regress to a pre-*Roe* society where many working-class women would suffer abortion-related complications or die. These hypothetical fears became a reality on October 3, 1977 when Rosie Jimenez died from an illegal abortion. To understand Rosie's death and its impact within feminist publics and the silences amongst anti-abortion activists over the last forty years, one must take an in-depth look at Rosie's brief life to make sense of why her existence has been both memorialized and undermined.

Rosie Jimenez was born in Houston, Texas on August 4, 1950 to hardworking Mexican-American migrant farmworkers.¹⁷ Until the age of 23, there is not much known about Rosie. She was a young woman who lived in an abusive household until she decided to move out and start her new life with her first and only daughter, Monique. Soon after the birth of her daughter, Rosie moved to live near her grandmother in McAllen, Texas. Her neighbors who became her college classmates and close friends had fond memories of Rosie's extraordinary kindness and great compassion for others. Her move to McAllen would mark the moment of Rosie's personal growth and independence, but ultimately her demise.

¹⁷ Women of Mexican birth or descent refer to themselves by many names— Mexican American, Chicana, Tejana and Latina. Self-identification speaks volumes about regional, generational, and even political orientations. Mexican American signifies U.S. birth. Chicana reflects a political consciousness borne of the Chicano Student Movement. It can also be a generational marker for those who were coming of age during the 1960s and 1970s. Some prefer regional identification, such as Tejana in Texas. Latina emphasizes a common bond with all women of Latin American origin in the United States. These identification titles are constructed and reconstructed at collective and individual level where the Mexican American, Chicana, Tejana, or Latina looks to “her history...to learn how to transform the preset; Vicki L. Ruiz, *Mexican Women in Encyclopedia of southern culture*, ed. Charles Reagan Wilson and William Ferris (Chapel Hill: University of North Carolina Press, 1989), 1559-1660.

In 1974, Rosie enrolled in her local community college in hopes of becoming a special education teacher. With the help of her best friend, Diane Rivera, emotionally invested with each other and acted as extended family members to provide social support.¹⁸ This was a network of women who were ending patriarchal practices, not in the same way as political feminists, but in the way working-class women in the United States attune to their own needs and demands. These women recognized the material struggle of motherhood and even if they did not agree with abortion, they were there to support Rosie in terminating an unwanted pregnancy. Rosie and her friends were creating new traditions of motherhood, health, and sexuality within their network.

In August 1977, Rosie became pregnant for the fourth time. After 1975 and the legalization of abortion coverage under Medicaid, Rosie had had two successful abortions. In 1975, after the legalization of abortion and coverage under Medicaid, Rosie became pregnant a second time and terminated her pregnancy at Planned Parenthood in Harlingen, Texas. In January 1977, Rosie became pregnant again; however, this time it was performed by the only obstetrician who induced abortions at the McAllen Regional Hospital. Both her first and second abortions were financed by Medicaid. But in September of 1977, Rosie found out she was pregnant for the fourth time. Six months away from her college graduation, Rosie told her friends she could not afford a second child because she wanted to provide for Monique safely and sustainably. And so, she went to her primary physician to set up an appointment for an abortion.

Her primary physician, Homero Rivas, let her know that Medicaid no longer covered abortions and that his private practice charged \$235 to perform an abortion. She immediately traveled to Harlingen, Texas, about a forty-minute commute from McAllen, to visit Planned

¹⁸Larissa M. Mercado-Lopez. "Chicana Mothering", *Encyclopedia of Motherhood*, 177-179.

Parenthood. Rosie's reaction to the price of the abortion at her local clinic set the tone for women and how they needed to search high and low for safe alternatives. Planned Parenthood at this location provided abortion services for women, yet due to the abortion funding ban, they could only perform a certain number amount each quarter. Rosie's troubles were as a result of the Hyde Amendment which had been passed by Congress in 1976. The Hyde Amendment not only banned federal funding for abortions, but as a consequence, most alternative modes for abortion became limited in its abortion funds.¹⁹

It was not only that Planned Parenthood Harlingen had limited funding to help Rosie obtain an abortion, but its director chose not to help Rosie. Lila Burns, the director of Planned Parenthood Harlingen, chose not to fund Rosie based off obvious resentment and frustration towards Mexican American women, Burns could have subsidized Rosie's abortion fee, but she instead did not do so stating that she "could not take care of them all [because Planned Parenthood] did not have money for poor women, only for special cases." No better would this be illustrated than with how she denied Rosie access to an abortion.²⁰

In fact, her encounter with the Planned Parenthood director also illustrates the racism women of color encounter when they access healthcare systems. Burns not only denied Rosie because of Planned Parenthood's limited funds, but also because she believed that Rosie preferred to have an abortion in Mexico. She thought "Rosie wanted privacy and felt at home there."²¹ Burns apparently did not consider that abortions were illegal in Mexico and that Rosie was born and raised in the United States. Yet, the way Burns reacted toward Rosie's situation suggest the

¹⁹ Frankfort, *Rosie*, 136-138.

²⁰ Frankfort, *Rosie*, 136-138.

