Clockwise from top left:
School of Tropical Medicine, University of Puerto Rico, San Juan, Puerto Rico [National Library of Medicine]; Patients in yellow fever hospital, 1899, Havana, Cuba [National Library of Medicine]; Circolo Cubano de Tampa, Ybor City, Tampa, Florida [Creative Commons by Ebaybe]; U.S. public health service officer examining smallpox vaccination on Cuban refugee, c. 1960s [National Library of Medicine]; “Women Don’t get AIDS; They just die from it” AIDS Awareness poster [New York Public Library]
American Science, American Medicine, and American Latinos
John Mckiernan-González

On August 26, 1935, midwife Felicitas Proven-cio walked into the El Paso City Hall to register a recent birth in South El Paso. Alex Powell, the El Paso county registrar, ordered the arrest of the 100-year-old Proven-cio for practicing midwifery without a license. From her jail cell, Proven-cio proudly told the press that she had been “committing this crime [of midwifery] for more than sixty years...no one had ever died at a birth she attended.” Pro- vencio had been born and raised in El Paso before it was part of the U.S. As she recalled, it “was once a sad little ranch, or less than a ranch. There was a river that crossed deserts and prairies and some little adobe houses, and even then, I was a mid- wife.” Thus, “she found it deeply unjust that she was apprehended because of some useless piece of paper.” The issue was larger than medical certification. She was a midwife at a time when her profession was under severe scrutiny, and she was Mexican during the decade of Mexican repatriation.

Proven-cio’s story provides a window into the ways Latinos have participated in science and medicine and the ways that their participation has ben discouraged or barred. While Latinas and Latinos have been using their medical skills and credentials to move in and out of key American institutions since at least 1848, the boundaries between Latinos and American institutions have often shifted, changing the terms of belonging and the requirements for entrance. Historical attention to Latino participation in science and medicine requires a focus on the borders of American science, on the historical worlds that doctors, nurses, and scientists share with patients, midwives, and even their fellow citizens and residents. The Latino presence in these worlds brings attention to the unexpected ways American expansion enabled both exclusion and inclusion in American society.

As Proven-cio’s anger from her jail cell made clear, Latinos did not appreciate some of their treatment at the hands of medical authorities. In 1940, policy historian and civil rights activist George I. Sanchez argued that Americans treat Latinos like “a forgot-ten people,” placing them outside the arc of American citizenship. Medical histo-rians have shown that Amer-icans have treated Latinos and other minorities like a medical threat – another “immigrant menace” or “syphilis soaked race” – and built medical institutions against the conjoined threat of foreign peoples and epidemic diseases. Medical assimilationists, on the other hand, have sought to use health reform and medical institutions to help turn Latinos into better Americans, more “fit to be citizens.” Caught within these indifferent, hostile, patronizing, and coercive medical currents in 1930s American society, Felicitas Proven-cio’s pride in her craft, her open defiance of medical authorities, and her documented presence in the Texas Latino press should remind us all that Latinas and Latinos have developed their own views on health and well-being, their own perspectives on the institutions of medicine, and their own understandings of the ways in which science and medicine fold into their aspirations for life in the U.S. Her presence in the El Paso city jail is another reminder that Latino perspectives on science and medicine are an important part of American history.

Proven-cio’s life coincided with the westward expansion of the U.S., the American civil war, U.S. interventions into the Caribbean and Mex-
mended Americans that, unlike American society, “germs know no color lines.” Border journalist Justo Cardenas considered access to public health measures “a measure of civilization,” something wanting in late 19th century Texas. Shaped by public debates and political conflicts, medical and scientific institutions in turn framed the public contexts in which Latinos, immigrants and racial minorities made their way in the U.S., forcing Latinos to use medical arguments and practices to claim spaces for themselves in the U.S.

Latino communities challenged medical discrimination by supporting their own favored doctors, nurses, curanderos, and parteras and by seeking opportunities, albeit slim, in the new American order. Elite families from California to Puerto Rico sent their children to schools in the Northeast for medical training. Californio landowner and politician Mariano Vallejo’s son Platón attended Columbia University’s College of Medicine during the 1860s at around the same time as El Pasoan Jose Sama niego. Platón Vallejo also volunteered with the Sanitary Commission in the Civil War. The liberal Guiteras family fled Cuba for Philadelphia during the Ten Year’s War. Their sons Juan and Gregorio attended the University of Pennsylvania’s College of Medicine, and both obtained commissions in the U.S. Marine Hospital Service. Also leaving during the throes of slave emancipation but from a more humble class position, Afro-Puerto Rican José Celso Barbosa moved to New York at the age of 19 to seek professional training. Unable to attend the Columbia University College of Medicine because he was black, Barbosa attended the University of Michigan medical school and became the first Puerto Rican doctor educated in the United States. Very visible in civil rights struggles in Puerto Rico, he helped establish the Puerto Rican Republican Party in 1899, and became a member of the Executive Cabinet from 1900 to 1917. In the early-20th century, Mary Headley Treviño de Edgerton, part of the powerful Treviño family in

Latinos, Medicine, and American Expansion, 1848-1910

For many Americans, science was part of America’s manifest destiny “to overspread and possess the whole of the continent,” but Americans were unsure where Mexicans and other Latinos would fit in this expanded post-1848 nation. In an 1880 survey of health conditions in South Texas, the first extended study of medical conditions and attitudes in Mexican American communities, National Board of Health member Dr. John Hunter Pope recommended drastic improvements in housing stock, basic primary care, and working conditions in South Texas so that “the Mexican cannot then indulge his peculiar ideas of epide mics without involving some of the rest of us.”

While Dr. Pope recommended public health reforms to keep Mexican American goods safe for Americans and insulate Americans from Mexican health conditions in the U.S., others used medical science to remind Americans of the ways in which “disease binds the human race together, as with an unbreakable chain.” African American doctors made the political import of this message clearer, when they re-
Starr County, became among the first Tejanos to attend medical school in Texas when she enrolled at the University of Texas – Medical Branch in Galveston. However, despite graduating at the top of her class and receiving the highest grade in the state medical exam in 1909, no county medical association, with the exception of Starr County, allowed this Tejana a medical practice. As the Latin American presence in American cities increased, it is clear that the number of Latino doctors did not keep pace with population growth. As with women and African American doctors, the numbers of Latino doctors trained in American medical institutions fell between 1890 and 1920.

Economic growth in the American Southwest and Mexico, as well as Central America and the Caribbean, forced American scientific authorities to start grappling with medical conditions in Latino communities. Joint Cuban and American research into tropical diseases helped Dr. Carlos Finlay determined that mosquitoes were the vector for yellow fever. The subsequent precedent-setting American drive to eradicate mosquitoes in Cuba did little to improve the general medical and social conditions for Cubans, but it did make the American South, Panama, Central America, and the Caribbean safer for American workers. This American engagement with tropical diseases created temporary opportunities for Latino physicians and scientists. In 1888, Gregorio Guiteras was one of the few Latino commissioned health officers in the USMHS. For the next 37 years, the Service depended on his ability to communicate with Spanish-speakers in Cuba, Puerto Rico, Key West, Florida, and Laredo, Texas. When the U.S. occupied Veracruz, Mexico, in 1917, the United States Public Health Service (USPHS) sent Guiteras to coordinate the yellow fever campaign. There were few subsequent openings for Latino doctors, as Guiteras became the last commissioned Latino health officer in the USPHS until after World War II.

Conditions in Puerto Rico changed after the American occupation, allowing Puerto Rican doctors – with some assistance from USMHS health officers – to initiate a nation-wide rural health campaign. After two years in Puerto Rico, USMHS surgeon Bailey Kelly Ashford came to believe that hookworm – and not the exploitation of Puerto Rican peasants - was responsible for the anemia, pallor and weakness he noted among peasants in Puerto Rico, “our war ward, so newly under our flag, and so sick.” Expecting maybe 500 patients, Dr. Gutierrez Igaravidez and Ashford treated nearly 5,000 people in their army-funded hookworm dispensary (public pharmacy) in Utuado, Puerto Rico in 1904. Responding to this success, the Puerto Rican Legislature allocated funds for a network of rural dispensaries. Nearly 1 out of 5 Puerto Ricans received treatment as a result; the Rockefeller Foundation tried to implement this model in the American South.