²¹ Frankfort, *Rosie*, 136-138.

unequal power relations that dominate public health. Healthcare professionals engage with the structural inequalities of the politics of abortions and construct their decisions based on women's race and social status.²²

After Burns denied Rosie an abortion, Rosie reevaluated her options to terminate her unwanted pregnancy. Rosie's desire for a safe and legal abortion was no longer attainable since abortions were commodified to the price of \$235. With the advice from her friend, Margie, Rosie drove fifteen minutes south of McAllen to induce a miscarriage via hormone injections at a pharmacy in Reynosa, Mexico. When a miscarriage did not occur, Rosie reached out to her friend, Evangelina, who knew of a retired midwife who performed abortions at her home. On September 24, 1977, Evangelina drove Rosie to the home of Maria Pineda to terminate Rosie's pregnancy. Evangelina noted, "I remember a rug of above the bed with a picture of Jesus...Maria showed me a long red tube [and held up a rag]. The rag had blood all over it. It was an old rag", she continued, "[Rosie was in there] for about half an hour...[Rosie] said it didn't hurt. She said she was bleeding, but she seemed happy that it was over. She said she would do it again if she had to."²³ Before leaving Maria's home, as Evangelina recalls, Maria told both Evangelina and Rosie that she "gave it to [Rosie] real cheap...and the abortion was guaranteed."²⁴ Both Rosie and Evangelina walked out and drove back to Rosie's apartment. Rosie slept through the night, dropped Monique off at daycare, went to her early morning class, went back home, and called in sick to work. She lay in her bed in hopes of recovering from feeling ill. Rosie's desperate efforts to terminate her pregnancy captured the realities of federal funding bans for working-class women.

²² Frankfort, *Rosie*, 136-138.

²³ Frankfort, *Rosie*, 116-117.

²⁴ Frankfort, *Rosie*, 116-117.

On the afternoon of, September 25, 1977 Rosie's boss barged into Margie's apartment desperate for help as he found Rosie hemorrhaging on the floor in her apartment next door. Margie, Rosie's boss, and another neighbor all helped carry Rosie from out of her blood-soaked bed sheets in her apartment unit and into Margie's car. On their way to the hospital, Margie continuously kept asking Rosie if she had her Medicaid insurance card; however, Rosie never responded. Unable to feel her legs and bruised under her eyes, Rosie remained in the hospital for one more week. In that week, her doctors performed a hysterectomy with hopes of containing the spread of her bacterial infection and her parents came to take care of Monique. Yet, despite all the support from their friends and family, their lives were disrupted on October 3, 1977, on the day Rosie died.

II. *Rosie: The Victim of U.S. Public Health Systems*

Rosie Jimenez's death first appeared on November 4, 1977 in the Centers for Disease Control and Prevention (CDC) in its bulletin titled, *Morbidity and Mortality Weekly Report*.²⁵ The newsletter reported that five women from the Rio Grande Valley in Texas were hospitalized due to abortion-related complications, and one of them died from infection. The report claimed, "this is the first confirmed illegal abortion-related death reported to CDC."²⁶ Although Rosie remained nameless in this report due to privacy laws, the report uncovers how public health systems shape the lives and deaths of its most vulnerable populations, particularly women of color.²⁷ In this weekly report, the CDC also wrote that based on patient and family interviews all five women had

²⁵ "Cluster of Abortion-Related Complications ---Texas." Center for Disease Control: *Morbidity and Mortality Weekly Report*, November 4, 1977.

²⁶ "Cluster of Abortion-Related Complications ---Texas." Center for Disease Control: *Morbidity and Mortality Weekly Report*, November 4, 1977.

²⁷ National Center for Biotechnology Information. "HIPAA, the Privacy Rule, and Its Application to Health Research" in *Beyond the HIPAA Privacy Rule: Enhancing Privacy, Improving Health Through Research*: "Since 1974, numerous federal laws have been passed in the United States to specify the privacy rights and protections of patients, physicians, and other covered entities to medical data. Many states have passed its own laws to try and better protect the medical privacy of their citizens." <https://www.ncbi.nlm.nih.gov/books/NBK9573/>

their abortions in Mexico. While it is unknown if the four other women had their abortions in Mexico, it was untrue for Rosie. Nonetheless, this misinformation places responsibility on both the Mexican public health system and the individual women. Instead of placing any responsibility on the public health systems in the United States, the CDC public health officials, medical doctors, and other healthcare professionals perpetuated and maintained the heteropatriarchal structures that affected access to legal abortions for working-class women.

By the last quarter of 1977, the CDC began to monitor abortion related mortality and as a medical condition, due to the implementation of the Hyde Amendment. The CDC initiatives often carried out by its state agents, such as doctors, health counselors, nurses, and other professional healthcare workers. The visibility of abortion related complications and death amongst low-income women are entangled in the defining of public health. U.S. public health systems have undergone several changes since the turn of the twentieth century. The United States Public Health Services was organized in the 1940s around the premise that “a healthier society could be built through healthcare for individuals, and health departments expanded into clinical care and health education.”²⁸ By the end of World War II as Cold War anxieties emerged, the United States under the Reorganization Plan No. 1 of 1953 established the Department of Health, Education and Welfare. The department was the beginning of stronger federal government involvement in the public health domain. The founding of the National Institute of Health for medical research and the Centers of Disease Control to monitor citizens’ health and hygiene predated the department.