The American/Caribbean scientific collaboration in Puerto Rico and Cuba that followed the Spanish-American War strengthened boundaries around American medicine in the Progressive Era. Congress expanded the medical grounds for exclusion in the 1892 Immigration Act. The color line became a more institutional presence in the American Medical Association, prompting African American physicians to establish the National Medical Association in At-
lanta in 1895. Reforms to medical education also led to the de-funding and de-accreditation of numerous medical schools, leading to a whiter, less ethnic, more class homogenous and far more male medical student body. Despite the migration and settlement of close to a million Mexicans in the U.S. between 1900 and 1920, the number of licensed Latino medical professionals fell from 73 to 67 licensed Latino doctors in California, Colorado, Florida, Illinois, New Mexico, New York, and Texas over that period. In 1922, the AMA required hospital residencies and internships of prospective members, giving hospital administrators tremendous authority in determining the future of the medical profession. Though the majority of Latinos continued their lives at the margins of American medicine, aspiring Latino doctors faced more obstacles than ever to their participation in American science and medicine.

**Mutual Aid and Medical State Formation, 1910-1940**

Hospital administrators may have determined the licensing of Latino medical professionals in the U.S., but they did not shape Latino health conditions. Corresponding to their economic status, Latinos continued to face dire medical situations through the early-20th century and, as with other communities, social class and political powerlessness limited their access to clean water, decent housing, food, and sanitation services. Estimating the medical impact of institutional discrimination on Latino communities before 1980 is difficult, as the Census Bureau only kept separate counts for Latinos in 1930. In addition to marking individual tragedies, infant mortality rates speak to the relative quality of life in a given neighborhood. In 1910, infant mortality rates were three times higher for Latinos than for Anglos in New Mexico, California, Texas, and Florida. This was slightly higher than the infant mortality rate of approximately 146 children per 1000 live births in African American communities in 1910.

With few political means to address their medical conditions, Latinos pooled their resources to create mutual aid societies to address the deaths, injuries and illnesses in their midst. Most sociedades mutualistas (mutual aid societies) were structured to provide families the money for a decent burial and some death benefits. Some provided access to unemployment insurance, and – on occasion – health services. The largest mutualista, the Alianza Hispano Americana, co-founded by Dr. Mariano Samaniego and other Tucson businessmen in 1894 grew quickly, following railroad workers west to California, north to Colorado and east to Houston and South Texas. In 1903, local cigar workers in Tampa won citywide labor contracts that required employers to support their mutualistas. The Centro Asturiano, Círculo Cubano, Centro Español and the Sociedad La Union Marti-Maceo then put physicians on contract, dedicated rooms and, in some cases, small hospitals for their members. For doctors, this arrangement provided a consistent revenue stream, but it met with hostility from the AMA.

The Mexican Revolution changed American policy attitudes toward Latino health conditions from neglect to hostility. El Paso, Texas became the flashpoint for these new medical fears. City and state officials blamed Mexican workers for high tuberculosis (TB), smallpox, typhus, and infant mortality rates in their jurisdictions and, rather than improve their own services, they
demanded the United States Public Health Service ensure healthy Mexican border-crossers. In 1916, medical officers in El Paso began to inspect and delouse (in kerosene and vinegar baths) anyone who looked like a “dirty and lousy immigrant” suspected of carrying smallpox or typhus, subjecting working-class Mexican immigrants to inspections, fumigation of their bodies and their property, and unwanted vaccinations. In January 1917, the USPHS expanded the medical inspection and delousing to include daily commuters from Ciudad Juárez. Though all people, including citizens, were technically inspected before entry beginning in 1894, most European and Mexican arrivals experienced searching glances and a sense of humiliation, not full inspections or delousing. The sudden demand for public disrobing and fumigation for daily Mexican commuters along a central business corridor shocked communities on both sides of the border.

Some Latino workers responded directly to this new indignity. On the morning of January 28, 1917, Carmelita Torres, a domestic worker riding a streetcar from nearby Ciudad Juárez, responded to the demand for inspection by punching the USPHS medical officer coordinating the border quarantine, starting an episode known as the “Typhus Bath Riots.” Although working women overturned automobiles and were able to close cross-border traffic for three days, their actions did not change the USPHS typhus quarantine focus on working-class Mexicans and Mexican Americans through the 1930s. Migrants, residents, and braceros through World War II remembered feeling that officials “disinfected us as if we were some kind of animals that were bringing germs.” The regular inspections reminded border-crossing Latinos of their place in the American social order.

The World War I era also expanded the benefits of being within the medical boundaries of American citizenship. The Sheppard-Towner Act recognized the new public presence of mothers as voters after the 19th amendment. Passed against the wishes of the American Medical Association, the Act provided substantial financial support to cities and towns to build maternal and child health clinics to ease the burdens of childbirth and lower the infant mortality rate among American women. Most cities used Sheppard Towner funds to improve historically white clinics and hospitals or establish additional, better staffed and better funded maternal and child health clinics in white ethnic neighborhoods. Concerned with the negative publicity associated with high infant mortality rates and using local Mexican support, Albuquerque and Los Angeles city and county authorities built Latino-specific maternal and child health clinics in Latino majority neighborhoods like Montebello and Barelas. Although Los Angeles working-class neighborhoods were ethnically diverse at the time, city authorities also directed Mexican families in other neighborhood to these less well-funded “Mexican” clinics.

Rather than building clinics in small towns or Mexican neighborhoods, New Mexico, Texas, and Colorado also used Sheppard-Towner funds to train and certify Mexican American midwives to reach mothers in rural areas. The certification process had its own complications, as many of the state educators could not speak Spanish, were also deeply suspicious of traditional Mexican culture, and were unable to
evaluate the quality of the relationship between midwife and client. As the opening anecdote of Felicitas Provencio shows, ongoing certification put long-practicing midwives in a difficult bind. While some women appreciated the sudden legitimacy of a license, others resist the incursion. Birth registration – part of the national campaign against infant mortality – provided an effective club to compel certification. Given that midwives helped deliver the majority of births in Latino, African American, Native American, and rural white communities through the Second World War, this outreach program affected more Latino families than the Sheppard–Towner clinics.

Others saw an opportunity to expand medical autonomy through this federal support for motherhood. In Puerto Rico, Dr. José Lanauze-Rolón, an Afro-Puerto Rican, socialist, Howard University-trained physician, founded la liga para el control de la natalidad to help working-class women have the power to choose when to have children. Despite some support in the legislature and American birth control networks, La Liga was unable to provide a full-spectrum of reproductive health services. By the 1950s, some employers turned these services – including sterilization – into an informal requirement for employment, thwarting women’s autonomy.

The Great Depression made these public funds for Latino medical services publicly controversial and politically volatile. Repatriation – the 1930s era movement that used public funds to move approximately half a million ethnic Mexicans to Mexico, regardless of citizenship - also had a medical dimension. People who were deported and who received public assistance through medical clinics or relief offices were likely to become a public charge and be denied readmission to the U.S. The close institutional links between medical and repatriation concerns were not simply a Mexican problem. After long-term Florida resident Manuel Yglesia sought treatment for TB at the Centro Asturiano’s sanatorium in Havana, the United States Public Health Service prevented his return to the U.S., a decision that kept him apart from his family for the rest of his life. Depression era medical policies split American families along lines of citizenship.

In Texas, the state health office tried to sever their relationship to conditions in Mexican American communities. San Antonio, Texas reported the highest TB rates, dysentery rates and infant mortality rates in the country, and these were concentrated in Mexican neighborhoods. The Texas Department of Health reported 212.8 TB deaths per 100,000 Latinos, compared to 42.6 per 100,000 for Anglo Americans and 109.1 per 100,000 for African Americans. Latinos were dying of TB at five times the rate of their white neighbors and twice the rate of their African American neighbors. Texas health officials responded to this crisis in Latino communities by changing the racial category for Mexicans from “white” to “colored.” Latinos met this decision with outrage. As El Paso journalist Salvador Franco Urias stated, “shuffling vital statistics is not the response we want to see for the infant mortality crisis.” Latino activists turned this racial re-classification in Texas into an organizing opportunity.

Community organizations came into being across the U.S. in response to the vulnerable medical and political status of ethnic Mexicans.

Community organizations came into being across the U.S. in response to the vulnerable medical and political status of ethnic Mexicans. In Los Angeles, La Union Latina demanded that Franklin Delano Roosevelt “recognize our equality under the law, and reject the odious agreement that classifies Mexicans as a colored...
race.” In El Paso, the League of United Latin American Citizens (LULAC), the Committee to Defend Mexicans, and the Veterans of the Great War came together in opposition to this legal re-classification. Under pressure from New Mexico Senator Dennis Chavez, the Mexican Foreign Office, Franklin Delano Roosevelt, and countless Latino community activists across the Southwest, the state of Texas agreed to stop placing Mexicans in the colored category. This decision forced Texas county medical associations outside of El Paso and South Texas to start accepting now legally white Mexican and Mexican American doctors.