By the 1970s, reducing public health costs became a national objective. This goal was apparent in the Department of Health Education and Welfare’s Appropriations Act of 1977, a

²⁸ Institute of Medicine, Committee for the Study of the Future of Public Health. “A History of the Public Health System”, 1988. <https://www.ncbi.nlm.nih.gov/books/NBK218224/>

funding bill that included the Hyde Amendment.²⁹ While technically designed to assist low income people, in reality the Hyde Amendment shifted costs to individuals and made healthcare inaccessible for many working-class people. By definition and in fact, public health in the United States began as an institution on the premise of helping the health of individuals by the 1970s, it had abdicated that responsibility, especially for low-income communities.³⁰ As congressmen and its “moral” supporters stripped healthcare of its funding, low-income communities began to worsen in terms of health. The cost of abortion in 1977 for Medicaid covered patients ranged from \$175 to \$225. That was roughly half the amount of Rosie’s monthly Aid to Dependent Children benefits.³¹ For instance, in 1992, the number of federally funded abortions dropped from nearly 300,000 to under 2,000 as a result of the Hyde Amendment.³²

Yet, it was not enough to cut federal funding for abortions. A subset group of anti-feminists cultivated a cultural movement where fetus “lives” were considered more important than the lives of already living women. Early research on the antiabortion movement treated its members as a homogenous group and has assumed that all antiabortion activists shared similar political beliefs.³³ But later scholars point out that there are important distinctions among antiabortion activists, including regional and religious difference. However, shared moral values unite the post-*Roe* antiabortion movement. The moral values of antiabortion movements stemmed from the anxieties

²⁹ Box 57, folder “9/29/76 HR14232 Departments of Labor and Health Education and Welfare and Related Agencies Appropriation Act 1977 (vetoed) (1)” of the White House Records Office: Legislation Case Files at the Gerald R. Ford Presidential Library

³⁰ Roberts, *Killing the Black Body*, 254.

³¹ Karlyn Baker. “D.C., Md. To Pay Abortion Costs of Poor”, *The Washington Post*, August 6, 1977; Frankfort, *Rosie*, 34.

³² Roberts, *Killing the Black Body*, 278. As of 2020, only 16 states use their funds to subsidize abortions for poor women, usually under the circumstance of rape, incest, and endangerment of the women. These are the 16 states who use their own state funds to pay for elective abortions and similar services: Alaska, Arizona, California, Connecticut, Hawaii, Illinois, Maryland, Massachusetts, Minnesota, Montana, New Jersey, New Mexico, New York, Oregon, Vermont, and Washington. Guttmacher Institute.

³³ Holland, *Tiny You*, 89. Williams, *Defenders of the Unborn*, 45.

about economic and social changes, such as the legalization of birth control, a resurging feminist movement and women entering the professional world. While some of these were seen as “Catholic issues”, many women who embraced motherhood as an identity felt their personal lives were threatened.³⁴ White middle-class social conservatives clung to the heteropatriarchal nuclear family expectations where men served as the provider for their wife and children, while women were confined to their homes, responsible of taking care of their children. These predominantly white activists made the personal political by linking fetus rights to the identity of Christian values, where if the fetus is in danger so are the lives of conservative white people.³⁵

Sparked by the liberalization of abortion in 1973, groups of white middle-class antiabortion activists collaborated with their local and state politicians to overturn *Roe v. Wade*. Coordinated through both Catholic and Protestant Christian avenues, the antiabortion movement evolved into a civil rights campaign for the unborn.³⁶ The origins of this phase of antiabortion activism can be traced to the late 1960s when Catholic activists began to turn the tide against abortion reform at the state level in Colorado. By the mid-1970s, activists organized in order to promote laws that would limit abortion or ban it outright. This was also the moment evangelicals joined pro-life coalitions. The post- *Roe* antiabortion movement transformed the political beliefs of doctors, university professors, mainstream Democrats, and some feminists who came to believe that fetuses were babies and abortion was murder. Antiabortion activists, who were predominantly white

³⁴ Hartman, *War for the Soul*, 203; Taranto, *Kitchen Table Politics*, 5.

³⁵ Holland, *Tiny You*, 8; Kevin M. Kruse and Julian E. Zelizer. *Fault Lines: A History of the United States since 1974* (New York: W.W. Norton and Company, 2019); Benita Roth, *Separate Roads to Feminism: Black, Chicana, and White Feminist Movements in America's Second Wave* (Cambridge University Press, 2004) ; Marjorie J. Spruill, *Divided We Stand: Battle Over Women's Rights and Family Values That Polarized American Politics* (Bloomsbury Press, 2017).

³⁶ Holland, *Tiny You*, 4. However, under a regulation in *Roe v. Wade*, the Supreme Court ruled that it did not constitutionally protect the fetus. The origins of the antiabortion movement trace back to the professionalization of medical field in the nineteenth century, when predominately male doctors began to question the morality of abortion.

conservatives, recast the civil rights movement for fetuses.³⁷ On January 23, 1977 on the fourth anniversary of the legalization of abortion, 40,000 people arrived at the nation's capital to protest abortion. With them, they carried signs and banners with language, such as "Abortion is Murder", "Pick on Somebody Your Own Size" and "Stop Abortion: It's a Capital Punishment for the Innocent."³⁸ Amongst the protestors were Congressman Robert K. Dornan, a Republican from California, and Senator Orrin G. Hatch, a Republican from Utah. Comparing the antiabortion cause to African Americans' fight for equality, Dornan argued, "The civil rights issue here is the difference between restricting the movement of free people and the slaughter of innocent people." In addition, Hatch said that abortions were an epidemic that needed to be stamped out because federal payments for abortion funded "genocidal programs as were practiced in Nazi Germany." Even when they did not proffer rationales for the personhood of the victims of racial inequality and genocide, these politicians continued to use Black and Jewish victims as surrogates to speak of fetuses as people who were victims.

The cultural work of antiabortion political activism inaugurated a politics wherein the fetus became a victim. Former New York Senator James Buckley urged the crowds that the memory of the "nameless victims let us redouble our efforts to protect the lives of the children yet to be conceived."³⁹ Not only did they borrow the language of the Black civil rights movement, but they also pushed aside the Black struggle to place themselves as the saviors of the fetus.⁴⁰ Male politicians were not the only people with allegations about the lack of protection for the fetus. More profoundly, many women spoke about the morality about abortion and their personal

³⁷ Holland, *Tiny You*; Many antiabortionists after the legalization of abortion proposed the Human Life Amendment which explicitly disputes *Roe v. Wade* by stating that human life is killed during an abortion; Hyde's proposal was also viewed as a way to force women to stop having abortions.

³⁸ B.D. Colen, "40,000 March in Abortion Protest". The *Washington Post* (Washington D.C.), January 23, 1977.

³⁹ B.D. Colen, "40,000 March in Abortion Protest". The *Washington Post* (Washington D.C.), January 23, 1977.

⁴⁰ B.D. Colen, "40,000 March in Abortion Protest". The *Washington Post* (Washington D.C.), January 23, 1977.

relations to their children. One female protester said that when she was pregnant with her children, she felt they were not a part of who she was, but that they were two individuals with a life of their own.⁴¹ As social conservatives and antiabortionists rallied around their shared opposition to abortion, they used civil rights language to position themselves as the moral middle. The moral middle was the construction of a civil rights movement for fetuses by antiabortionists to spotlight that they were the “protectors of America from corrupting people of color, while also being the protectors of people of color from a corrupting America.”⁴² For these group of people, in a post-civil rights-era, the rights of a fetus were used to deny the rights of women, block welfare reform, and justify institutionalized racism. Antiabortion activists used funding bans to politicize their movement and overturn the legalization of abortion.

However, these funding bans did not proceed without resistance. The Center for Constitutional Rights (CCR) set out to convince the Court that the funding bans and similar laws deprived women of their rights just as much as a criminal ban would. From 1975 through 1977, the Supreme Court agreed to hear a trio of cases on abortion funding: *Maher v. Roe*, *Beal v. Doe*, and *Poelker v. Doe*. Legal historian Mary Ziegler argued that the Court decisions in *Maher*, the decision that a Connecticut abortion law did not “impinge upon the fundamental right recognized in *Roe*” and its companion cases made the costs and benefits of abortion as a key part of constitutional litigation.⁴³ The Hyde Amendment represented the triumphs of the antiabortion movement’s alignment with policy and politics. In 1976, Illinois state representative Henry Hyde shifted the political ideology for justifying federal funding bans for abortions. Henry Hyde remarked, “I certainly would like to prevent, if I could legally, anybody from having an abortion, a rich woman, a middle-class woman,

⁴¹ B.D. Colen, “40,000 March in Abortion Protest”. The *Washington Post* (Washington D.C.), January 23, 1977.

⁴² Holland, *Tiny You*, 23.

⁴³ Ziegler, *Abortion and the Law*, 43.

or a poor woman. Unfortunately, the only vehicle available is the...Medicaid bill.”⁴⁴ Many congressmen supported his objective to eliminate funding for abortions for poor women. On September 28, 1976, President Gerald Ford met with congressmen to discuss the budget for the 1977 fiscal year. Out of this meeting emerged the conversation about financing abortion under the Medicaid program and its ultimate decision. The cultural work of antiabortion activism influenced the political sphere in defunding abortion. For these congressmen and grassroots activists, the fetus not only gained cultural rights, but it also made many poor women vulnerable. In the three years that abortion was federally funded, Medicaid was provided with \$50 million budget for abortions, a fraction of the amount set up for the U.S. military budget.⁴⁵ However, for many congressmen and antiabortion activists these funds for federal abortions had become an unwanted welfare burden.

Public health officials and those healthcare professionals internalized these concerns about abortion funding bans. Those who assisted Rosie in her last week of life upheld the tenets of the politics of abortion that resulted in Rosie’s death. For example, in an editorial published by the *Washington Post* titled, “Doubts Arise About Abortion ‘Martyr’”, author Bill Peterson questioned the “martyrdom” of Rosie as the first victim of the Hyde Amendment. He begins, “A woman portrayed as a martyr when she died from an illegal abortion after Medicaid funds were cut off may have been simply trying to keep her pregnancy a secret when she slipped across the border to have the operation performed in the back of a Mexican pharmacy.”⁴⁶

⁴⁴ Ziegler, *Abortion and the Law*.