Prompted by Depression-era hardships, Latinos in the 1930s understood their demands for better wages and working conditions, and improved living arrangements, as part of their campaigns against starvation and disease. Texas organizer Emma Tenayuca remembered, “we fought against poverty, high infant death rates, disease, and hunger and misery. I would do the same thing again.” In Los Angeles, El Congreso de Pueblos de Habla Hispana pushed the city to build healthy public housing in Mexican neighborhoods. In New York, La Prensa reported that “we receive persistent and detailed complaints from destitute hispanos who, after speaking to relief station officials, either don’t receive any aid at all or are given indefinite date – which never actually arrives.”

Cold War Alchemies: Latinos, Science, and National Institutions

The advent of World War II changed the conditions of citizenship for Latinas and Latinos in the military and in the United States. Postwar changes in public education and new public investments in science and medicine opened new careers to U.S. born Latinas and Latinos after 1945. Aspiring doctors and scientists who emerged in Mexican American, Puerto Rican, and other Latino communities took advantage of falling racial boundaries and increasing investment in public education to earn advanced degrees and build careers unimaginable in the 1930s. Los Alamos and Sandia National Laboratories in New Mexico, Mission Control in Houston and the Arecibo Observatory in Puerto Rico became key scientific fronts in the Cold War, affecting the culture of surrounding Latino communities. The construction of new universities and medical schools and the desegregation of other medical schools helped increase the number of available Latino doctors. The AMA again recognized the Puerto Rican Medical Association an affiliate in 1946, another sign of the changing times. Hospitals started recruiting globally to serve the growing U.S. population, increasing the number of Latin American doctors in the postwar U.S.

The career of Dr. Héctor Pérez García highlights the impact of these postwar democratic transformations. The García family had fled revolutionary violence in Tamaulipas and settled in South Texas. Growing up with segregated “Mexican schools,” six of the seven García children would eventually obtain degrees in the medical field. Hector’s brother counseled him to “become a doctor.
That will give you the financial independence and community respect to do what you want to do.” An exceptional student at the University of Texas Medical Branch – Galveston, when García graduated *cum laude* in 1940 every hospital in Texas rejected him because he was “Mexican.” He secured a residency in Omaha, Nebraska, and then volunteered for the Army Medical Corps in World War II. “My command was practically ninety-nine percent Anglos,” he later remembered, “and practically no blacks and maybe one or two Hispanics...[But] it did not matter, everyone obeyed me.”46

Returning to South Texas in 1946, the Veteran’s Administration hospital was the only Corpus Christi facility that provided him visiting privileges. When he saw Mexican patients kept in a hall while beds were empty in white wards, García demanded that the hospital treat Mexican veterans like any other white patients. He also started a successful petition drive to raise city dollars for a municipal hospital in Corpus Christi. On March 26, 1948, he started an organization called the American G.I. Forum to help all veterans access their benefits. However, when he learned that a South Texas funeral director had refused to bury Private Felix Longoria in a cemetery in the town of Three Rivers, García committed himself to securing the civil rights of Mexican American veteran “I didn’t become that deeply involved in politics until the Felix Longoria case in 1949,” he recalled.47 Advertising in Spanish and English, and organizing through appeals to citizenship and military service, the American G.I. Forum became one of the most important civil rights organizations in the postwar U.S. The organization bankrolled the *Hernandez v. Texas* case (1954) regarding racial representation on Texas juries, and it opened doors to military and federal employment to Latinos. The first Mexican American appointed to the Civil Rights Commission of the U.S., as well as numerous diplomatic posts, Héctor Pérez García maintained that his continued public service “nearly bankrupted” his medical practice at 3024 Morgan Avenue in Corpus Christi, and most likely would have if not for the help of his siblings Dr. Xicotencatl García and Dr. Cleotilde García.48

A contemporary of Héctor García, Dr. Jorge Prieto’s story connects to the roles migrants played in the transformation of the industrial Midwest.Arriving as political refugee from Mexico in the 1920s, he grew up wanting to practice medicine among farmworkers. He earned his medical degree at the Universidad Nacional Autonoma de México (UNAM), but completed his residency in the U.S. During his practice, private hospitals followed their white clients to the suburbs, making teaching hospitals and city hospitals the main form of urban health care. Recognizing that African American Chicago residents made their way to Cook County Hospital, “a dilapidated and obviously obsolete building with patchwork equipment and wards,” while wealthier residents had a different experience “across the street [with] two modern and well-equipped hospitals: Presbyterian and the University of Illinois Hospitals,” he grew concerned about such “institutionalized racism” and joined the Catholic Interracial Council. Initially working in Puerto Rican and Mexican neighborhoods, he built a network of public family practice clinics across Chicago’s working-class neighborhoods. In 1985, Mayor Harold Washington made Prieto the President of the Chicago Board of Health.49

With César Chávez and members of the United Farm Workers union, Prieto expressed concern during the 1960s and 1970s about technology’s effects on agricultural workers in the U.S. Outraged at large landowners’ “influence with the Davis branch of the University of California, which effectively controls research in agriculture of the entire state,” he pointed to the way that scientists had developed “machines...to replace workers picking tomatoes,” which required chemicals “that would harden tomatoes – and other fruits – so that steel claws, instead
of human hands, could pick them." For Prieto, Cesar Chavez, and many other Americans, agricultural biotechnology symbolized an unholy alliance between postwar scientists and big business, but the grape boycott challenged this relationship and helped link American environmentalism to the U.S. labor movement. Latino scientists also made scientific contributions to American environmentalism. Geophysicist Mario Molina explored the environmental effects of chlorofluorocarbons. His research group used orbiting satellites (created by the Cold War space race) to measure CFC’s effects on the ozone layer, winning the Nobel Prize in Chemistry in 1995.

Latinos were also test subjects in the scientific transformation of fertility and family planning. In 1956, progressive medical researchers interested in the effects of cortisole and progesteron on ovulation moved to test these products in official clinical trials in Puerto Rico, where U.S. companies and government officials had long encouraged the sterilization of women in a procedure commonly known as “La Operación.” Many Puerto Rican women involved in the clinical trials had to be hospitalized with nausea, bleeding, headaches, and water loss. Although “The Pill” has come to symbolize the revolutionary promise of applied science, women in the U.S. also started raising questions regarding the dangerous dismissal of these side effects. The ensuing congressional hearings helped springboard the women’s health movement into national consciousness, but the earlier experiences of Puerto Rican women with the pill went ignored in most American communities.

Through the Cold War, Latino mobilization for basic health care rights came into conflict with medical movements aimed at regulating sexuality and motherhood. The passage of the 1964 Civil Rights Act and the 1965 Social Security act opened access to hospital employment and medical care for everyone; access also brought doctors unfamiliar with Latino cultures into intimate medical contact with Latinos. As with Sheppard-Towner, hospitals across the U.S. received funds from federal policies to support reproductive health services. Dr. Quilligan of Los Angeles County General Hospital, who believed “poor minority women were having too many children,” used some of the funds to reimburse the sterilizations of Mexican immigrant women during childbirth. Ten sterilized women and a coalition of Chicana advocates who underwent these coerced sterilizations challenged the hospital. While the plaintiffs in Madrigal v. Quilligan lost in May 1978, public pressure surrounding the trial forced County General Hospital to adhere to federal guidelines for sterilization, to establish a moratorium on the sterilization of minors, to translate forms into Spanish and other languages, and to explain repeatedly that welfare was not tied to sterilization.

Struggle over respectful access to American medical services became a key front in Latino politics in the 1970s and helped expand the medical boundaries of citizenship. Two Arizona cases illustrate the process. In Memorial Hospital v. Maricopa County, Memorial Hospital in Phoenix, Arizona refused to admit traveling welder Henry Evaro for asthma in 1971. Instead, they asked the Maricopa County Hospital to admit him as a patient. The county hospital refused and Memorial sued Maricopa County. The U.S. Supreme Court agreed, stating that residency requirements for medical care “im-
pioned on the right of interstate travel by denying newcomers basic necessities of life.” In the second case, the Phelps Dodge Copper Queen Hospital emergency room refused to treat child burn victims, redirecting them to the county hospital in Douglas eighteen miles away. In *Guerrero v. Copper Queen* (1974), the state Supreme Court agreed that “nonresident aliens” could not be exempt from a hospital’s requirement to provide emergency medical care.57

Dignified access to medical services also affected doctors and became a key front in democratizing health care in the 1970s. Dr. Helen Rodriguez-Trias, a founding member of the women’s caucus and the Hispanic Caucus in the American Public Health Association, recalled the first meeting of the women’s caucus in 1971, when “woman followed upon woman with moving and sometimes tragic stories of abuses: back alley abortions, medical treatment denied because of lack of money, little recognition for their work as professionals, sexual harassment.”58 Born in New York and raised in Puerto Rico and New York, she became involved in free speech issues and the *independientista* movement, while raising three children and finishing her medical education. She graduated in 1960 with highest honors from the Universidad de Puerto Rico and established the island’s first center for newborn children. Her medical experience and political involvement served her well when, in June 1970, the Young Lords took over Lincoln Hospital (South Bronx, NY) while she was director of pediatrics.