⁴⁵ Box 57, folder “9/29/76 HR14232 Departments of Labor and Health Education and Welfare and Related Agencies Appropriation Act 1977 (vetoed) (1)” of the White House Records Office: Legislation Case Files at the Gerald R. Ford Presidential Library

⁴⁶ Bill Peterson, “Doubts Arise About Abortion ‘Martyr’”, *The New York Times* (New York, NY) November 28, 1977.

These inquiries Peterson posed around Rosie's death did not begin nor end with him. In fact, he got his information from Dr. Homero Rivas, Rosie's primary physician, and the director of Planned Parenthood Harlingen. Rivas and Burns, after the publication of the CDC's weekly report, reached out to *Ob.Gyn News*, a medical newspaper for obstetricians and gynecologists, to tell them that "the woman's death might not have been linked to the cut-off of funds for government-paid abortions" because "investigators from the Center for Disease Control in Atlanta knew the women hard [sic] gone to Mexico for another abortion two years ago."⁴⁷ Yet in the same article, another CDC investigator, Dr. Julian Gold, claimed he could not "establish if she had an abortion in Mexico, or elsewhere" in 1975. The issue of whether Rosie was an "abortion martyr" in this article relied heavily on whether Rosie had her abortion in the United States or in Mexico, a fact that would confirm "the only thing that stood between her and life was a Medicaid card that wouldn't buy her an abortion she chose to have."⁴⁸

On March 3, 1978, the CDC published in *Morbidity and Mortality*, "A Follow Up on Abortion-related Complications – Texas."⁴⁹ Its purpose was to clarify that Rosie did die due to the implementation of the Hyde Amendment. With the assistance of feminist investigative journalist Ellen Frankfort, CDC officials, including Julian Gold, reinvestigated Rosie's case. The report wrote:

Further investigation was undertaken of the woman who died on October 3, 1977, from septic complications of abortion. Medical records revealed that she had had at least 2 prior pregnancies terminated by legally induced abortion in the United States. The first abortion was in 1975, the second in 1977. Both abortions were financed by Medicaid funds. She became pregnant again in September 1977. Interviews with the patient's family and a close friend revealed that she subsequently went to Mexico at least once to have an abortion

⁴⁷ Doubts Arise About Abortion 'Martyr', Bill Peterson, November 28, 1977.

⁴⁸ Doubts Arise About Abortion 'Martyr', Bill Peterson, November 28, 1977. This quote is taken from the article by a spokesman at a memorial service held in Washington for Rosie whom Peterson interviewed.

⁴⁹ "A Follow Up on Abortion-related Complications – Texas." Centers for Disease Control: *Morbidity and Mortality Weekly Report*, March 3, 1977.

induced by intramuscular injections of unknown agent(s). According to an interview with another close friend, when this method was unsuccessful in terminating the pregnancy, she contacted a lay midwife in the United States to induce the abortion.⁵⁰

While the CDC followed up its initial reports on Rosie, it responded to the opposition of feminist publics who demanded to know the truth and cause of Rosie's death. And though Rosie and many other women travelled to Mexico for affordable abortions it was not done because they felt "at home" in Mexico or wanted to "keep their pregnancies private." These women travelled to Mexico because it was an option for working-class women who had to evade the United States' abortion restrictions. With the support of feminist publics and the work of Ellen Frankfort, there were no more doubts that Rosie died because of the Hyde Amendment.

III. Rosie: A Martyr for a Feminist Movement

Rosie: The Investigation of a Wrongful Death (1979) was not a commercial hit for the publishing industry. This exposé written by feminist journalist Ellen Frankfort, who wrote for *Ms. Magazine*, reimagined and revived her interviews with healthcare professionals and public health officials who were involved with the first investigation of Rosie's death. When the CDC did not clarify whether Rosie was the first victim of the Hyde Amendment, Frankfort demanded that the doctors—Mark Nelson, Julian Gold, and Wade Cotts—reinvestigate Rosie's death together. The second investigation led to an official follow-up report by the CDC in its weekly report, and ultimately it brought public awareness to Rosie's otherwise invisible death.

In Frankfort's epilogue, "Taking Action", she returned to McAllen, Texas in June 1978 to work with Rosie's friend, Diane, Dr. Gold, and the local police to arrest Maria Pineda, the retired migrant midwife who performed Rosie's illegal abortion in her home in Texas. She wrapped up

⁵⁰ CDC report, March 3, 1978.

the exposé with this reflection, “No longer was I the writer; no longer was Rosie a symbol and Maria a villain. As Diane and I stood embracing, the moment transcended blame. We knew that what had happened to Rosie could, at some point, happen to any of us.”⁵¹ In essence, Frankfort both illuminated Rosie as a victim of reproductive violence and punished the villain of her story.

Nevertheless, Frankfort’s investigative journalism brought awareness to Rosie’s death and the extremes of reproductive violence due to abortion restrictions. After the publication of her exposé America’s feminist publics appeared to be in a state of shock, as death by abortion seldom entered public consciousness since the legalization of abortion in 1973. In the next year or so of Rosie’s death, women’s health collectives memorialized her death by naming abortion funds after Rosie and hosting vigils on the anniversary of her death.

While the extent of the coverage was unusual for a woman of color’s death, the content of the narrative that presented Rosie as an abortion martyr was even more remarkable. In a 1992 speech about reproductive justice, Luz Alvarez Martinez, co-founder of the Latina Reproductive Rights Movement, said, “It may be a familiar story, but it bears retelling. Rosie was the first woman to die when Medicaid funding of abortions was cut in 1977. Rosie died because she did not have the reproductive choices available to her, simply because she was a poor Chicana in McAllen, Texas.”⁵² Fifteen years after Rosie’s death, feminists centered the fight for reproductive justice around the reproductive rights of poor women in the United States.

The feminist idolization of Rosie at the time of her death and in the 1990s shows the ways that Rosie’s racial identity was used in the creation of an abortion martyr. It also reflects that the

⁵¹ Frankfort, *Rosie*, 152.

⁵² Luz Alvarez Martinez, The Latina Reproductive Rights Movement, *Hastings Women’s Law Journal*, Volume 3, Number 1 *Latinas in Crisis: A Struggle for Rights in the Face of Oppression*, January 1, 1992, Available at: <https://repository.uchastings.edu/hwlj/vol3/iss1/5>, 90.

incarceration of the retired migrant housewife who performed her abortion seemed to achieve justice for Diane, Frankfort, and even some public health doctors. Although this was meaningful work, these tropes perpetuate the racialized and gendered carceral and surveillance state of reproduction.⁵³ Unfortunately, the making of an abortion martyr did not abolish abortion restrictions nor does it mean that Rosie died in vain. In fact, Rosie's death was and will never be in vain because Rosie did not willingly sacrifice her life for the benefit of abortion rights. Rosie died due to deliberate abortion funding bans that denied safe and affordable abortion for low-income women.

Current scholarship on martyrdom offer and define an alternative approach to “radical martyrdom”, as a “type of narrative which describes a death that reinforces a group’s view of the world.”⁵⁴ Even in the redefined approaches of martyrdom, Rosie’s death does not conform to traditional definitions of martyrdom, in which an individual is “given an opportunity but refuses to recant of deeply held beliefs that lead to death.”⁵⁵ While she did not die a religious death, she still did not deliberately die for the cause of women’s reproductive rights. Rosie’s martyrdom for feminist publics is merely rhetorical. Frankfort and Alvarez Martinez create and reinforce identity boundaries to reflect the worldviews, values, and principles of feminist publics onto Rosie. Accordingly, by 1979, many feminist groups, including white mainstream feminists, were radicalized by the death of the Rosie Jimenez. They may not have known her name, who she was, or who she wanted to be, but they knew she was a victim of the Hyde Amendment. And while she remains the only documented death of the Hyde Amendment, this is deliberately misleading.

⁵³ Roberts, *Killing the Black Body*; Alys Eve Weinbaum. *The Afterlife of Reproductive Slavery*, 2.

⁵⁴ Middleton, Paul. Radical Martyrdom and Cosmic Conflict in Early Christianity. London: T and T Clark. “The Scarecrow Christ The Murder of Matthew Shepard and the Making of an American Culture Wars Martyr” published in *Martyrdom: Canonisation, Contestation and Afterlives* (University of Amsterdam Press, 2020), 181-200, 2006.

⁵⁵ Van Henten, Jan Willem and Ihab Saloul. *Martyrdom: Canonisation, Contestation and Afterlives* (University of Amsterdam Press, 2020), 15-16.

Under the Carter Administration, the Department of Health, Education and Welfare failed to investigate abortion related complications. By the late 1970s, abortions were categorized under maternal mortality rates, which obscured the number of women who, like Rosie, died from the complications of illegal abortions.⁵⁶

Abortions have long been part of the “culture wars” in the United States that have divided the nation.⁵⁷ Threatened by the social values of the 1960s and simultaneously conscious of avoiding the overt racism of segregationists, antiabortion activists of the 1970s became the “moral middle,” a group of white, middle-class Christian men and women who positioned themselves as social warriors fighting for the rights of the fetus and the moral soul of the nation.⁵⁸ The antiabortion movement found itself in the midst of a new America, a nation where the hard-won legal rights of women challenged “traditional” gender norms and transformed access to bodily autonomy. For them, the radical political mobilization of the sixties—civil rights, Black, Red, and Chicano Power, feminism, gay liberation, and the antiwar movement—destabilized the traditional values of an America that prized hard work, individual merit, and social mobility for white citizens.⁵⁹ For this group of Americans, sexual expectations were consistent with strict heteropatriarchal gender roles within the confines of marriage, men worked outside the home and women cared for children. In order to gain a moral high ground in their fight to maintain these social values, the moral middle rallied to construct a civil rights movement for the fetus. Appropriating the strategies and language of the feminist and Black liberation movements,

⁵⁶ Fuentes, Liza. “State DOHs might have included such death in maternal mortality reports; however, these would not be definitive. Several states & DC had liberalized abortion laws ~1968-73. How & whether deaths from illegal abortion were documented was not consistent from what I know.” April 22, 2020. 3:42 am. Liza Fuentes is a Senior Research Scientist at the Guttmacher Institute.