For Dr. Rodriguez-Trias and the Young Lords, health and illness were fundamental to their understanding of Latino urban communities.

The Young Lords stressed that the medical structure had negative consequences for city residents, that “bullets and bombs aren’t the only ways to kill people. Bad hospitals kill our people.” Gloria González considered teaching hospitals like Lincoln to be “very degrading.” She remembered, “I was having my baby, and I’d thought I’d be there only with a doctor, maybe a nurse, and to my surprise there were twenty people just staring.”59 The Young Lords focused on changing these power relations in hospitals. When the Lincoln Hospital takeover provided free health screenings to everyone, some doctors enthusiastically cooperated in the hope of turning it into an institution beholden to the surrounding communities. For Rodriguez-Trias, this action demonstrated the “need to negotiate or confront the health care system to get the best health out of it.”60 The action opened doors to more community-based doctors. Dr. Rodriguez-Trias went on to lead the New York City Department of Public Health, helping to bring national attention to the devastation caused by HIV and AIDS among inner city mothers and children. In 1993, the American Public Health Association elected her their first Latina president.

When AIDS appeared in cities across North America, it coincided with the sexual revolution, 1970s social justice movements, and the Latinization of working-class America. Latinos with AIDS built political responses from available movement scripts. In San Francisco, people started using the *Día de los Muertos* celebration in 1984 to grieve loved ones and break the national silence around Latinos with AIDS.61 Gay *Tejano* Paul Castro left Houston for a more open life in San Francisco. When ABC Network’s K-GO TV
refused to allow any equipment to touch Paul Castro during a press conference on AIDS, he sued and won. Castro encapsulated the issues clearly in his opening statement, “I am a person, not a disease.” In New York, ACT UP coalition member and artist, sexworker and EMT Iris de la Cruz took a cue from the 1970s Puerto Rican activist campaigns, bluntly reminding treatment activists “her doctor did not take food stamps.” As she remembered her transformation through organizing her fellow workers, “hookers needed love, support, and encounter groups. I learned to accept and give love. I also learned why so many of my friends were dying.” Iris de la Cruz and ACTUP helped force the NIH to confront the ways the AIDS diagnoses and associated health services had no knowledge of the medical and social experiences of women with HIV. As the poster stated, “Women don’t get AIDS, they just die from it.”

In San Francisco, Pedro Zamora carried his young, Gay, and Cuban perspective from Miami to MTV’s The Real World, bringing the impact of AIDS, homophobia and racism on a weekly basis to living rooms across the country. Zamora’s public death, alongside Castro and de la Cruz’s place in early AIDS mobilization, marked Latino presences in the early phases of the AIDS epidemic.

The appearance of AZT cocktails changed Latino politics around AIDS, making survival more of a question of timely access to steady medical treatment. Latinos responded by building communities around dignified access. Gay migrant Latinos built organizations like ALMA (Association of Latino Men for Action) in Chicago and Project Vida in San Francisco that fomented compañero, partly through a sense of exclusion from mainstream Gay and Latino organizations but more through a sense of hope, solidarity, and shared experience. In his book Compañeros: Latino Activists in the Face of AIDS Jesus Ramirez-Valles is told by fellow activist Gregorio, “In them I found a desire to live and to do something for the community.” Arts organizations like Teatro Pregones in New York City crafted performances to address homophobia and indifference in Latino and American communities. Other cultural workers sought to make their AIDS stories matter to their fellow migrants. San Francisco filmmakers Gustavo Cravioto and Mario Callitzin crafted the film Del Otro Lado around a gay Mexico City couple’s illegal – and ultimately tragic – crossing of the border to gain access to life-giving AZT to make migrant LGBT stories resonate with other more visible migration experiences.

The 1980s and 1990s also saw a backlash against Latinos that centered, in part, on hospitals and medical care. Proposition 187 devoted a full section to “the exclusion of illegal aliens from publicly funded health care services.” These policies could not stop the movement of Latinos through the hospital doors and into key medical and scientific positions. President George H.W. Bush appointed pediatric surgeon and drug addiction specialist Dr. Antonia Novello Surgeon General of the U.S. in 1990, making her the first Puerto Rican, the first Latina and the first racial minority to occupy this position. Echoing earlier medical reformers, she pointedly reminded Americans “viruses and bacteria do not need green cards.” More importantly, Latinos had begun to establish themselves as professionals in the fields of science, engineering, and medicine. In 2004, Latinos earned 2.95% of the nation’s PhDs in science and engineering fields, and
that number increased slightly to 3.29% by 2008. The National Hispanic Medical Association (NHMA) has estimated that Latinos comprise between two and five percent of health care employees. In 2007, the American Association of Medical Colleges estimated that 6.4% of medical school graduates were Latino. These numbers remain far too low, but they call to mind the important work that small numbers of Latino doctors, nurses, engineers, scientists, and others have done as researchers, health providers, and community leaders over the last century.

Felicitas Provencio’s presence in the American historical record emerges from her status as a criminal, not a midwife, in El Paso. Her arrest dramatically shows the ways medical boundaries around American science and medicine can move suddenly, turning Latinos into outsiders in America, just as American adventures abroad helped turn a Cuban activist into an American doctor. This essay has discussed the nineteenth-century presence of Latino medical professionals in American science, the rise of starkly policed medical boundaries around American citizenship during the Progressive Era, the movement of Latinos across the boundaries of American medicine after World War II, and our contemporary volatile expulsion and inclusion of Latinos in the worlds of science and medicine. It has used individual stories to focus on changing American medical boundaries and their Latino border-crossers. In recent years, women have become a more public part of these boundary crossings as more Latinas participated in science and medicine as doctors, patients, nurses and test subject, and as observers became more vigilant about the sex and gender of people moving across the borders of American medicine. Throughout the long history of the U.S., race, gender, imperialism, and citizenship have shaped the contours of most American institutions. Much more still needs to be done to understand and document how Latinas and Latinos made their way in the worlds of science and medicine. However, from Platón Vallejo’s participation in the Sanitary Commission to the Young Lords’ takeover of an American hospital, it is clear that these communities have participated in the popular currents of U.S. science and medicine in central ways.

From starting grape boycotts, to finding holes in the ozone layer, to taking over hospitals, Latinos have participated in the re-definition and democratization of American science and medicine.
Endnotes

1  “Mexicana Centenaria Presa En El Paso Por Ejercer De Partera Sin Licencia.” *La Prensa*, 08/31/1935.


7  For a wider claim, see Vicki Ruiz, “*Nuestra América*: Latino History is American History,” *Journal of American History* 93:3 (December 2006), 655-672.


19 American Medical Association, American Medical Directory, 1921, (Chicago: American Medical Association, 1921), 17.

20 Richard Saavedra is the only Spanish-surnamed doctor listed with the USPHS in the AMA medical directory. He graduated from medical school in 1947. The 1963 AMA medical directory lists 22 different Spanish surnames, but the earliest commission date in the USPHS is 1947. It is clear the USPHS was less racially representative than the U.S. army medical corps. American Medical Association, American Medical Directory 1950, (Chicago: American Medical Association, 1950), 284. American Medical Association, American Medical Directory 1963, (Chicago: American Medical Association, 1963), 74-90. For the importance of nursing and doctors in desegregating the


35 Balderrama, *Decade of Betrayal: Mexican Repatriation in the 30s,* 75.

36 Customs officials and USPHS officials in Key West and Tampa used a TB diagnosis to prevent Jose Yglesias’ father from returning to his home in Tampa. Conversation with Maura Barrios, May 2005.


38 Salvador Franco Urias,"A que precio este terrible insulto a 60,000 paseños,"*El Continental,* El Paso, 10/17/1936.


40 “mortalidad,” *El Continental,* El Paso, TX, 06/20/1935, 2.


42 Molina, *Fit to be Citizens,* 76-79, 88-93.


45 Miguel Angel Quevedo Baez, *La Historia de la Asociacion Medica de Puerto Rico,* (San Juan: Asociacion Medica de Puerto Rico, 1946).


50 Ibid, 96.


Art and Identity in San Francisco, (Ph.D: University of Texas at Austin, 2005), 325-374.


64 Iris de la Cruz, “Sex, drugs, rock and roll, and AIDS,” Women, AIDS and Activism, (Boston: South End Press, 1999), 131-2.


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