⁵⁷ Holland, *Tiny You*, 4.

⁵⁸ Holland, *Tiny You*, 63. The moral middle is a term used by Holland in her monograph *Tiny You*, to define those activists who believed that they were the “moral” voice of the United States in the 1970s.

⁵⁹ Hartmann, *A War for the Soul of America*.

antiabortion activists began to organize at churches, schools, homes, and clinics in suburban communities across the United States. By 1973, the flourishing antiabortion movement politicized seemingly apolitical spaces of Americans' lives through demonstrative politics and cultural affirmation to address abortion as an injustice to a fetus, and Christian men women, and children.

Additionally, at its inception, the Hyde Amendment was a polarizing law for the public. The public debated whether the government should pay for women's abortion. The strongest arguments for the Hyde Amendment came from congressmen who were not directly affected by this legislation. For example, in a *Des Moines Register* editorial headlined "Medicaid for Abortions?" Congressman Charles Grassley, a Republican who voted for the fund cut-off, wrote, "a vote for the Hyde Amendment is a vote against the proposition that life is only for the planned, the privileged, the perfect."⁶⁰ Policies that banned federal funding for abortions were justified by a set of myths about the connections between family values, race and poverty.

Thus, in the 1970s and 1980s, women's reproductive movements began to challenge the limitations of second-wave feminism. Captured by the popular feminist aphorism, the personal is political, second wave feminism affirmed women's rights to make decisions about their own bodies. Yet, this framework did not account for the needs of poor women of color, who were systematically prevented from exercising choices about their bodies in the face of state violence, limited resources, and funding bans created to disenfranchise them within a capitalist society. However, these justifications were easily ruptured by the resistance from Black feminist activists who coined the term "reproductive justice" to explain the needs of under-resourced women of color that were not being addressed in the mainstream women's rights movement. Reproductive

⁶⁰ Grassley, Charles and Harkin, Tom, "Medicaid for abortions?", *Des Moines, Iowa*, September 7, 1977, 11.

justice is a movement where effective collaboration with like-minded groups challenge the authority of reproductive governance.⁶¹

Importantly, women's centered health collectives were constructed in the United States in response to the medicalization of social problems that reproduce racial stereotypes and heteropatriarchal governance on working-class women. Out of immediate response to the Hyde Amendment, women's health collectives illuminate a cultural shift in the ways that poor women struggled to survive the institutional mistreatment of their lived resilience. Many abortion-rights activists believed that abortion funding bans were unacceptable. Furthermore, with the emergence of race-specific national health organizations, both Planned Parenthood Association and National Organization of Women not only became national lobbying agents for women's reproductive health but shifted their prioritization of consensual sterilization to one centered for the benefits of abortion for poor women. These national organizations, responded to reproductive injustices by organizing subcommittees, such as the Committee for Abortion Rights and Against Sterilization Abuse (CARASA) and the Reproductive Rights National Network (R2N2), center affordable abortion as a focal point for its organizations.⁶² These feminist social organizations demanded social justice for women, especially those who were not rich or white.

Nonetheless, the feminist canonization of Rosie Jimenez fails to show that she did not willingly choose to die and is continuously framed as a victim and symbol of reproductive justice. Rosie Jimenez is expected to represent every low-income woman of every race and social class. This image places too great a burden on her death. Part of the problem is embedded in Martinez's

⁶¹Loretta Ross and Rickie Solinger, *Reproductive Justice: An Introduction* (Oakland: University of California Press, 2017); Patricia Zavella, *The Movement for Reproductive Justice*, 6.

⁶² On the founding of CARASA, see Nelson, *Women of Color*, 135; Ziegler, *After Roe*, 147–148; Jael Silliman, Marlene Gerber Fried, Elena Gutiérrez, and Loretta Ross, *Undivided Rights: Women of Color Organize for Reproductive Justice* 2d ed. (Chicago: Haymarket, 2016), 43.

speech, “Rosie died at the hands of an illegal abortionist. It was a painful, horrible death . . . six long days of suffering. The abortionist who killed Rosie Jimenez was sentenced to three days in jail and ordered to pay a \$100 fine. That is how insignificant and unimportant the life of a poor Chicana is.”⁶³ Initially this victim status was politically useful, especially as it was discussed as reproductive injustice. However, this distracts from the reproductive and economic violence Rosie underwent and ignores the tragedy of her death. The criminalization of a retired migrant midwife does not address the implementation of abortion funding bans. Thus, her canonization is a perpetuation of victimhood for a woman who never had a say in her death. Rosie wanted to live and be “somebody.”⁶⁴

Rosie’s tragic death in 1977 shocked feminist publics and the story of her death became part of the feminist canon. As one of only few known and recorded deaths related to federal funding bans, Rosie’s ‘credentials’ as a dead, poor, Hispanic single mother transformed an everyday woman into a feminist martyr. While this causes some frustration amongst feminist activists and scholars as Rosie’s martyrdom cannot fulfill all that feminist publics wish it to do, her symbolism has been and continues to be effective. Many feminist activists have attached meaning and legacy to Rosie’s death and her martyrdom continues to be one that culturally adapts to the worldviews, values, and principles of feminist publics.

Conclusion: The Afterlife of Rosie

The story of Rosie Jimenez’s death is undergoing another transformation that began in the late 2010s. On January 5, 2017 the Guttmacher Institute, a leading research and policy organization committed to advancing sexual and reproductive health and rights in the United States, published

⁶³ *Latinas in Crisis: A Struggle for Rights in the Face of Oppression*, 1991.

⁶⁴ Frankfort, *Rosie*, 67.

an article observing the 40th anniversary of the Hyde Amendment. The article emphasized that till this day “Congress and the executive branch have used the Hyde Amendment as a model to further limit access to abortion by creating analogous restrictions for people who obtain their health care or coverage through the federal government in other ways.”⁶⁵ With the amplification of anti-abortion sentiments and legislation since the election of Donald J. Trump in 2016, many feminists and abortion supporters began to ready themselves for the aggressive efforts to roll back abortion access. For instance, in early 2019, three abortion funding organizations, TEA fund, La Frontera Fund, and Lilith Fund partnered to introduce House Bill 895 which they colloquially named “Rosie’s Law”.⁶⁶ However, this time around, Rosie’s narrative is imbued with reproductive justice discourse and focuses on legislative reform and the engagement of her daughter, Monique Jimenez.

The origins of the Lilith fund are rooted in Frankfort’s exposé. Before it went out of print, Frankfort established the Rosie Jimenez Fund in the memory of Rosie to “provide financial assistance to poor women in Texas who seek abortions. It will also help to make Rosie’s story known throughout the country and provide for the education of her daughter.”⁶⁷ She pledged to donate five percent of the royalties to the Rosie Jimenez Fund. The Rosie Jimenez Fund regrouped as the Lilith Fund. And with the efforts and organization of feminist activists in Texas, this non-profit organization’s leader, Erika Galindo, asked her representative, Sheryl Cole, to introduce House Bill 894 to expand abortion care for women enrolled in the state’s Medicaid program. Together Galindo, the Lilith Fund, and Cole chose to name the bill “Rosie’s Law” and pledged to

⁶⁵ Megan K. Donovan and Guttmacher Institute, “In Real Life: Federal Restrictions on Abortion Coverage and the Women They Impact,” Guttmacher Institute, October 2, 2018, <https://www.guttmacher.org/gpr/2017/01/real-life-federal-restrictions-abortion-coverage-and-women-they-impact>.

⁶⁶ Themelovin. “About Lilith Fund.” *The Lilith Fund*, www.lilithfund.org/portfolio/about/.

⁶⁷ Frankfort, *Rosie*, 150.

fight for it.⁶⁸ These women claimed that “Rosie’s Law is a historic piece of Texas legislation that protects the health of Texans by expanding access to abortion care. Rosie’s Law honors the life of Rosie Jimenez, a Chicana from the Rio Grande Valley and the first known woman to die of an unsafe abortion after politicians passed a federal ban on public insurance coverage.”⁶⁹ Yet, despite the hard work, Rosie’s Law died without a hearing in 2019.

Additionally, these new reproductive justice efforts had support from Monique Jimenez, Rosie’s daughter. In a statement for the Rosie’s Resolution press conference, Monique said, “For so long, I didn’t know the details of my mom’s experience. But I am proud that more than 40 years later, my mom’s story and legacy lives on in the work of abortion funds and grassroots organizations working to repeal laws that kept her and so many from accessing a safe abortion procedure.” Later, about six months another article about Rosie’s Resolution, Monique fondly remembered Rosie: “I always picture my mom as someone who was very free, who wasn’t so bothered by society’s expectations,” Monique proudly shared. “She wore hip huggers and halter tops and loved to wear wigs and change her hairstyle. That to me says she was a very unique person.”⁷⁰

In thinking about Monique’s reflection about Rosie, it is important to remember that the fight to protect women’s reproductive choices, especially those marginalized by their race and class, is ongoing in the United States. In a country that historically depended on policing sexual relations and passes laws that control female fertility, women like Rosie and her friends—

⁶⁸ “I Pledge to Keep Fighting for Rosie’s Law!” EveryAction, <https://secure.everyaction.com/H-daPoYsCEuCvmLbE9cDLw2>.

⁶⁹ About Lilith Fund.

⁷⁰ Sofia is the Reproductive Justice reporter at Neta. et al., “A Conversation with the Daughter of the McAllen Woman Who Was a Victim of Anti-Abortion Laws,” Neta, December 5, 2018, <https://netargv.com/2018/12/04/a-conversation-with-the-daughter-of-the-mcallen-woman-who-was-a-victim-of-anti-abortion-laws/>.

neglected, working-class, and dependent on community—felt a tremendous need to shape their own reproductive lives. Yet, it is also important to remember that before her tragic death due to the politics of abortion, Rosie was a 27-year-old who lived and created her own community and kinship with her neighbors and colleagues. For Rosie and her friends, the kinship based on mothering, education, and health was their feminist liberation. It was their way of taking care of each other's health when the government was stripping them of their reproductive choices.

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